



Kankakee Area YMCA Summer Day Camp 2022

Camper's Name: _____ **Registration Date:** ____/____/____

Required Documents	Parent Initials	Y Staff Initials
Completed Registration Form (<i>1 per child</i>)		
Signed Bank Draft Authorization (<i>1 per family</i>)		
Signed Parent Handbook Acknowledgement (<i>1 per family</i>) Electronic Signature		
Signed Liability Waiver (<i>1 per family</i>) Electronic Signature		
Signed Summary of Licensing Standards for Day Care Centers (<i>1 per family</i>)		
Medication Authorization (Form provided upon request)		
Signed Attendance, Late Fee & Pick-up Policy (<i>1 per family</i>) Electronic Signature		
Original Birth Certificate (<i>for each child</i>) (The Y will copy)		
Health Information (<i>for each child</i>) (Most recent school physical may be used, even if more than 6 months old. There must be a doctor's signature, immunizations and lead/TB screenings on the submitted form)		
Custody Agreement/Court Order (If Applicable)		

YMCA Mission

To put Christian principles into practice through programs that build healthy spirit, mind and body for all.
Kankakee Area YMCA • 1075 N. Kennedy Drive • Kankakee, IL 60901
815-933-1741 • www.k3ymca.org





Kankakee Area YMCA



2022 Summer Camp Registration Form

Fully complete and return this registration form to the Member Service Department.
1075 N. Kennedy Dr. Kankakee, IL 60901 (815)933-1741

Child's Personal Information – ONE CHILD PER FORM				
Child's Name		Gender	Age	Birthdate (MM/DD/YYYY)
Child's Primary Home Address (Street, City, State, Zip)		Primary Telephone ()		Guardian (w/ whom child resides)
Mother's or Guardian's Name		D.O.B.	Cell Phone ()	
Home Address (if different) (Street, City, State, Zip)		If shared custody, describe custodial information*		
Employer	Hours of Employment		Business Phone ()	
E-Mail Address		Mother's Driver's License Number (REQUIRED)		
Father's or Guardian's Name		D.O.B.	Cell Phone ()	
Home Address (if different) (Street, City, State, Zip)		If shared custody, describe custodial information*		
Employer	Hours of Employment		Business Phone ()	
E-Mail Address		Father's Driver's License Number (REQUIRED)		
Additional Authorized Persons Allowed to Pick Up My Child:				
Name	Address	Relationship to Child	D.O.B.	Primary Telephone
Health Report and Comments on Child's Development				
Please list any allergies, special medical or physical conditions or problems that the YMCA should be aware of, including chronic health problems: _____				
Please use the space below to note any habits, language or special conditions that the camp staff should be aware of: _____				
Medication Only prescription medication (no over the counter medication) will be administered. If your child needs to take medication during camp hours, a Medication Authorization form must be completed. The Medication Authorization form includes space for the staff to record the administration of the medicine. Do not send medications with your child. Medicine must be handed to a staff member by the parent. All medications will be kept by the staff in a locked medicine box. Children are not permitted to keep medications in their possession. PRESCRIPTION MEDICATION MUST BE IN THE ORIGINAL CONTAINER AND LABELED WITH THE CHILD'S NAME, INSTRUCTIONS, INCLUDING TIMES AND AMOUNTS FOR DOSAGES AND THE PHYSICIAN'S NAME.				

Choose the Camp for You!

Please circle your selection for each week. Prices and age requirements may differ. See Camp Guide.

