



YMCA  
We build strong kids,  
strong families, strong communities.

## 2009 YMCA CAMP PHOENIX - REGISTRATION PACKET

**Date:** \_\_\_\_\_

**Camper Name (PRINT):** \_\_\_\_\_

**Family E-mail Address:** \_\_\_\_\_

**Family Cell Phones:** \_\_\_\_\_

**Returning Camper (Circle one)?**                      **YES**                      **NO**

**Current School:** \_\_\_\_\_ **Grade camper will be in this Fall '09?** \_\_\_\_\_

**Teacher Referral (Circle one)?**                      **YES**                      **NO**

### ***In general you should know ...***

- Pre-registration begins April 3<sup>rd</sup>.
- All registrations are first come, first serve but returning campers are priority registered.
- Pre-registration closes on May 30<sup>th</sup> and open registration begins 5/31<sup>st</sup>
- Registrations can be dropped of at the North Oakland Family YMCA, 3378 E Walton Blvd, Auburn Hills, 48326 or to a Camp Phoenix Staff member
- Once enrollment is full parents are welcome to put their child/ren on a waiting list

The registration packet needs to **be completed fully**, please leave **nothing** blank. The forms are ...

Page 2	Parent and child contract
Page 3	Camp fees/Payment & Camper Information
Page 4	Camper Information
Page 5	Parent / Guardian Information
Page 6	Emergency Contacts & Authorized Camper Pick-ups
Page 7&8	Referral information & Form
Page 9	Medical Release / Medicine Dispense Form
Page 10&11	Permission forms
Page 12	Release of school records
Page 13	Camper Participation Release

> Any incomplete forms may result in postponement or non-admittance to the camp.

### **Campers**

Campers are children ranging from 3 to 18 years old. **All children must be potty trained.** If children are not potty trained they cannot attend camp. Children under the age of three or who are not potty trained can get a referral to attend a nearby childcare facility.

# Parent and Camper Contract

Household residents:

Name	Relationship
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____

The YMCA in partnership with other organizations is committed to providing every child in our program a safe and enjoyable environment. It is important as care givers that we communicate our expectations and work towards the same goals. As YMCA Camp Phoenix families, we expect that parents and children will adhere to the structure of this program.

I (the undersigned child) agree that I have received the Camp Phoenix handbook. I understand that is my responsibility to know all policies and procedures outlined within. I agree to work with YMCA Camp Phoenix and adhere to the structure and rules that they have provided for our family.

I \_\_\_\_\_ (parent/guardian name here) understand that members of the YMCA Camp Phoenix staff are not allowed to baby sit children before or after camp. YMCA Camp Phoenix staff and volunteers are also aware of this policy. I understand that I am not to leave my child at the campsite before or after the camp day begins or concludes. I understand that my child is not to leave the camp with an unauthorized person. Any persons authorized to pick up my child must be listed with camp Phoenix personnel or other arrangements must be made. Picture ID is required.

I have read and agree with all of the above. I agree to follow all policies and procedures of Camp Phoenix. My child is aware of all policies and procedures of Camp Phoenix.

Parent/Guardian Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Child Signature \_\_\_\_\_ Date \_\_\_\_\_

## Calendar Year for 2009

Last day for pre-registration	5/30
Pre-camp set-up	Week of 6/20
Mandatory parent orientation	Week of 6/20
Camp Phoenix	Week of 6/29 (no camp July 3 <sup>rd</sup> )
	Week of 7/6
	Week of 7/13
	Week of 7/20 (we expect open house will be this week!)
	Week of 7/27
	Week of 8/7 (we expect closing ceremonies 8/7)
Post Camp clean out	Week of 8/10

## Camp Fees/Payment & Camper Information

### Camp Fees

- The cost per camper is **\$75.00** \*\*
- If a camper pays in advance, before open registration of camp, the per-camper cost is **\$65.00** \*\*
- Pre-registration ends 5/30<sup>th</sup> and open registration begins 5/31<sup>st</sup>
- To receive this reduced fee, "payment in full" must be fulfilled at the time of pre-registration
- If families sign up three or more campers, they receive a 10% discount on each camper's registration.
- Financial scholarships are available at registration based on completed scholarship paperwork

### Payment of fees

- Payment in full is required for registration
- Payment plans may be agreed upon at registration with the camp staff
- Payments can be made by check, cash or money order.
- There will be a \$25.00 fee for returned checks.
- Checks or money orders are payable to **YMCA METRO YOUTH COLLABORATIVE**.

