



**FIND YOUR FUN.  
FIND YOUR Y.**

**2024 SUMMER DAY CAMPS  
MAY 30 – AUGUST 2**

**MONDAY – FRIDAY | 7:00AM–5:30PM**

**YMCA MEMBERS: \$150/week**

**NON-MEMBERS: \$160/week**

**For a better us.®**



**CAMP SITES:**

**HILLTOP CAMP**

5440 SW 37th St  
PreK–2nd Graders

**SOUTHWEST CAMP**

3635 SW Chelsea Dr  
3rd–6th Graders

**ADVENTURE CAMP**

3635 SW Chelsea Dr

Terry Jones | 785.271.8651

YMCA of Topeka | 3635 SW Chelsea Dr

[www.ymcatopeka.org](http://www.ymcatopeka.org)

**TO:** Parents/Campers

**From:** Terry Jones Camp Director

**RE: Summer Camp Information**

**Time of Camp :** 7:00 am – 5:30 pm

**Lunch:** Lunch will be provided (not sure on start date) camper will need to bring lunch until hot lunch is provided. Camper can always bring their own lunch.

**Breakfast & Snack:** Yes, breakfast and snack will be provided. If camper chooses to bring their own breakfast and /or snack they can do so.

**What To Bring Everyday:** Lunch, 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](mailto:terryj@ymcatopeka.org) or 785-435-8651.

Billing questions contact Oclia Moss @ [ocliam@ymcatopeka.org](mailto:ocliam@ymcatopeka.org) or 785-271-7979



# School Age Program

## YMCA 2024 SUMMER DAY CAMP

Enrollment Forms (**Please Print**)

Acct :

(office use only)

**(Please Circle One):**

**YMCA HILL TOP CAMP Pre-K-2<sup>nd</sup> Grade**

**YMCA SOUTHWEST CAMP 3<sup>rd</sup>-6<sup>th</sup> Grade**

**YMCA Teen Sports Camp 7<sup>th</sup>-8<sup>TH</sup> Grade**

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

Attended camp last year? ☐ Yes ☐ No

Child's Name:

Date of Birth: \_\_/\_\_/\_\_  
Male or Female

Age:

Grade in Fall of 2024:

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: \_\_/\_\_/\_\_  
Male or Female

Cell#

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: \_\_/\_\_/\_\_  
Male or Female

Cell#

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: \_\_\_\_\_



# 2024 YMCA SUMMER DAY CAMP

WEEK	DATE	FEE (Member/Non)	HILLTOP (Pre-K-2nd)	SW (3rd-6 <sup>th</sup> Gr)	TEEN (7th-8 <sup>th</sup> Gr)
1	May 30 - May 31	\$60/\$64			
2	June 3 - June 7	\$150/\$160			
3	June 10 - June 14	\$150/\$160			
4	June 17 - June 21	\$150/\$160			
5	June 24 - June 28	\$150/\$160			
6	July 1 - July 5	\$120/\$128			
7	July 8 - July 12	\$150/\$160			
8	July 15 - July 19	\$150/\$160			
9	July 22 - July 26	\$150/\$160			
10	July 29 - Aug 2	\$150/\$160			

## 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. Drafts will be made on Friday for the following week of camp. Drafts will be made each week unless **two-week written notification** has been provided for cancellation.
- \_\_\_\_ 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. Any change to your billing information must be received at least seven days prior to the date the change is to take effect. A \$10 late fee will be assessed on payments not made by the deadline.
- \_\_\_\_ 6. **If a completed payment arrangement is not received, I understand that my child will not be registered for camp and will not be able to attend until a completed payment 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 \_\_\_\_\_

## 2024 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.

# 2024 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

**2024 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 2, 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 25<sup>th</sup>, Topeka 66605

Manhattan City Pool

1220 Poyntz, Manhattan 66502

Osage City Pool

525 S 2<sup>nd</sup>, Osage City 66523

Jones Aquatic Center

4202 W 18<sup>th</sup> Ave, Emporia 66801

Jackson Spray Park

1220 SE 10<sup>th</sup>, 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 43<sup>rd</sup>, 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 29<sup>th</sup>, Topeka 66605

Topeka & Shawnee County Public Library

1515 SW 10<sup>th</sup>, Topeka 66604

Kansas Children's Discovery Center

4400 SW 10<sup>th</sup>, Topeka 66604

Going Bonkers

5515 SW 21<sup>st</sup>, Topeka 66604

Sky Zone Trampoline Park

1801 SW Wanamaker, Topeka 66615

Regal 14 Movie Theater

6200 SW 6<sup>th</sup>, Topeka 66615

Wamego Park

569 – 599 6<sup>th</sup> 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 21<sup>st</sup>, 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 17<sup>th</sup> 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 10<sup>th</sup>, Topeka 66612  
McDonald's  
5525 SW 21<sup>st</sup>, Topeka 66604

Flint Hills Discovery Center  
315 S 3<sup>rd</sup>, 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 10<sup>th</sup>, Topeka 66615  
Sonic Drive In  
5922 SW 21<sup>st</sup>, Topeka 66614  
3520 SE 29<sup>th</sup>, 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