



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

**FAMILY YMCA AT TARRYTOWN
SCHOOL-AGE CAMP
SUMMER 2024**

**St. John Paul II at the Immaculate Conception Maronite Church
Session 1 July 1-July 26
Session 2: July 29-August 23
Monday – Friday 8 am – 4 pm**

*Arts & Crafts, Gym Games, Outdoor Play, Pizza Fridays, Ice Cream, Special Activities,
Swimming & More!*



[Please register here](#)

Once your registration and deposit are submitted complete this packet and email it to:

DIANE MCCARTHY, SCHOOL-AGE DIRECTOR

dianem@ymcatarrytown.org

914-631-4807 EXT. 111



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**FAMILY YMCA AT TARRYTOWN
DIANEM@YMCATARRYTOWN.ORG
914-203-1220 EXT. 111
SUMMER CAMP REGISTRATION 2024**

YOU MUST REGISTER ON THE FAMILY YMCA AT TARRYTOWN WEBSITE AND THEN COMPLETE THE ATTACHED FORMS. EMAIL THEM TO DIANE MCCARTHY dianem@ymcatarrytown.org

Child's Name: _____ Gender: _____

Address _____

City _____ State _____ Zip _____

1- Parent/Guardian Name _____

Cell Phone # _____

E-Mails _____

2- Parent/Guardian Name _____

Cell Phone # _____

E-Mails _____

_____ Child's DOB: _____ Grade: _____

DEPOSIT IS DUE AT THE TIME OF REGISTRATION. FEE SCHEDULE BELOW:

SESSION DATES	RATE	BALANCE DUE
JULY 1-26*	\$1800	JUNE 14, 2024
JULY 29-AUGUST 23	\$1800	JULY 12, 2024

HOURS 8 – 4 PM, M-F. EXTENDED HOURS AVAILABLE 4 – 5 PM DAILY CHARGE PER CHILD \$35.

* No camp on July 4, 2024.

Family YMCA at Tarrytown * Camp Registration * Please Print

CHILD

Full Name			
Address			
City,State,Zip			
Home Phone			
Gender	M	F	Date of Birth

Mother/Guardian

Full Name			
Address			
City,State,Zip			
Home Phone			
Cell Phone			Work Phone
E-Mail			
Vehicle		Employer	
Make/Model			
Year/Color			

Father/Guardian

Full Name			
Address			
City,State,Zip			
Home Phone			
Cell Phone			Work Phone
E-Mail			
Vehicle		Employer	
Make/Model			
Year/Color			

Local Emergency Contact #1

Full Name			
Address			
City,State,Zip			
Home Phone			Cell/Work Phone

Local Emergency Contact #2

Full Name			
Address			
City,State,Zip			
Home Phone			Cell/Work Phone

Primary Care Physician

Full Name			
Address			

City,State,Zip			
Phone Number			

Please list 3 people who are allowed to pick up your child in your absence. (Must be 18Y +)			
Pick Up #1			
Full Name			
Address			
City,State,Zip			
Home Phone		Cell Phone	
Pick Up #2			
Full Name			
Address			
City,State,Zip			
Home Phone		Cell Phone	
Pick Up #3			
Full Name			
Address			
City,State,Zip			
Home Phone		Cell Phone	
Dental			
Dentist			
Address			
Phone Number			
Medical Insurance Coverage:			
Member ID:	Group Number:	Phone:	
Important Medical Information			
Last Tetanus Shot:		Current medication:	
Allergies:		Chronic Illness:	
Notes:			



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SCHOOL AGE CHILDCARE MEDICAL FORM

Contact Diane McCarthy at dianem@ymcatarrytown.org or 914-631-4807

Child's Name: _____ DOB: _____
Date of Exam: _____

Immunization

If one or more of the required medical immunizations is deemed detrimental to this child's health, attach a certificate specifying which immunizations.

Include all dates

Table with 6 columns: Name, Date, Date, Date, Date, Date. Rows include DPT, Oral Polio, Hib, Hep, MMR, Chkn Pox, Other.

