**Please complete this form in its entirety.**

**Date of Application:** 

**Program Duration:** June 3, 2024 to July 19, 2024

**Summer Camp Registration Fee:** $135

**Registration Weeks:**

**(Week 1**[ ] June 3 – 7) (**Week 2**[ ]  June 10 -14) (**Week 3**[ ]  June 17 – 21) (**Week 4**[ ]  June 24 – 28)

(**Week 5**[ ]  July 1 – 5) (**Week 6**[ ]  July 8 – 12) (**Week 7**[ ]  July 15 to 19)

**Drop in Days only:**

 **(Week 1**[ ] June 3 – 7) (**Week 2**[ ]  June 10 -14) (**Week 3**[ ]  June 17 – 21) (**Week 4**[ ]  June 24 – 28)

(**Week 5**[ ]  July 1 – 5) (**Week 6**[ ]  July 8 – 12) (**Week 7**[ ]  July 15 to 19)

**Camper Information**

child’s namebirthdateage sex[ ] M[ ] F

addressapt#

citystatezip

home phone number who does child live with?

**Parent or Guardian Information**

mother’s/guardian’s name

address apt# 

city statezip

home phone number  work phone number 

cell phone number e-mail address

Please indicate your preferred method of correspondence? Phone[ ] E-mail[ ] US Mail[ ]

In the event of an emergency can we also send you a text message? Yes[ ]  No[ ]

employer’s name

address city/state/zip 

father’s/guardian’s name

address apt# 

city statezip

home phone number  work phone number 

cell phone number e-mail address

Please indicate your preferred method of correspondence. Phone[ ] E-mail[ ] US Mail[ ]

In the event of an emergency can we also send you a text message? Yes[ ]  No

employer’s name

address city/state/zip 

**Release information**

|  |
| --- |
| **My child may be released to the person(s) signing this form and listed below.** |
| **First and last name** | **Address** | **Phone number** | **Relationship** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **My child may NOT be released to anyone listed below.** |
| **First and last name** | **Address** | **Phone number** | **Relationship** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Emergency contact information**

|  |
| --- |
| **For when parents cannot be reached.** |
| **First and last name** | **Address** | **Phone number** | **Relationship** |
|  |  |  |  |
|  |  |  |  |

**Medical information**

Child’s name

Please indicate your child’s medical problems.

ADD/ADHD

Yes No If yes, please describe.

Allergies

Contagious illness

Special needs

Regular medications

Hospitalization

Disabilities

Current immunizations

Date of last tetanus shot

Child’s Physician phone

Health Insurance Carrier:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Id#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Group#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe any other information about your child that would be helpful to us.

**The above named child has been examined by me and found to be in satisfactory physical condition and free of contagious diseases. This child may be admitted to YWCA of Greater Atlanta’s Summer Camp programs without endangering the health of the group. (Summer Camp, ELA, TGI Tech)**

**Physician’s signature date**

**Parental agreement with program facility**

I have received a copy and agree to abide by the Parent Handbook of the YWCA of Greater Atlanta. Failure to comply and adhere to the policies set forth in the handbook could result in the possible suspension or withdrawal of your child from the program.

The YWCA of Greater Atlanta agrees to provide childcare for (name of child)

I have received a copy and agree to abide by the Parent Handbook of the YWCA of Greater Atlanta. Failure

to comply and adhere to the policies set forth in the handbook could result in the possible suspension or withdrawal of your child from the program.

**My child will participate in the following meal plan:** [ ] **Breakfast** [ ] **Lunch** [ ] **Afternoon Snack**

I understand the hours of operation for all programs as outlined in the Parent Handbook. If my child is picked up after 6:30 pm, **a late fee will be assessed at the rate of $3 per minute.** I understand that the YWCA of Greater Atlanta may contact the Department of Family & Children Services.

Before any medication is dispensed to my child, I will complete a Medication Authorization Form, which includes date

name of child, name of medication, prescription number if any, dosage, and date and time medication is to be given.

Medication will be in the original container with the child’s name clearly marked on it.