Age :	5-12 y/o	3-5 y/o (Toilet Trained)	Specialty Camps 5-12 y/o (some camps have age requirements)		
Week 1 06/06-06/10	Camp Discover <i>Summer Forever</i>	Preschool Camp	Art 5-12 yrs. old	Dance 5-12 yrs. old	Karate 8-12 yrs. old
Week 2 06/13-06/17	Camp Discover <i>Out of this World</i>	Preschool Camp	Soccer 8-12 yrs. old	Spa 5-12 yrs. old	Jr. Lifeguard 9-12 yrs. old
Week 3 06/20-06/24	Camp Discover <i>Legos</i>	Preschool Camp	Board Games 5-12 yrs. old	Baseball 8-12 yrs. old	Cheerleading 5-12 yrs. old
Week 4 06/27-07/01	Camp Discover <i>Around the World</i>	Preschool Camp	Cooking 8-12 yrs. old	DIY 5-12 yrs. old	Basketball 8-12 yrs. old
Week 5 07/04-07/08	Camp Discover <i>Stars & Stripes</i>	Preschool Camp	Photography 8-12 yrs. old	Baseball 8-12 yrs. old	Slimy Science 5-12 yrs. old
Week 6 07/11-07/15	Camp Discover <i>Under the Sea</i>	Preschool Camp	Gardening 5-12 yrs. old	Soccer 8-12 yrs. old	Water Sports 9-12 yrs. old
Week 7 07/18-07/22	Camp Discover <i>Zoo Explorers</i>	Preschool Camp	Fun Fitness 5-12 yrs. old	Cooking 8-12 yrs. old	Volleyball 8-12 yrs. old
Week 8 07/25-07/29	Camp Discover <i>S..T.E.A.M.</i>	Preschool Camp	Pickle Ball 8-12 yrs. old	STEAM 5-12 yrs. old	Cheerleading 5-12 yrs. old
Week 9 08/01-08/05	Camp Discover <i>Knights of the Roundtable</i>	Preschool Camp	Master Chef 8-12 yrs. old	Super Hero 5-12 yrs. old	Swim Team 9-12 yrs. old
Week 10 08/08-08/12	Camp Discover <i>Y-Olympics</i>	Preschool Camp	Dance 5-12 yrs. old	Flag Football 8-12 yrs. old	Treasure Hunters 5-12 yrs. old
Weekly Camp Cost: Member/ Non-Member	\$100/\$120	\$120/\$140	\$120/\$140	\$120/\$140	\$120/\$140

2022 Camper Field Trip Authorization

I give my permission for the Kankakee Area YMCA to transport my child for all camp field trips.

Initial

Authorization for Treatment

In the event I cannot be reached in an emergency, I hereby give my permission to the medical personnel selected by the Camp Director to secure and administer treatment, including hospitalization and the administration of routine tests for my child named above.

Initial

Parent/Guardian Signature: _____ Date: _____

CAMP DIRECTORS: Jacqueline Turner
Assistant Camp Director: TBD
Email: campdirectors@k3ymca.org
Phone: (815)933-1741 Ext. 227

FOR STAFF USE ONLY: (please initial)

Completed Application: _____
Waiver Signed: _____
EFT Authorization Signed: _____ CCR&R: YES / NO ?
Payments Scheduled: _____ Date Received: _____

Camp Shhh...is designed for children who will do better in a calmer, quieter more relaxed camp setting. Please circle the following Camp Shhh...weeks that we can expect your camper:

Wk1 Wk2 Wk3 Wk4 Wk5 Wk6 Wk7 Wk8 Wk9 Wk10



Kankakee Area YMCA Camp Discover/Specialty Camp Automatic Bank Draft Authorization



Child(ren's) Name(s): _____

Program Enrollment Date: ___/___/_____

Program Start Date: ___/___/_____

Payment Method: (Please Circle One)	Checking Account	Credit/Debit Card	Savings Account
---	------------------	-------------------	-----------------

Accountholder's Name: _____

Checking or Savings Account: Routing # _____ Account # _____

Debit/Credit Card: Card #: _____

Expiration Date: ___/___ CVV: _____

-Electronic Fund Transfer is the only payment option to ensure your child's spot in future weeks of camp.

Automatic Bank Draft Authorization

I authorize the Kankakee Area YMCA to present an automatic bank draft, against my account, the Thursday before each week of camp that my child is registered for, as notated on the Kankakee Area YMCA 2022 Summer Camp Registration Form I have completed and signed. I understand that I may withdraw from the program and cancel the draft with a two week written notice. I also understand, I can cancel specific weeks of service with a two week written notice (see Welcome Center for Program Withdrawal Form).

I also understand that if the draft is returned unpaid, I will be charged a service fee of \$30.00 or \$10.00 (depending on return type) and the draft will be presented again for payment.

Signature: _____ **Date:** ___/___/___

For Office Use Only:	<input type="checkbox"/> Staff Initials	<input type="checkbox"/> Registered	<input type="checkbox"/> Scheduled
-----------------------------	---	-------------------------------------	------------------------------------

CFS 581
Rev. 12/2000

State of Illinois
Illinois Department of Children and Family Services

VERIFICATION OF RECEIPT

I/WE, _____
Please Print Name(s)

parent(s) of _____, hereby certify that I/we have
Name(s) of Child(ren)

received a copy of a summary of licensing standards printed by the Illinois Department of Children and Family Services.

Signature of Parent

Date

Signature of Parent

Date