

TO: Parents/Campers

From: Terry Jones Camp Director

RE: Summer Camp Information

Time of Camp: 7:00 am —5:30 pm

Lunch: Lunch is provided (not sure of start date) camper will need to bring lunch until hot lunch is provided, camper can always bring their own lunch.

Breakfast & Snack: Breakfast and snack is provided; camper chooses to bring their own breakfast and /or snack they can do so.

What To Bring Everyday: Backpack or bag with the following items sunscreen, water bottle bug spray swimsuit towel.

What NOT to bring: Electronics, trading cards, toys

YMCA Camp guidance for COVID 19: See attached information

Camp information questions contact Terry Jones @ terryj@ymcatopeka.org or 785-435-8651.

Billing questions contact Toni Colon @ tonic@ymcatopeka.org or 785-435-8652.

2023 SUMMER CAMP

YMCA camp Guidance For COVID-19

I understand that my camper's temperature will be taken each day during check-in I understand I should keep my camper at home if they are experiencing any of the following symptoms:

A fever greater than 100 degrees (F)

Cough

Shortness of breath

Sudden loss of smell or taste

Other signs of illness (headache, sore throat, general aches/pains, fatigue/weakness/extreme exhaustion)

I must keep my camper at home until the symptoms have ceased.

I understand if my camper has a positive COVID test my camper must quarantine for 10 days.

I understand if my camper is exposed, they must have a negative COVID test to return to camp.



School Age Program

YMCA 2023 SUMMER DAY CAMP

Enrollment Forms (**Please Print**)

Acct :

(office use only)

(Please Circle One):

YMCA HILL TOP CAMP K-2nd Grade

YMCA SOUTHWEST CAMP 3rd-6th Grade

YMCA Adventure Camp 6th-8th Grade

MONDAY-FRIDAY 7:00AM-5:30PM

Attended camp last year? ☐ Yes ☐ No

Child's Name:

Date of Birth: __/__/__

Age:

Grade in Fall of 2021:

Male or Female

Child's Address:

City/State/Zip:

Ethnicity: ☐ Caucasian ☐ African American ☐ Hispanic ☐ Asian/Pacific Islander ☐ Other: _____

Primary Parent/Guardian Contact Information ☐ Mother ☐ Father ☐ Other: _____

Primary Parent/Guardian Name:

Date of Birth: __/__/__

Cell#

Male or Female

Home#

Home Address (if different from child):

City/State/Zip:

Work#

Custodial Parent: ☐ Yes ☐ No

May the Y release to non custodial Parent? ☐ Yes ☐ No

Ethnicity: ☐ Caucasian ☐ African American ☐ Hispanic ☐ Asian/Pacific Islander ☐ Other: _____

Email:

Preferred Method of Communication:

☐ Email ☐ Phone ☐ Text ☐ All

Primary Parent/Guardian Contact Information ☐ Mother ☐ Father ☐ Other: _____

Primary Parent/Guardian Name:

Date of Birth: __/__/__

Cell#

Male or Female

Home#

Home Address (if different from child):

City/State/Zip:

Work#

Custodial Parent: ☐ Yes ☐ No

May the Y release to non custodial Parent? ☐ Yes ☐ No

Ethnicity: ☐ Caucasian ☐ African American ☐ Hispanic ☐ Asian/Pacific Islander ☐ Other: _____

Email:

Preferred Method of Communication:

☐ Email ☐ Phone ☐ Text ☐ All

Emergency Contact/Authorized Pick Up (other than parents):

Name:

Home Address:

City/State/Zip:

Relationship to Child:

Phone #:

Driver's License:

Additional Authorized Pick Up (other than parents):

Name:

Address:

Phone #:

Name:

Address:

Phone #:

Name:

Address:

Phone #:

Staff Initials: _____ Date: _____

2023 YMCA SUMMER DAY CAMP

WEEK	DATE	FEE (Member/Non)	HILLTOP (K-2)	SW (3-6)	ADV (6-8)
1	May 30 – June 2	\$112/\$120			
2	June 5 – June 9	\$140/\$150			
3	June 12 – June 16	\$140/\$150			
4	June 19 – June 23	\$140/\$150			
5	June 26 – June 30	\$140/\$150			
6	July 3 – July 7	\$112/\$120			
7	July 10 – July 14	\$140/\$150			
8	July 17 – July 21	\$140/\$150			
9	July 24 – July 28	\$140/\$150			
10	July 31 – Aug 4	\$140/\$150			