\*\* The following 5 questions are REQUIRED and completely CONFIDENTIAL. Camp Phoenix is expensive but only charges a small fee because we get grants & donations that pay the bills. To continue we are asked to collect this information ...

1. Household size (total number of people living in your home) \_\_\_\_\_
2. Are you a single adult household?     YES     NO
3. Gross monthly or annual income (check one)  
 Under \$10,000     \$10-\$20,000     \$21-\$30,000     \$31-\$45,000     \$46-\$60,000     over \$60,000
4. Does your student participate in a free or reduce lunch program?     YES     NO
5. Do you have an open FIA case?     YES     NO

### Camper Academic Information

Was your camper referred for a learning evaluation during the last school year (circle one)?    YES                      NO

List any special services your child currently receives at school

Learning center	YES	NO
Speech	YES	NO
Reading support	YES	NO
ESL	YES	NO
IEP (independent Education Plan)	YES	NO
Other (please describe) _____		

If there is any general information you feel would assist the Camp Phoenix staff to better serve your child and family, please use this space and the reverse side as needed.

## Camper Information

\*\*\*\* PLEASE PRINT \*\*\*\*

SCHOLARSHIP \$ \_\_\_\_\_  
 Family \$ \_\_\_\_\_  
 Payment Plan \_\_\_\_\_  
 Staff Signature: \_\_\_\_\_  
 Date Entered: \_\_\_\_\_

Camper attended this program last year

Student Last Name \_\_\_\_\_ Student First Name \_\_\_\_\_ Mid. Initial \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Gender  
 Female  Male

Race

- American Indian or Native Alaskan  
 Asian  
 Black or African American  
 Hispanic or Latino  
 Native Hawaiian or Pacific Islander  
 White  
 Other

*Check all that apply. **PRIMARY RACE:** If more than one race is checked, please **CIRCLE** the race the student most identifies with.*

School Attended Last Fall  
 \_\_\_\_\_

Grade  
 This  
 Fall ..

School Attending This Fall  
 \_\_\_\_\_

\_\_\_\_\_

Transportation

Student will...

- be picked up  
 bused (transportation provided *in Pontiac only*)  
*(check one)*

Primary Language  English  Spanish Other \_\_\_\_\_

List closest corner to home \_\_\_\_\_ Teacher's Name \_\_\_\_\_ Total Number of Family Members Attending \_\_\_\_\_

**MEDICAL INFORMATION:** *(Parent or Guardian is responsible for notifying Camp Phoenix staff of any medical changes.)*

Is your child in good health?  No  Yes

Are your child's immunizations up to date?  No  Yes

Are there any medical reasons or disabilities that prevent  No  Yes *(explain in box below)*

the camper from participating in certain physical activities? *Include medications, special needs, allergies or anything else that Camp Phoenix staff should know about.*

\_\_\_\_\_

Name and Address of Student's Physician or Health Clinic \_\_\_\_\_ Physician/Clinic Phone No. \_\_\_\_\_

Hospital Preferred for Emergency Treatment \_\_\_\_\_ Health Insurance Policy/Plan Name \_\_\_\_\_ Policy/ID Number \_\_\_\_\_

# Parent / Guardian Information

\*\*\*\* PLEASE PRINT \*\*\*\*

## Primary Parent or Guardian Information

Lives with student:

Last Name  First Name  Authorized to pick up student:

Street Address  City  State  Zip Code

Home Phone  Mobile Phone  Email Address

Employer  Address  Phone  Occupation

**Relationship to Student:**

Biological or adopted father  
 Biological or adopted mother  
 Foster Parent  
 Grandparent  
 Legal guardian  
 Stepfather  
 Stepmother  
 Other   
*Check one or write in other*

**Marital Status:**

Divorced  
 Married  
 Separated  
 Single  
 Widowed  
*Check one*

**Employment:**

Full-time  
 Not working  
 On disability  
 Part-time  
 Retired  
 Other   
*Check one or write in other*

**Level of Education:**

Less than high school  
 High School or GED  
 Trade or Vocational School  
 Associate's Degree  
 Bachelor's Degree  
 Master's Degree  
 Ph.D., J.D., M.D.  
 Other   
*Check one or write in other*

## Second Parent or Guardian Information

Lives with student:

Last Name  First Name  Authorized to pick up student:

Street Address  City  State  Zip Code

Home Phone  Mobile Phone  Email Address

Employer  Address  Phone  Occupation

**Relationship to Student:**

Biological or adopted father  
 Biological or adopted mother  
 Foster Parent  
 Grandparent  
 Legal guardian  
 Stepfather  
 Stepmother  
 Other   
*Check one or write in other*

**Marital Status:**

Divorced  
 Married  
 Separated  
 Single  
 Widowed  
*Check one*

**Employment:**

Full-time  
 Not working  
 On disability  
 Part-time  
 Retired  
 Other   
*Check one or write in other*

**Level of Education:**

Less than high school  
 High School or GED  
 Trade or Vocational School  
 Associate's Degree  
 Bachelor's Degree  
 Master's Degree  
 Ph.D., J.D., M.D.  
 Other   
*Check one or write in other*

# Emergency Contacts & Authorized Camper Pick up

\*\*\*\* PLEASE PRINT \*\*\*\*

**EMERGENCY CONTACTS:** *(Emergency contacts are authorized to pick up campers. Should be local)*

In the event of an emergency, parent/guardians will be contacted first. List 2 other adults to be contacted if parents cannot be reached.

**Primary Emergency Contact Information ~ Authorized to pick up campers**

Last Name	First Name		
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>		
Street Address	City	State	Zip Code
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 25%; height: 25px;" type="text"/>	<input style="width: 25%; height: 25px;" type="text"/>
Home Phone	Work Phone	Mobile Phone	Email Address
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

**Second Emergency Contact Information ~ Authorized to pick up campers**

Last Name	First Name		
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>		
Street Address	City	State	Zip Code
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 25%; height: 25px;" type="text"/>	<input style="width: 25%; height: 25px;" type="text"/>
Home Phone	Work Phone	Mobile Phone	Email Address
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

**ADDITIONAL ADULTS AUTHORIZED TO PICK-UP CAMPERS:**

Fill out the section(s) below to list adults authorized to pick the camper up from Camp Phoenix. These adults also may be contacted in case of emergency.

**Additional Adult Authorized to pick up camper**

Last Name	First Name		
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>		
Street Address	City	State	Zip Code
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 25%; height: 25px;" type="text"/>	<input style="width: 25%; height: 25px;" type="text"/>
Home Phone	Work Phone	Mobile Phone	Email Address
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

**Additional Adult Authorized to pick up camper**

Last Name	First Name		
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>		
Street Address	City	State	Zip Code
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 25%; height: 25px;" type="text"/>	<input style="width: 25%; height: 25px;" type="text"/>
Home Phone	Work Phone	Mobile Phone	Email Address
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

## Camp Phoenix Referrals

Schools and community agencies are asked to fill out a referral for any child who they feel can benefit from a full day, hands-on, theme-based summer learning program.

We strive to have a referral for every camper and welcome the opportunity to work with year-long teachers and other community agencies to significantly improve the life of our campers and their families.

Camp Phoenix is interested in working with families whose children need to develop self-confidence and strengthen their academic skills during the summer.

The camp day includes language arts, math, science, art, music, environmental science, computers and life skills. Several special programs and exciting field trips are provided each week such as:

Farm animals	Little critters (reptiles and birds)	Yoga class
Karate	Recycling center	Organic garden
Race carts	Roller-skating	Historical story tellers
Mobile planetarium	Rock climbing	Days at the beach

### **All referrals are *Confidential*.**

The Camp Phoenix referral form is attached.

All referrals must be submitted with registration forms and should be dropped off or mailed to...

North Oakland Family YMCA, 3378 E Walton Blvd, Auburn Hills, 48326

Or a

YMCA Camp Phoenix Staff Member

For more information on Camp Phoenix or to further discuss your referral, please contact Lisa Senac, Camp Director at 248-321-6675 or [lsenac@ymcametrodetroit.org](mailto:lsenac@ymcametrodetroit.org)



## Medical Release / Medical Dispense Form

**Prescribed Medication – List all**

	<u>Medicine Name</u>	<u>Dosage</u>	<u>When Taken / Frequency</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Is there Physical or Mental information the camp director should know about (be as specific as possible)?