My child will be escorted in and out of the facility and signed in and signed out of the program daily by the parent or

person authorized by the parent(s), who is at least 16 years old.

I understand for the safety of the children the YWCA of Greater Atlanta **cannot** be responsible for children that are on the playgrounds without the YWCA staff. **Nor** can we be responsible for children on the playgrounds that have been signed out for the day and are in the care of their parents.

I understand that if any current or former YWCA employee who you engage for services (1) outside of normal YWCA business hours and (2) off YWCA premises shall not be considered a YWCA employee while performing those services. For example, if you request a YWCA employee to babysit at your home, the YWCA has no control over such employee’s actions during that employment.

I acknowledge that it is my responsibility to keep my child’s records current to reflect any significant changes as they

occur, e.g., telephone numbers, work location, emergency contacts, child’s physician, child’s health status, and immunizations.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, and adverse reactions to medications,

that affects my child.

I give my child permission to participate in routine field trips, and special activities away from the facility as described in the Parent Handbook. I understand that other trips may also be included, and the YWCA of Greater Atlanta will inform me of these events in advance.

I grant permission for the information provided in this application to be shared with the program provider and the program.

administrators. All information will be kept confidential.

I grant permission for the above-named child to be photographed or videotaped in connection with the daily YWCA activities for the purpose of news releases and other promotional opportunities.

In the event of an emergency involving my child, I authorize the YWCA to obtain emergency medical care at the nearest medical

facility, if I cannot be reached. I understand that I am responsible for all medical expenses incurred during the treatment of my

child.

**Waiver**

*The undersigned, as an applicant, parent or guardian applying for my child or ward to use said facilities, equipment, and/or programs, do hereby assume all risks and hazards incidental to the use of said equipment, facilities, and/or programs either by myself or by my child or ward. I do hereby waiver, release, absolve, indemnify and agree to hold harmless the YWCA of Greater Atlanta and its employee or agents all except to the extent of and in the amount covered by accident or liability insurance, which insurance, however, may not be available.*

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Signature of Parent/Guardian Date

**Vehicle emergency medical information**

child’s namebirthdateage sex[ ] M[ ] F

addressapt#

mother/guardian’s name

home phone number  work phone number 

 cell phone number

father/guardian’s name

home phone number  work phone number 

 cell phone number

emergency contact when parents cannot be reached:



name relationship phone



name relationship phone

Child’s physician  phone 

Child’s allergies

Current prescribed medication 

Special needs and/or conditions 

In the event of an emergency involving my child, I authorize the YWCA to obtain emergency medical care if I cannot be reached. I agree that I am responsible for all medical expenses incurred during the treatment of my child. My child has permission to be transported by the YWCA of Greater Atlanta in the event of an emergency. Medical facilities used:

Children’s Healthcare of Atlanta Hughes Spalding Hospital

35 Jesse Hill Jr. Drive SE, Atlanta, Georgia 30303

(404)785-5437 (main)

parent/guardian signature date Director’s Signature date

**Statistical information (All information provided will be held strictly confidential)**

The YWCA of Greater Atlanta is a nonprofit organization. We are required to maintain statistics on the participants in our programs and report to the United Way, the YWCA of the USA, and other funding sources. Although it is not mandatory, your cooperation in completing this section is greatly appreciated. **Demographic information must be completed.**

Ethnic origin:

 \_African-American \_Asian \_Caucasian \_Hispanic/Latino Native American \_Other

County of residence:

 Fulton Fayette \_\_DeKalb \_\_Cobb \_\_Coweta Clayton Gwinnett Cherokee Douglas Henry Other

 City of Atlanta

Annual Household Income:

\_\_\_\_\_\_\_$0 to $20,000\_\_\_\_\_\_\_$20,001 to $25,000 \_\_\_\_\_\_\_$25,001 to $30,000 \_\_\_\_\_\_\_$30,001 to $35,000

\_\_\_\_\_\_\_$35,001 or over

**Financial assistance**

The YWCA of Greater Atlanta offers financial assistance to individuals who may qualify based on household size and income. Funds are limited and awarded based on space and the availability of resources. If you need financial assistance, please complete the financial assistance form located on our website.