Initials Accounting Policies:

- ____ 1. Acceptable payment form is: Scheduled payment by Electronic Funds Transfer (EFT) or credit card. Pay camp in full by cash, check or credit card.
- ____ 2. Payments will be made on Friday for the following week of camp. Payments will be made each week unless **two-week written notification (form)** has been provided for cancellation. **Cancellation of camp (form) must be turned in @ YMCA Front Desk NOT TO CAMP COUNSLOR.**
- ____ 3. The Y does not issue statements for individual tax purposes. Please keep any and all cancelled checks, payment receipts or bank statements as documentation of childcare payments.
- ____ 4. No adjustments in the weekly fee will be made for partially attended weeks.
- ____ 5. If your payment is returned for insufficient funds (NSF), your payment along with an NSF service fee of \$30 will be collected electronically. If credit/debit payment returned a 10.00 fee will be collected with payment. **Any change to your billing information must be received at least seven days prior to the date the change is to take effect**
- ____ 6. **A completed payment arrangement MUST be received for child to be enrolled, if not received, I understand that my child will be considered registered for camp and will not be able to attend until the arrangement is received.**

Payment Information:

Parent's Name: _____ DOB: _____
 Child's Name: _____ DOB: _____
 Child's Name: _____ DOB: _____

____ I will be paying with electronic funds transfer. Information below is required with a voided check:

Bank Name: _____ Bank City/State: _____

Type of Account: ____ Checking ____ Savings

Print your name as it appears on the account: _____

Bank Routing Number: _____ Account Number: _____

____ I will be paying with a Credit Card: __ Visa __ MasterCard __ Discover __ American Express

Card Number: _____ Expiration Date: _____ 3-Digit Code: _____

Print name as is appears on card: _____ Zip Code: _____

____ I receive third party payments, i.e. DCF/SRS, KVC, (**Must have DCF/SRS/KVC approval letter prior to attend**) **I understand that I am responsible for all copayment. Fees and payments will not be determined by time sheets.**

We have read the Accounting Policies and agree to comply with all payments and policies.

 Print Name of Authorized Signature

 Authorized Signature

 Date

Participant Health History and Information

Hospital preference (please circle): St. Francis Stormont Vail

Child's Doctor: _____ Address: _____ Phone#: _____

Is your child covered by insurance? ☐ Yes ☐ No If yes please complete the following:

Health Insurance/Medical Assistance Name _____ Policy/Card number _____

Military Medical Care I.D. Number _____

Check any conditions that your child has experienced:

☐ Asthma ☐ Autism ☐ Diabetes ☐ Heart/Lung Conditions ☐ ADD/ADHD ☐ Cerebral Palsy/Other Motor Disorder

☐ Cognitive or Learning Disabilities ☐ Status of Vision, Hearing, Speech to Note _____

☐ Non-Food Allergies (list) _____

☐ Food/Milk Allergies (list) _____

If your child has food allergies or dietary restrictions, attach a statement from a medical professional. (REQUIRED)

☐ My child carries and epi-pen, inhaler or other medication. (additional medication form is required)

☐ Other conditions to note: _____

Please provide symptoms and/or special instructions for any condition marked above. (Additional information may be attached) _____

Check any of the following that relate to your child:

☐ Fears we should be aware of: _____

☐ An event in your child's life that may have been particularly upsetting: _____

☐ Social or emotional characteristic you would like to note: _____

Other conditions requiring special care or additional information you feel would be helpful. (additional pages or notes may be attached) _____

Please answer yes or no to each of the following:

☐ My child attended a public/accredited non-public school in Kansas, Missouri, or Oklahoma the previous year?

☐ I have provided a copy of immunization records for my kindergartner child along with this form.

☐ My child is current on his/her immunizations.

Is your child currently taking any medication? ☐ Yes ☐ No If yes, what kind and why (unless confidential by law)? _____

If any medication (prescription or over the counter) is required during Y program time, a medication form **MUST** be completed.

The YMCA of Topeka has my permission to: (initial each line)

☐ Involve my child in photographs or video taken for Y publicity purposes

☐ Transport my child, provided that the Y and the driver have the legally required insurance in force, the driver has a valid Kansas driver's license and there is a current Kansas tag on the vehicle.

