














Kankakee Area YMCA Summer Day Camp 2025

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

Required Documents	Parent Initials	Y Staff Initials
 Completed Registration Form (1 per child)		
 Signed Bank Draft Authorization (1 per family)		
 Signed Parent Handbook Acknowledgement (1 per family) <i>Electronic Signature</i>		
 Signed Liability Waiver Photo/Audio Visual/Narrative Release (1 per family) <i>Electronic Signature</i>		
 Signed Summary of Licensing Standards for Day Care Centers (1 per family)		
 Medication Authorization (If a child needs help applying sunscreen, a form is needed) (Form provided upon request)		
 Signed Attendance, Late Fee & Pick-up Policy Field Trip Fees (1 per family) <i>Electronic Signature</i>		
 Signed Camp Behavior & Expectations (1 per child)		
 Original Birth Certificate (for each child) (The Y will copy)		
 Health Information (for each child) (Most recent school physicals may be used, even if they are over 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)		

Make this Summer **SHINE** at the YMCA!



Kankakee Area YMCA

2025 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 (with 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.



Kankakee Area YMCA

2025 Camp Discover/Specialty Camp

Automatic Bank Draft Authorization

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

Program Enrollment Date: ____/____/____ Program Start Date: ____/____/____

Payment Method: (Please Circle One)	Debit Card	Credit Card
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Accountholder's Name: _____

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 process an automatic bank draft from my account on the Thursday before each week of camp that my child is registered for, as indicated on the **Kankakee Area YMCA 2025 Summer Camp Registration Form** that I have completed and signed.

I understand that I may withdraw from the program and cancel the draft with **two weeks' written notice**. I also understand that I may cancel specific weeks of service with **two weeks' written notice**.

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

Printed Name: _____

Signature: _____ Date: ____/____/____

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

THIS COMPLETED FORM IS TO BE PLACED IN EACH CHILD'S FILE AT THE DAY CARE FACILITY.



2025 MEDICATION AUTHORIZATION



Camp Discover & Specialty Camps 2025

Fully complete and return this form to the Member Service Desk

(Please fill out if your child needs help applying sunscreen)

Only prescription medication (no over-the-counter medication) will be administered during program hours. If your child requires medication while attending the program, a **Medication Authorization Form** must be completed.

This form also provides space for staff to document each administration.

Parents must hand all medications directly to a staff member—**do not send medication with your child**. All medications will be stored in a locked medicine box, and children are not permitted to keep medication in their possession.

PRESCRIPTION MEDICINE 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

Child's Personal Information – One Child Per Form

Child's Name	Gender	Age	Birthday (MM/DD/YYYY)
Home Address	Home Telephone		Guardian with whom Child Resides
Date Medication Taken From (MM/DD/YYYY) – To (MM/DD/YYYY)			
Dosage	Administrations Time(s)		
Possible Side Effects			
Parent/Guardian Signature:			Date:

Record of Administration

Staff Name	Date	Medication Name	Dosage	Time

For Staff Use Only: Date Received ____/____/____ Initials _____

2025 Summer Day Camp

Choose the Camp for You!

Please circle your selection for each week. Age requirements may differ, check before you select.

Age :	5-12 years old	Specialty Camps 5-12 years old (some camps have specific age requirements)		
Week 1 06/09-06/13	<i>Endless Summer</i>	Art 5-12 yrs. old	Pickle Ball 8-12 yrs. old	Nature 8-12 yrs. old
Week 2 06/16-06/20	<i>Ocean Odyssey</i>	Soccer 8-12 yrs. old	Spa 5-12 yrs. old	Jr. Lifeguard 9-12 yrs. old
Week 3 06/23-06/27	<i>Lights, Camera, Action!</i>	Board Games 5-12 yrs. old	Baseball 8-12 yrs. old	Film 5-12 yrs. old
Week 4 06/30-07/03	<i>Red, White & WOW</i>	Gardening 8-12 yrs. old	Treasure Hunters 5-12 yrs. old	Basketball 8-12 yrs. old
Week 5 07/07-07/11	<i>Curiosity Quests</i>	Cooking 8-12 yrs. old	Baseball 8-12 yrs. old	Slimy Science 5-12 yrs. old
Week 6 07/14-07/18	<i>Outdoor Explorers</i>	Gardening 5-12 yrs. old	Soccer 8-12 yrs. old	Water Sports 9-12 yrs. old
Week 7** 07/21-07/25	<i>Full S.T.E.A.M. Ahead</i>	Dance 5-12 yrs. old	Cooking 8-12 yrs. old	Volleyball 8-12 yrs. old
Week 8** 07/28-08/01	<i>Legends & Lore</i>	Pickle Ball 8-12 yrs. old	Nature 5-12 yrs. old	Archery 5-12 yrs. old
Week 9 08/04-08/08	<i>Strike Up the Fun</i>	Art 5-12 yrs. old	Spa 5-12 yrs. old	Swim Team 9-12 yrs. old
Week 10 08/11-08/15	<i>H2Whoa!</i>	Board Games 5-12 yrs. old	Flag Football 8-12 yrs. old	Treasure Hunters 5-12 yrs. old
Weekly Camp Cost: Member/Prospective Member	\$140/\$150	\$160/\$170	\$160/\$170	\$160/\$170

Early Bird Registration: Save \$10 per week by registering March 3 - April 26, 2025

** Field Trip Fees (per camper): \$5 for Week 7, \$10 for Week 8

2025 Camper Field Trip Authorization

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

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.

