



# YWCA CAMP FUNKIST SUMMER 2024

515 North Street White Plains, NY | 914-949-6227 x109 | www.ywcaawpcw.org | campfunkist@ywcaawpcw.org

## REGISTRATION FORM (Please print clearly. One form per camper)

### CAMPER INFORMATION

Camper's Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_

Grade (entering in Sept 2024): \_\_\_\_\_ Friends you wish to be with (optional): \_\_\_\_\_

Does the camper have any food allergies or food restrictions? (circle one): [Yes] [No]

If, yes (select one): Medical \_\_\_\_\_ Religious Purposes \_\_\_\_\_ Other \_\_\_\_\_ If other, please specify: \_\_\_\_\_  
Camper may not eat the following foods: \_\_\_\_\_

Does the camper have an IEP? (circle one): [Yes] [No] *\*If yes, please include the most recent IEP\**

The YWCA is committed to making reasonable accommodations for campers with disabilities that will impact their access and educational participation in YWCA programs and services. YWCA complies with and is guided by the provisions of the Americans with Disabilities Act (ADA) and its amendments. YWCA must be notified of any disabling condition that is likely to impact program participation.

### PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian Name: \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION (List individuals (not including parent/guardians) who are authorized pickups and emergency contacts)

Emergency Contact #1 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Emergency Contact #2 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Emergency Contact #3 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

### PERMISSION & INDEMNITY

As guardian of (Camper's Name) \_\_\_\_\_, I (Guardian's Name) \_\_\_\_\_ hereby give my child permission to participate in Camp Funkist activities and events including, but not limited to the following, specials, swimming, and photo taking. I have read and agreed to the terms of registration for my child's participation in Camp Funkist.

By signing this document, I hereby certify that all information contained herein, and all documents and information submitted via any other form, are true, accurate, and complete to the best of my knowledge.

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## CAMP SCHEDULE, FEES, & BILLING (Complete all applicable fields)

### CAMPER INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Grade (entering in Sept 2024): \_\_\_\_\_

GRADE	GROUP	# OF SPACES	SELECT ONE	CAMP SESSIONS <small>(select all that apply)</small>	REGULAR CAMP	EARLY DROP OFF	EXTENDED DAY
PreK	Rockets <small>(Turning 4 by 12/31/24)</small>	18		<b>SESSION TIMES</b>			
					9AM – 4PM	8AM – 9AM	4PM – 6PM
K	Astros	13		Week 1	7/1 – 7/5* <small>Camp Closed 7/4*</small>		
1	All Stars	20		Week 2	7/8 – 7/12		
2	Blazers	20		Week 3	7/15 – 7/19		
3	Champions	20		Week 4	7/22 – 7/26		
4	Dynamos	15		Week 5	7/29 – 8/2		
5	Eagles	15		Week 6	8/5 – 8/9		
6 - 7	Funkist Plus	15		Week 7	8/12 – 8/16		

### WEEKLY FEES

	Week 1 <i>Member / Non-Member</i>	Week 2 - 7 <i>Member / Non-Member</i>	3.25% Credit Card Surcharge Week 1 <i>Member / Non-Member</i>	3.25% Credit Card Surcharge Week 2 - 7 <i>Member / Non-Member</i>
PreK — Kindergarten	\$372 / \$416	\$465 / \$518	\$384/\$430	\$480/\$535
Grades: 1 — 4	\$360 / \$396	\$450 / \$494	\$372/\$409	\$465/\$510
Grades 5 — 7	\$372 / \$416	\$465 / \$518	\$384/\$430	\$480/\$535
Early Morning	\$50	\$50	\$52	\$52
Extended Day	\$75	\$75	\$77	\$77

**Membership Options (annual dues):** (\$115 - youth program member) — (\$200 – youth 2 program) — (\$275 – youth family program)

**Early Bird Registration Options:** Register 6+ weeks (save \$20/week) — Register 2–5 weeks (save \$10/week) **Deadline: March 8, 2024**

### BILLING (An additional 3.25% surcharge will be charged to every credit card payment. To avoid this surcharge, please provide an EFT payment method.)

Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ Security Code: \_\_\_\_\_

EFT Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### For Statistical Purposes Only:

Race/Ethnicity (check one): White \_\_\_\_\_ Hispanic \_\_\_\_\_ Black/African American \_\_\_\_\_ Asian \_\_\_\_\_ Other/Two or more races \_\_\_\_\_

Annual Family Income (check one): Under 25K \_\_\_\_\_ 26-60K \_\_\_\_\_ 61-100K \_\_\_\_\_ Over 100K \_\_\_\_\_



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## TERMS OF AGREEMENT & CONDITIONS