Statement of understanding: (your signature confirms your agreement with the following terms)

- I will notify the staff of any changes in the registration information.
- I understand it is my responsibility to sign my child in upon arrival to the program and out before leaving each day.
- I understand there is \$1/minute late pick up fee charged for each child picked up after 5:30pm. If the child is not picked up by 6:30pm 911 will be called.
- I understand that the Y has a no outside contact policy between Staff and Children. This includes but is not limited to : babysitting, sleepovers, transportation or other non-Y events.
- I understand that state law mandates the Y to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- In the event that I cannot be reached to make arrangements for emergency medical attention at the time of illness or accident, I hereby authorize the Y to take my child to the nearest facility for medical attention.
- I consent to my child's participation in the Y program and assume the risks involved. I attest and verify that I have knowledge of the risks involved in program activities and I give my child authorization to participate in such activities.
- By signature and of free will I do hereby agree to indemnify and hold harmless the Y for any and all claims or demands, cost of expense arising out of any injury or damage sustained by me or any party I am responsible for.
- I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore, in exchange for allowing my child to participate in Y programs, I understand and expressly acknowledge that I, for myself and for anyone entitled to act on my behalf, waive and release the Y, sponsors, representatives and successors from all claims or liabilities of any kind arising out of my child's participation in activities at or sponsored by the Y. I further agree to indemnify and save harmless the Y from any claims or demands arising out of such injuries or losses. I understand that this release includes any claims based on negligence, action or inaction of the YMCA of Topeka, its staff, directors, members and guests.

Print Name _____

Relationship to child _____

Sign Name _____

Date _____

If the health history form was completed by a person other than a Parent/Guardian What is that person's relationship to _____

2023 SUMMER CAMP

YMCA Camp Guidance For COVID-19

Initial

_____ 1. I understand that my camper's temperature will be taken each day during check-in

_____ 2. I understand I should keep my camper at home if they are experiencing any of the

following symptom's:

- A fever greater than 100 degrees (F)
- Cough
- Shortness of breath
- Sudden loss of smell or taste
- Other signs of illness (headache, sore throat, general aches/pains, fatigue/weakness/extreme exhaustion)

_____ 3. I must keep my camper at home until the symptoms have ceased.

_____ 4. I understand if my camper has a positive COVID test my camper must quarantine for 10 days.

_____ 5. I understand if my camper is exposed, they must have a negative COVID test to return to camp.

Camper Name (please print) _____

Parent/Guardian (please print) _____

Sign Name

Date

**2023 SUMMER DAY CAMP
ACTIVITIES AND PARTICIPATION PERMISSIONS**

YMCA HILL TOP CAMP YMCA SOUTHWEST CAMP YMCA TEEN SPORTS CAMP

While my child, _____, is attending YMCA Summer Day Camp from 7:00am to 5:30pm, Monday thru Friday, between the dates of May 30 to August 4, I give permission for him/her to participate in the following activities:

Please initial indicating permission:

_____ Swimming activities, including the use of diving boards and water slides offered at

The YMCA of Topeka

3635 SW Chelsea Dr, Topeka 66614

Dornwood Splash Park

2815 SE 25th, Topeka 66605

Manhattan City Pool

1220 Poyntz, Manhattan 66502

Osage City Pool

525 S 2nd, Osage City 66523

Jones Aquatic Center

4202 W 18th Ave, Emporia 66801

Jackson Spray Park

1220 SE 10th, Topeka 66607

Blaisdell Pool

4201 SW Reinisch PKWY, Topeka 66606

Lake Shawnee Adventure Cove

3435 SE East Edge Rd, Topeka 66605

Garfield Park Pool

1600 NE Quincy, Topeka 66608

Shawnee North Family Aquatic Center

300 NE 43rd, Topeka 66617

Midwest Health Aquatic Center

2201 SW Urish Rd, Topeka 66614

Oakland Pool

801 NE Poplar, Topeka 66616

_____ My child has my permission to use all of the play equipment and participate in all camp activities provided at the YMCA and field trip areas, i.e.:

