



CAMP AWALA	Age Groups
4-5 years (Kinder Camp)	_____
6 years	_____
7 years	_____
8 years	_____
9-10 years	_____
11-14 (Teen Camp)	_____

ADMISSION DATE: _____

(OFFICE USE ONLY) WITHDRAWAL DATE: _____

Calhoun County YMCA

SUMMER CAMP REGISTRATION FORM 2026

General Information

Operation's Name: Calhoun County YMCA 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:

First _____ Last _____ MI _____ Phone _____
 Street Address _____ Relationship _____
 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 *If yes, your child is required to wear a life jacket while in or near a swimming pool.
(All Kinder Camp kids are required to wear life jackets with USCG stamp of approval)*

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 years 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. RECEIPT OF WRITTEN OPERATIONAL POLICIES

I acknowledge receipt of the facility's operation policies, including those for:

- | | |
|--|--|
| <input type="checkbox"/> Discipline and Guidance | <input type="checkbox"/> Illness and exclusion criteria |
| <input type="checkbox"/> Suspension and expulsion | <input type="checkbox"/> Procedures for dispensing medications |
| <input type="checkbox"/> Safe sleep | <input type="checkbox"/> Immunization requirements for children |
| <input type="checkbox"/> Procedures for release of children | <input type="checkbox"/> Meals and food services practices |
| <input type="checkbox"/> Emergency plans | <input type="checkbox"/> Procedures to visit the center without securing prior approval |
| <input type="checkbox"/> Procedures for conducting health checks | <input type="checkbox"/> Procedures for parents to discuss concerns with Director |
| <input type="checkbox"/> Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions | <input type="checkbox"/> Procedures for parents to contact Child Care Licensing, DFPS, Child Abuse Hotline, and DFPS website |
| <input type="checkbox"/> Procedures for parents to participate in operations activities | <input type="checkbox"/> Procedures for parents to participate in operations activities |

6. MEALS

I understand that the following meals will be served to my child while in care: Yes No

Afternoon snack. CCISD Summer Meal Program will be utilized for Breakfast/Lunch Monday through Thursday.

7. DAYS AND TIMES IN CARE

My child is normally in care on the following days:

- Monday Tuesday Wednesday Thursday Friday

During the hours of: _____ am pm thru _____ am pm

Child's Special Care Needs

CHECK ALL THAT APPLY:

- | | |
|---|--|
| <input type="checkbox"/> Environmental allergies | <input type="checkbox"/> Limitations or restrictions on child's activities |
| <input type="checkbox"/> Food intolerances | <input type="checkbox"/> Reasonable accommodations or modifications |
| <input type="checkbox"/> Existing illness | <input type="checkbox"/> Adaptive equipment (include instructions below) |
| <input type="checkbox"/> Previous serious illness | <input type="checkbox"/> Symptoms or indications of complications |
| <input type="checkbox"/> Injuries and hospitalizations (past 12 months) | <input type="checkbox"/> Medications prescribed for long-term use |
| <input type="checkbox"/> Other: _____ | |

Explain any needs selected above: _____

Does your child have diagnosed food allergies: Yes No

Food Allergy Emergency Plan Submitted Date: _____

(please initial) I understand that if my child needs medication during time in care, I am required to fill out Form 7255, Medication Authorization.

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Signature – Parent or Legal Guardian:

School Age Children

My child attends the following school:

Name of School _____ Grade _____ School Phone No _____

Child's required immunizations, vision, hearing, and TB records are current and on file at school: Yes No

My child has permission to (Check all that apply):

ride the YMCA bus be released to the care of his/her sibling under 18 years old walk to/from school or home

Other: _____

Authorized pick up/drop off locations other than the child's address: _____

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:

Varicella (Chickenpox)

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete this statement:

My child had varicella disease (chickenpox) on or about _____ (date) and does not need the varicella vaccine.

Signature – Parent or Legal Guardian:

TB Test (if required)

Positive Negative Date: _____

Additional Information Regarding Immunizations

For additional information regarding immunizations, visit the Texas Department of State Health Services' website at www.dshs.state.tx.us/immuniz/public.shtm.

Gang Free Zone

Under the Texas Penal Code, any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

Privacy Statement

DFPS values your privacy. For more information, read the Privacy and Security Policy online at <http://www.dfps.state.tx.us/policies/privacy.asp>.

Parent's Rights

I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this facility.