*(Initials & Signature required)*

1. **All** registration forms and medical documentation must be submitted by **June 1, 2024**, to complete enrollment.  
\*No child will be allowed to participate unless **ALL** required forms and releases have been completed and submitted.
2. Campers must enroll for a **minimum of 2 weeks**
3. **Medical Authorizations**
  - o Medical Documentation must include an up-to-date **physical and immunization record** (with proof of vaccinations).
  - o All parents must complete the **Medical Authorization** and **Medical Contact Information**
  - o Every effort should be made to administer medications to support a camper's participation in the daily activities.
    - When applicable, parents must complete an **Authorization Form for the Administration of Sunscreen or Bug Repellent**.
    - When applicable, parents **and** healthcare providers must complete an **Authorization Form for the Administration of Medication** for campers with EpiPens and/or other medication to be administered, including but not limited to, prescriptions or over-the-counter medication.
    - Parents/guardians assume responsibility for the delivery of all medication to be administered. All medication must be provided in original containers and properly labeled with the camper's complete name.
    - Medication must be picked up by the last day of camp. Any medications not picked up will be discarded after 30 days.
4. **Billing**
  - o Payments must be made via a valid credit card, EFT, or other form of payment such as check or cash.  
\*Credit cards will be charged a 3.25% surcharge. To avoid the surcharge, please provide an alternative payment method.
  - o Upon registration, **\$100 non-refundable camp deposit** is required to reserve a spot in camp.
  - o YWCA Camp Funkist offers a **3-month payment plan option only**.
  - o Membership dues are **non-refundable**. To qualify for member rates, membership must be in good standing for the entire duration of camp.
  - o If enrolling after 4/15/24, prior payments are due upon signing along with the deposit.
  - o All camp tuition must be paid in full by **June 15, 2024**, or enrollment will be canceled.
  - o If payment is not made by the 15<sup>th</sup> of each payment plan month, the parent/guardian assumes responsibility for updating their payment method. **Payments will come out of your account on 4/15, 5/15, and 6/15**
  - o Completed registrations forms must be submitted no later than March 8, 2024 to be eligible for the early bird registration
  - o Maximum of two discounts may be applied at any time.
5. **Cancellations & Refunds**
  - o Refunds will not be granted for cancellations due to weather, vacation, sickness (i.e. common cold, COVID, etc.) or any other circumstances. Documented medical disability may entitle patrons to a pro-rate program fee.
  - o **Refund Policy** for payment plans is as follows:
    - Withdrawal before April 15: 75% Withdrawal before May 15: 50%
    - Withdrawal before June 15: 25% No refunds on June 15, 2023, or thereafter
6. Additional camp policies are included in the Parent Handbook.
7. **Enrollment** To reserve a spot, please charge the \$100 camp deposit and annual membership dues (if applicable).
8. **3-Month Payment Plan** Please automatically charge the monthly camp payments on the 15<sup>th</sup> of the month to my authorized payment method.
9. **Pick-Up Authorization** Other than those identified above, I understand that I must provide written authorization to permit any additional person to pick up my child. I will give written permission to the Camp Director and Camp Assistant Director. I also understand that a photo ID may be required to pick up my child.
10. **Photography and Publicity Release** I grant permission to the YWCA White Plains and Central Westchester to use photographs, videotapes, and films of my child taken at the YWCA Camp Funkist program (or on trips) for publicity and promotion purposes.
11. **Hold Harmless Statement** I hereby release and agree to hold harmless the YWCA White Plains & Central Westchester, its affiliates, insurers, attorneys, principals, directors, officers, agents, employees, and volunteers (the "Released Parties") from any injury, loss, liability, damage or claims of any kind, including contraction of any infectious disease including COVID 19 and claims resulting from the negligence of any Released Party that may arise out of or relate to me or my child(ren)'s participation in the YWCA to the greatest extent allowed by law. By signing this release, I certify that I have read and agree to this release and I fully understand it, and am not relying on statements or representations of any Released Party. Should I wish to exclude myself or my child from any activity, I understand that I must notify the Program Director in writing.

**I have read and agree to the terms and conditions for my child's participation in Camp Funkist.**

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## MEDICAL AUTHORIZATION

Please be advised that there are inherent risks related to the day camp program and its physical sports and other activities. There is the possibility of physical injury or damage to personal property. The safety of campers is the first priority of the day camp staff. If injured, your child will be taken to the nearest available hospital

In the event of serious illness or injury, I authorize the day camp staff to transport my child to a hospital emergency facility for treatment. Every attempt to contact a parent or guardian will be made. I accept responsibility for the cost involved in the transport and treatment of my child.

I, \_\_\_\_\_ have read, understand, and agree with all of the above.  
(Parent/Guardian's name)

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## MEDICAL CONTACT INFORMATION

Camper's Insurance Carrier: \_\_\_\_\_ Insurance Member ID #: \_\_\_\_\_

Camper's Physician: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Camper's Dentist: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Group/Hospital Name (if applicable): \_\_\_\_\_ Address \_\_\_\_\_

## AUTHORIZATION FOR THE ADMINISTRATION OF SUNSCREEN AND BUG REPELLENT IN SUMMER CAMP

*The State of New York has simplified the way in which sunscreen is regulated in camps and schools. In an effort to promote the use of sunscreen, a medical provider's order is no longer required to allow children to carry and apply their own sunscreen. All that is required is written parental consent.*

I authorize my child, \_\_\_\_\_, to carry and apply an FDA-approved sunscreen or bug repellent, which I will provide. If my child is physically unable to apply sunscreen or bug repellent and asks for assistance, then a camp staff member may assist my child.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION IN SUMMER CAMP (Required for Over-the-Counter or Prescription Medication)

I request that my child, \_\_\_\_\_, receive the medication as prescribed below by our licensed healthcare provider. The medication is to be furnished and delivered in its original container and properly labeled with the camper's first and last name.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Licensed Healthcare Provider/Prescriber must complete the following:**

I, \_\_\_\_\_ request that my patient receive the following medication:

Camper's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Diagnosis: \_\_\_\_\_ Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Route: \_\_\_\_\_ Frequency: \_\_\_\_\_

Possible Side Effects and Adverse Reaction (if any): \_\_\_\_\_

Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Stamp (Name & Address):