



<u>Camp Age Groups</u>	
8-9 years	_____
10-12	_____
Age Groups Subject to Change	

ADMISSION DATE: _____
Palacios Environmental
SUMMER CAMP 2025
REGISTRATION FORM

Please Select:

Week 1: June 2-5, H2OASIS Week 3: July 7-10, Surf's Up

Week 2: June 9-12, Camper vs. Counselor Week 4: July 14-17, Little Green Thumbs

General Information

Operation's Name: Palacios Environmental Summer Camp **Director's Name:** Michele Morales

Child's Full Name _____ Date of Birth _____
Last First MI

Child's Home Address _____
Street Address Apartment/Unit
 City _____ State _____ Zip _____

Child lives with: Both Parents Mom Dad Guardian

Name of Parent or Guardian
 Completing Form _____
Last First MI

Address (if different
 From child's) _____
Street Address Apartment/Unit #
 City _____ State _____ Zip _____

List contact information where parents/guardian may be reached while child is in care:

Parent 1 Name _____ Date of Birth _____
 Phone No. _____ Email Address _____

Parent 2 Name: _____ Date of Birth: _____
 Phone No. _____ Email Address _____

Custody Documents on File? Yes No

Give the name, address, and phone number of the responsible individual to call in case of an emergency if parents/guardian cannot be reached:

Last _____ First _____ MI _____ Phone _____
 Street Address _____ Apartment/Unit# _____
 City _____ State _____ Zip _____

I authorize the child care operation to release my child to leave the child care operation **ONLY** with the following person(s). List name and telephone number for each. Children will only be released to a parent or guardian or to a person designated by the parent/guardian after the verification of I.D.

Name _____ Name _____ Name _____
 Phone No. _____ Phone No. _____ Phone No. _____

Consent Information

CHECK ALL THAT APPLY

1. TRANSPORTATION

I give consent for my child to be transported and supervised by the operation's employees:

for emergency care on field trips to and from home to and from school

2. FIELD TRIPS

I give consent for my child to participate in field trips

I do not give consent for my child to participate in field trips

Comments: _____

3. WATER ACTIVITIES

I give consent for my child to participate in the following water activities:

water table play sprinkler play splashing/wading pools swimming pools aquatic playgrounds

Is your child able to swim without assistance: Yes No

If no, your child is required to wear a life jacket while in or near a swimming pool

Does your child have any physical, health, or other conditions that would put them at risk while swimming?

Yes No (All Kinder Care kids are required to wear Puddle Jumpers, YMCA can provide if needed)

If yes, your child is required to wear a life jacket while in or near a swimming pool.

Do you want your child to wear a life jacket while in or near a swimming pool? Yes No

Comments: _____

*A competent swimmer can enter and exit a pool safely on their own, tread water or float on their back for one minute, and swim 25 yards with no assistance.

4. PHOTO

Photos may be used on our social media page, newsletters, and flyers.

I give consent for my child to be photographed during YMCA child care: Yes No

5. MEALS

I understand that a morning snack will be served to my child while in care: Yes No

I am responsible for sending a lunch for my child on field trip days: Yes No

Child's Special Care Needs

List any special needs that your child may have, such as environmental allergies, food intolerances, existing illness, previous serious illness, injuries and hospitalizations during the last 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:

Does your child have diagnosed food allergies: Yes No

Food Allergy Emergency Plan Submitted Date: _____

Signature – Parent or Legal Guardian:

Authorization for Emergency Medical Attention

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician _____ Phone Number _____

Address _____

Name of Emergency Care Facility _____ Phone Number _____

Address _____

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature – Parent or Legal Guardian:

Discipline and Guidance Policy

Discipline must be:

- 1) Individualized and consistent for each child;
- 2) Appropriate to the child's level of understanding; and
- 3) Directed toward teaching the child acceptable behavior and self-control.

A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:

- 1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
- 2) Reminding a child of behavior expectations daily by using clear, positive statements;
- 3) Redirecting behavior using positive statements; and
- 4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:

- 1) Corporal punishment or threats of corporal punishment;
- 2) Punishment associated with food, naps or toilet training;
- 3) Grabbing or pulling a child;
- 4) Putting anything in or on a child's mouth;
- 5) Humiliating, ridiculing, rejecting or yelling at a child;
- 6) Subjecting a child to harsh, abusive or profane language;
- 7) Placing a child in a locked or dark room, bathroom or closet;
- 8) Placing a child in a restrictive device for time out;
- 9) Withholding active play or keeping a child inside as a consequence for behavior, unless the child is exhibiting behavior during active play that requires a brief supervised separation or time out that is consistent with 746.2803(4)(D); and
- 10) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Additional Discipline and Guidance Measures

(Only applies to BAP/SAP programs that operate under Chapter 744)

A program must take the following steps if it uses disciplinary measures for teaching a skill, talent, ability, expertise, or proficiency:

- 1) Ensure that the measures are considered commonly accepted teaching or training techniques;
- 2) Describe the training and disciplinary measures in writing to parents and employees and include the following information:
 - a. The disciplinary measures that may be used, such as physical exercise or sparring used in martial arts programs;
 - b. What behaviors would warrant the use of these measures; and
 - c. The maximum amount of time the measures would be imposed;
- 3) Inform parents that they have the right to ask for additional information; and
- 4) Ensure that the disciplinary measures used are not considered abuse, neglect, or exploitation as specified in Texas Family Code Section 261.001 and TAC Chapter 745, Subchapter K, Division 5, of this title (relating to Abuse and Neglect).

Signature

This policy is effective the following date and signed by:

Child's Parent or Legal Guardian:

Date Signed:

X _____

Payment Options

Child's Name _____ Parent/Guardian Name _____

Child's date of birth _____ Phone Number _____

****Tuition and Fees are due each Friday for the following week of care****

Payment Options:

- Cash/Check Payments, or**
- Automatic Withdrawal from Bank Account or Major Credit Card**
 - Checking Savings Credit Card

Name on Account _____ Name OF Bank _____

Routing Number _____ Account Number _____

Credit Card Type: MASTERCARD VISA AMEX DISCOVER

Name on Card _____ Card Number _____

Expiration Date _____ Security Code: _____

Billing Address _____

City/ST/Zip: _____

*****Effective 01/01/2025, a flex fee of 3% will be imposed on all credit card transactions*****

Signature of person responsible for payments: X _____	Date Signed: _____
--	------------------------------