Tests Dates: Lead Screening ___/___/___ Tuberculosis ___/___/___
Results Circle: Positive Negative Positive Negative If positive please attach documented medical treatment and follow up.

Health Questions

Are there allergies? _____
Is medication taken regularly? _____
Is a special diet required? _____
Are there any hearing, visual, or dental conditions that require special attention? _____

Are there any medical or developmental conditions requiring special attention? _____

Comments: _____

On the basis of my findings as indicated above and on my knowledge of the above-named child, I find that (s)he is free from contagious and communicable disease ___YES ___NO, and is able to participate in the after school programs daily activities which include sports, games, outdoor play, etc. ___YES ___NO

Signature of Examiner _____ Date _____

Name (Print) _____



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CREDIT CARD PAYMENT AGREEMENT

(IF YOU REGISTER ON OUR WEBSITE YOU CAN INDICATE ON THIS FORM)

Child's Name: _____ Today's Date: _____

Parents Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Authorization to Charge: I hereby give authorization to the Family YMCA at Tarrytown to use my charge account number for monthly payments towards my child's participation in the Family YMCA at Tarrytown's program. The charge will take place the last week of every month, the schedule is subject to change with notice. Should any preauthorized charge not be honored by the appropriate authorization code, then it is understood that said payment is to be made by me. I understand that if my credit card is declined for the second time my child will be dismissed from the program.

Change in Program: If I choose to change the number of days my child attends the program I understand that I will not be reimbursed for missed days. The program runs Monday-Friday.

Status Changes: It is your responsibility to inform the Family YMCA at Tarrytown of any changes in your account status or address information.

Credit Card Information

I _____ will be charged for the care of my child who is enrolled in the
Credit Card Owner

Family YMCA at Tarrytown SACC Program.

Please Circle: VISA MasterCard AMEX DISCOVER
WE DO NOT ACCEPT DEBIT CARDS

Account Number _____

Exp. Date _____

Security Code _____

Signature of Credit Card Holder _____

(IF YOU REGISTER ON OUR WEBSITE YOU CAN JUST INDICATE THAT ON THIS FORM)



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**FAMILY YMCA AT TARRYTOWN
SCHOOL AGE CAMP PROGRAM
FINANCIAL AGREEMENT**

I/We the parents/guardians, agree to pay the applicable tuition and fees for services to which we subscribe under the following terms:

- Tuition is based on the SUMMER CAMP SCHEDULE. Adjustments or pro-rated tuitions are not applicable for illness, vacations, and closings due to inclement weather. Once you have paid your child's CAMP tuition for the SESSION(S), you are financially committed for that time frame. There is no exception to this policy.
- Late payments will be subject to a \$25.00 late fee. The YMCA also accepts VISA, MasterCard, Discover and American Express. We do not accept DEBIT CARDS or CASH. Please complete the REGISTRATION PROCESS ON OUR WEBSITE AND YOUR CARD WILL BE CHARGED BY THE PAYMENT DEADLINE.
- There will be a fifteen-minute one-time grace period for late pick-ups, after which there is a \$35 for extended time up to 30 minutes any time will be assessed another \$35 Excessive lateness is unacceptable and will result in your child's dismissal from the program.
- Fees and policies are subject to change.
- Non-Payment: If your credit card charge does not go through on the charge date your card will be processed again weekly until the charge is successful. Non-payment is grounds for dismissal.
- Statements/receipts are provided upon request. One statement will be provided free of charge for tax purposes. One month minimum for requests. Additional copies are subject to a \$5.00 fee. If you have any billing questions or need a statement, please contact GabrielaR@ymcatarrytown.org.

Our tax identification number is 13-1740516.