Parent/Guardian Signature: _____ Date: _____

T-shirt Size:

Youth XS | Youth S | Youth M | Youth L

Adult S | Adult M | Adult L

FOR STAFF USE ONLY: (please initial)

Completed Application: _____

Waiver Signed: _____

EFT Authorization Signed: _____

Payments Scheduled: _____

CCR&R: YES / NO ?

Date Received: _____



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Camp Behavior Guidelines & Expectations

At Kankakee Area YMCA, we strive to provide a safe, inclusive, and fun environment for all campers. To ensure a positive experience, all campers and their families must understand and follow these guidelines.

Personal Belongings & Electronics

- Campers may not bring personal items from home, including but not limited to:
- **X** Electronic devices (phones, tablets, gaming systems, etc.)
- **X** Sharp objects, weapons, firearms, explosives
- **X** Toys, trading cards, or any other non-essential items

The YMCA is not responsible for lost, stolen, or damaged items. If a child brings a prohibited item, staff reserves the right to confiscate it.

Behavior Expectations

Campers are expected to demonstrate the YMCA Core Values:

Caring, Honesty, Respect, Responsibility, and Faith.

Camper Conduct

- ✓ Treat fellow campers, staff, and property with respect.
- ✓ Follow directions from staff the first time they are given.
- ✓ Stay with the group and ask permission before leaving an area.
- ✓ Use appropriate language and kind words.
- ✓ Participate in activities with a positive attitude.
- ✓ Practice self-control and problem-solving in conflicts.

Unacceptable Behavior

- X** Bullying, verbal outbursts, or physical aggression (hitting, kicking, biting, spitting, scratching).
- X** Running away from the group or refusing to follow instructions.
- X** Destruction of property or stealing.
- X** Threatening, intimidating, or disrespecting staff or campers.
- X** Any actions that pose a danger to self or others.

Behavior Management & Discipline Process

Positive reinforcement is a key part of our discipline approach. However, if discipline is required, we follow a progressive discipline plan to ensure fairness and consistency.

- 1** Redirection & Reminder – Staff will explain why the behavior is inappropriate and guide the camper to an alternative choice. If the issue is between two campers, staff will help them resolve the conflict peacefully.
- 2** Removal from Activity – If redirection does not resolve the behavior, the camper may be removed from the activity for a short period (up to 10 minutes). Age-appropriate consequences will be applied.
- 3** Behavior Report & Parent Notification – If behavior continues, staff will complete a written Behavior Report requiring a parent's signature. If a child receives three behavior-related write-ups, a parent conference will be scheduled.
- 4** Parent Conference & Behavior Agreement – If repeated misbehavior occurs, a formal Behavior Agreement will be established between the camper, parent/guardian, and staff.

Consequences for Severe or Repeated Behavior Issues

- Suspension from Activities – Campers may lose privileges, such as participation in a specific activity or the weekly field trip.
- Temporary Suspension from Camp – Depending on the severity of the incident, campers may be suspended for 1-5 days.
- Expulsion from Camp – If behavior continues to be disruptive or harmful, the camper may be removed from the program without a refund.



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Camp Behavior Guidelines & Expectations Cont'd

✳ Immediate Suspension or Expulsion:

Any behavior that poses a threat of bodily harm to self, staff, or other campers may result in immediate suspension or expulsion. This includes but is not limited to:

- Physical violence (hitting, kicking, biting, scratching)
- Threats, profanity, or extreme verbal abuse
- Running away from the group
- Property damage or theft
- Malicious or violent acts toward another camper or staff member

The YMCA reserves the right to suspend or expel a camper while an incident is under investigation.

Parent & Family Expectations

We value our families and expect parents/guardians to model respectful behavior toward staff and campers.

⊘ If a parent or guardian threatens, intimidates, or speaks inappropriately to staff or campers, it may result in suspension or removal from the program.

Parental Consequences

- ◆ First Offense: Verbal warning.
- ◆ Second Offense: Temporary suspension from program participation.
- ◆ Third Offense: Permanent removal from the program.

Acknowledgment & Agreement

I have read and understand the YMCA Summer Day Camp Behavior Contract. I agree to follow these guidelines to ensure a safe and enjoyable experience for all.

Camper Name: _____

Camper Signature: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____