\_\_\_\_\_

\_\_\_\_\_

Special activities to be encouraged: \_\_\_\_\_

\_\_\_\_\_

Special activities to be discouraged: \_\_\_\_\_

\_\_\_\_\_

**Shot record:**

Date of last Tetanus Booster \_\_\_\_\_

TB Test \_\_\_\_\_

I hereby give my permission to YMCA Camp Phoenix to secure medical and or surgical treatment in the case of an emergency for \_\_\_\_\_ while in the care of Camp Phoenix.

(child's name)

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# 6 Permission Forms

## 1. Bus/Walking Permission

**Camper(s) will (Circle one)                      BUS                      Walk                      Be Driven Independently**

If you circled bus, please fill out the following

\_\_\_\_\_ Will be riding the bus to and from school. Therefore,  
(Child's Name)

I, \_\_\_\_\_ give my permission for my child, \_\_\_\_\_  
(Parent/guardian Name) (Child's Name)

to ride the bus to and from YMCA Camp Phoenix.

**Our Bus Company will send a postcard to your home and inform you of your bus stop.**

If using the bus, **please print address** where child will be picked up and dropped off this Summer:

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## 2. Swimming Permission

I, \_\_\_\_\_ give my permission for my child, \_\_\_\_\_  
(Parent/guardian Name) (Child's Name)

to participate in YMCA Camp Phoenix swimming field trips.

**My child swims (circle one)                      Beginner                      Intermediate                      Advanced**

*I understand that if I do not sign the swimming permission my child cannot attend YMCA Camp Phoenix on swimming days.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## 3. Insect and Sunscreen Permission

I, \_\_\_\_\_ give my permission and agree to provide sunscreen  
(Parent/guardian Name)  
and insect repellent as the need occurs for my child \_\_\_\_\_.  
(Child's Name)

I understand that YMCA Camp Phoenix takes no responsibility for any allergic reaction that may occur.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## 6 Permission Forms Continued

### 4. Photography/Video/Voice Release

I, \_\_\_\_\_ give my irrevocable consent to YMCA Camp  
(Parent/guardian Name)  
 Phoenix to release photographs, slides, moving pictures, and audio/visual tapes of  
 \_\_\_\_\_ for the purpose of YMCA records, Public relations  
(Child's Name)  
 and/or advertising videos, voice or text materials, either with or without my child's name or photo  
 accompanying quotation.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### 5. Late Pick Up Policy

I, \_\_\_\_\_ understand that pick up time is 3:00 pm daily. I agree to call ahead if I know or  
 suspect that I will be late picking up my child/ren.  
 I realize that if I do not contact YMCA Camp Phoenix and my emergency contact is not available, my  
 child/ren will be taken to Camp Phoenix after care program where parents will pay a fee per child. If for  
 any reason Camp Phoenix after care Program is not in service, the child/ren will be taken by Police to  
 the Pontiac Police Department located at: 110 East Pike, Pontiac, MI.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### 6. Field Trips/Camp Activities

I, \_\_\_\_\_ give my permission for my child, \_\_\_\_\_  
(Parent/guardian Name) (Child's Name)  
 to ride the bus for all YMCA Camp Phoenix field trips and participate in all YMCA Camp Phoenix planned  
 activity days. It is the responsibility of the parent to plan in advance for special activities and field trips. If  
 your child is not permitted to attend field trips and/or activities, it is the responsibility of the parent to  
 arrange alternative childcare for that day.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## Parent/Guardian Permission for YMCA Camp Phoenix

**\*\*\* PLEASE READ CAREFULLY \*\*\***

**Must be signed by Parent/Guardian for students 18 and under**

I hereby give permission for the camper(s) to take part in the YMCA's Camp Phoenix program activities, which may include off-site events, academic assistance, continuing education, and recreational program. If a medical emergency arises, program staff will take all steps necessary to ensure the safety of the participant and will call, if necessary, a public emergency vehicle for transport to an emergency facility. I understand that I will be responsible for any transportation charges and medical expenses incurred.

I give my consent to the YMCA Camp Phoenix program to take the camper's photograph during program activities, to be used for education and public relations purposes. I further give my consent to the YMCA Camp Phoenix to share the camper's academic records with each other for purposes of providing educational support and assistance. In addition, I understand that the school district will use participant records to evaluate individual progress and improvement, as well as to evaluate the impact of the program on student achievement and to obtain continued funding for the program.

I hereby certify that I have read and do understand the above information, the program rules, and I agree to them.

Print Name \_\_\_\_\_

Signed Name \_\_\_\_\_ Date \_\_\_\_\_