Signature – Parent or Legal Guardian:

Date:

Signatures

Child's Parent or Legal Guardian:

Date Signed:

X _____

Center Designee:

Date Signed:

X _____

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 _____

Minimum Standards Related to Discipline

Title 40, Chapter 746 Subchapter L:

[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=40&pt=19&ch=746&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=40&pt=19&ch=746&sch=L&rl=Y)

Title 40, Chapter 747 Subchapter L:

[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=40&pt=19&ch=747&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=40&pt=19&ch=747&sch=L&rl=Y)

Title 40, Chapter 744 Subchapter G:

[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=40&pt=19&ch=744&sch=G&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=40&pt=19&ch=744&sch=G&rl=Y)

Childcare Handbook

I have received the YMCA Childcare Handbook and agree to abide by the YMCA's childcare practices. I understand that if I have any questions, I may contact the Director, Michele Morales, via email at mmorales@ymcavictoria.org or phone 361-261-5359.

Child's Parent or Legal Guardian:

Date Signed:

X _____

USE THIS FORM IF YOU WANT YOUR CHILDCARE ACCOUNT ON AUTO-PAY

Childcare Payment Agreement 2026

Child's Name _____ Parent/Guardian Name _____

Child's date of birth _____ Phone Number _____

PAYMENT OPTION 1 - AUTOPAY

- Tuition fees are due weekly and will be deducted from my Bank Account or Credit/Debit Card **EVERY FRIDAY BY 2:00pm**, for the following week of child care.
Initials _____
- If my child is absent for a week, I will remain responsible for a **\$45 fee**. I must notify by Thursday at 12:00pm if my child will not be attending the following week. No refunds or credits will be issued for failure to provide timely notice.
Initials _____
- A \$25 late fee applies to all payments made after the due date. These fees WILL NOT be waived.
Initials _____
- A \$30 return fee applies to any payments declined by my Financial Institution. These fees **WILL NOT** be waived.
Initials _____
- If I pick up my child later than the designated pick up time, I will be charged a late pick-up fee of \$1 per minute.
Initials _____
- Payments, late fees and past due balances must be paid in full before the child or family members can return to any YMCA Program, Child Care or Membership.
Initials _____
- Enrollment fees are **NON-REFUNDABLE**.
Initials _____
- It is my responsibility to know when my Financial Assistance expires. Should my FA expire, I will pay full rate until my FA has been renewed. (Allow 2 weeks for application processing)
Initials _____
- The auto-draft is a continuous payment plan that will remain in effect until I request to terminate my child care account.
Initials _____
- If I wish to terminate or change my child care account in any way, I must give the Membership Director, Julia Maseda, a **TWO WEEK NOTICE** via email at jmaseda@ymcavictoria.org or phone 361-551-2562
Initials _____

AUTOMATIC PAYMENT INFORMATION
Credit/Debit Card Payments

PAYMENTS DRAFTED BETWEEN 12:00AM - 11:59PM

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*****

Bank Account Payments

ALLOW UP TO 10 DAYS TO REFLECT ON YOUR BANK ACCOUNT

Account Type: Checking Savings

Name of Bank _____ Name on Bank Account _____

Routing Number _____ Account Number _____

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

USE THIS FORM IF YOU DO NOT WANT YOUR CHILDCARE ACCOUNT ON AUTO-PAY

Childcare Payment Agreement 2026

Child's Name _____ Parent/Guardian Name _____

Child's date of birth _____ Phone Number _____

PAYMENT OPTION 2 – IN-HOUSE PAYMENTS

- Tuition fees are due no later than **12:00pm (noon), every MONDAY.**
Initials _____
- If my child does **NOT** attend a week, I will still be responsible for a **\$45 fee.**
Initials _____
- A \$25 late fee applies to all payments made after the due date. These fees **WILL NOT** be waived.
Initials _____
- A \$30 return fee applies to any payments declined by my Financial Institution. These fees **WILL NOT** be waived.
Initials _____
- If I pick up my child later than the designated pick up time, I will be charged a late pick-up fee of \$1 per minute.
Initials _____
- Payments, late fees and past due balances must be paid in full before the child or family members can return to any YMCA Program, Child Care or Membership.
Initials _____
- Enrollment fees are **NON-REFUNDABLE.**
Initials _____
- It is my responsibility to know when my Financial Assistance expires. Should my FA expire, I will pay full rate until my FA has been renewed. (Allow 2 weeks for application processing)
Initials _____
- If I wish to terminate or change my child care account in any way, I must give the Membership Director, Julia Maseda, a **TWO WEEK NOTICE** via email at jmaseda@ymcavictoria.org or phone 361-551-2562
Initials _____

AUTOMATIC PAYMENT INFORMATION
Credit/Debit Card Payments

INSTANT DEBIT

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*****

Bank Account Payments

ALLOW UP TO 10 DAYS TO REFLECT ON YOUR BANK ACCOUNT

Account Type: Checking Savings

Name of Bank _____ Name on Bank Account _____

Routing Number _____ Account Number _____

Signature of person responsible for payments: _____ **Date Signed:** _____

X _____