Gage Bowl

4200 SW Huntoon, Topeka 66604

Brown vs. Board of Education

1515 SE Monroe, Topeka 66612

Gage Park & Topeka Zoo

635 SW Gage, Topeka 66606

Lake Shawnee

3137 SE 29th, Topeka 66605

Topeka & Shawnee County Public Library

1515 SW 10th, Topeka 66604

Kansas Children's Discovery Center

4400 SW 10th, Topeka 66604

Going Bonkers

5515 SW 21st, Topeka 66604

Sky Zone Trampoline Park

1801 SW Wanamaker, Topeka 66615

Regal 14 Movie Theater

6200 SW 6th, Topeka 66615

Wamego Park

569 – 599 6th St, Wamego 66547

Prairie Park Nature Center

2730 Harper St, Lawrence 66046

Watkins Museum of History

1047 Massachusetts, Lawrence 66044

Helping Hands Humane Society

5720 SW 21st, Topeka 66604

Cedar Crest – Governor's Mansion

1 Cedar Crest Dr, Topeka 66606

Quincy Metro Station

820 SE Quincy, Topeka 66612

Build A Buddy Factory

1801 SW Wanamaker, Topeka 66604

Great Overland Station

701 N Topeka, Topeka 66608

West Ridge Lanes

1935 SW Westport Dr, Topeka 66604

Deanna Rose Farmstead

13800 Switzer Rd, Overland Park 66221

Mulvane Art Lab

1700 SW Jewell, Topeka 66621

Barnes and Noble
6130 SW 17th Topeka 66615
McDonald's
3117 S Topeka Blvd, Topeka 66611
OZ Museum
511 Lincoln Ave, Wamego 66547
Combat Air Museum
7016 SE Forbes, Topeka 66619
Ritchie House
1116 SE Madison, Topeka 66601
Call Hall K-State Campus
1530 Mid-Campus Dr, Manhattan 66506
Kansas State Capitol
300 SW 10th, Topeka 66612
McDonald's
5525 SW 21st, Topeka 66604

Flint Hills Discovery Center
315 S 3rd, Manhattan 66502
Museum of Kansas National Guard
125 SE Airport Dr, Topeka 66619
Pizza Hut
27 Market St, Osage City 66523
David Traylor Zoo of Emporia
8702 75 Sodens Rd, Emporia 66801
SK8away
815 SW Fairlawn Rd, Topeka 66606
Sports Center
6545 SW 10th, Topeka 66615
Sonic Drive In
5922 SW 21st, Topeka 66614
3520 SE 29th, Topeka 66605
1221 SW Gage, Topeka 66604

Please initial indicating permission

_____ I hereby give my permission for my child to watch G & appropriate PG movies.
Alternative activities will be provided for children not viewing the movies.

_____ I hereby give my permission for my child to use face painting, colored hair gel and nail polish for various spirit activities. With the exception of nail polish, all items will wash out or off with regular soap and water. Campers will always have the opportunity to choose not to participate.

_____ I hereby give my permission for my child to be administered sunscreen and bug spray. Each time campers will be outside for an extended period, sunscreen/bug spray (provided by campers) will be applied by campers. **Sunscreen will be applied as a protective measure, but this is not a guarantee against sunburn.**

_____ I will notify the staff promptly of any changed in our family that would affect the child's attendance, activities or behavior. This includes updating information in the camper's file.

I understand that some of the above activities are considered HIGH RISK, according to the Kansas Department of Health & Environment.

I have read, understand and agree to follow the policies set forth in the Parent Handbook. I understand the YMCA reserves the right to dismiss a child for continual behavioral problems. I hereby give permission for the above named child to participate in any camp program that includes transportation to or from a camp activity or field trip.

Parent/Guardian Signature

Date



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA Summer Camp
3635 SW Chelsea Dr
Topeka, KS 66614

Letter of Cancellation or Termination
Form Must Be Turned In @ YMCA Front Desk

Attn: Billing

Effective _____ (Date) I would like to cancel the following week or weeks of Summer Camp. Thanks for your prompt attention to this matter.

Child's Name: _____

Parent/Guardian Name _____

Camp Child Attending _____

Week/Weeks: _____

Pursuant to the agreement between the YMCA and _____,

(Parent/Guardian)

either party may cancel or terminate the contract with a two weeks' notice.

Date: _____

Parent Signature: _____

(office use only)

Acct: _____

Date Form Recd _____

Date Completed: _____

YMCA OF TOPEKA

3635 SW Chelsea, Topeka, Kansas 66614 - 785-271-7979