I understand and agree to the policies and requirements outlined in Family YMCA at Tarrytown's Financial Agreement for the SUMMER CAMP PROGRAM

Parent Name(s): _____

Parent(s) Signature: _____

Date: _____



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**FAMILY YMCA AT TARRYTOWN
SCHOOL AGE SUMMER CAMP PROGRAM
PARENT STATEMENT OF UNDERSTANDING**

- I permit my child to participate in all activities planned for the days my child attends the Family YMCA at Tarrytown School Age SUMMER CAMP Program.
- I understand that my child will not be able to participate in the program until I have turned in a signed physical examination. The exam must have been taken within twelve months and all immunizations must be up-to-date.
- I understand that sick children should be kept home from the program and should not return unless they are well enough to participate in program activities and their illness is no longer communicable. If a child becomes ill during the program, program staff will contact the parents or designated pick-up to come and get the child as soon as possible.
- In case of an emergency, I understand that every effort will be made to contact the parents or guardians of my child. If I cannot be reached, I hereby permit the physician selected by the YMCA childcare staff to care for my child.
- I give my consent to the Family YMCA at Tarrytown, and to such other person(s) as the Family YMCA at Tarrytown may designate, to use my name, voice, statements, and portrait or picture (motion or still) for advertising purposes, for purposes of trade, or for any lawful purpose whatever, in any media now known or hereafter developed.
- I understand that my child will not be able to leave the program with an unauthorized person. Any person authorized to pick up my child must be listed on the registration form or must be arranged separately with the Director of the program. The designated person who will pick up your child must bring a picture ID.
- I understand that state law requires the YMCA Staff to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation without the consent of the Director.
- I accept full responsibility for my child's use of YMCA programs and will not hold the Family YMCA at Tarrytown at fault for any loss and/or personal injury that may be sustained by my child.
- I understand that my child should attend the program with clothing appropriate for camp and the weather conditions of the day. Program participants will not be permitted to remain indoors if weather conditions permit outside activities.
- I understand that my child should bring healthy snacks and lunch.
- I understand that I MUST communicate on BRIGHTWHEEL if my child is leaving early or absent.
- I understand that electronic devices are not permitted. Cell phones and communication (smart) watches are not permitted. My child may be asked to put them in their backpack while at the program.
- I understand that if the Church is deemed unsafe for any reason, the program will walk to the Warner Library.



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**FAMILY YMCA AT TARRYTOWN
SCHOOL AGE SUMMER CAMP PROGRAM
PARENT STATEMENT OF UNDERSTANDING**

- I understand there is a \$35 charge per child for up to 30 minutes of extended time. An extended notice will be indicated on BRIGHTWHEEL and the charge will be applied to the credit card on file.
- I understand that once I have signed out my child from CAMP I cannot return to the program for the day.
- I understand I am required to inform staff on BRIGHTWHEEL 10 minutes before pick up of my arrival.
- I understand the Y staff will encourage children to participate in daily activities, put on appropriate clothing and sunscreen and wash their hands. The YMCA acknowledges the individuality of each child and our goal is to ensure their safety and happiness while in our care. Therefore our staff will only use gentle persuasion to achieve the goal and accept if the child refuses to cooperate unless it is an unsafe situation.
- I understand that if my child exhibits any aggressive or abusive behavior, I will be contacted by the Director to discuss an action plan. Every effort will be made to work with my child, however, if the behavior continues I may be asked to either temporarily or permanently leave the program. Camp fees will not will not be refunded.

I have read and fully understand the statements above and the policies detailed above.

Parent Name(s): _____

Parent(s) Signature: _____

Date: _____



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**FAMILY YMCA AT TARRYTOWN
CAMP OUTDOOR POLICY**

Taking children outdoors is a healthy, integral part of our daily schedule and curriculum. Children benefit from active outdoor play by releasing energy, exercising for a healthy lifestyle and developing large muscle coordination.

If the temperature is extremely hot, humid, or stormy outside time may be shortened or eliminated for the day in the best interest of the children's health and wellbeing. This decision will be made at the discretion of the Director and/or the Teachers after checking the weather.

If the weather service or public health authorities issue an alert and deem the air quality unhealthy or warn of a hazardous situation, children will not be allowed outside to play that day. In the event of inclement weather, the children will remain indoors. The Family YMCA at Tarrytown follows licensing guidelines about staffing, outdoor play and activities. The program does not allow for some children to remain indoors while others play outside and cannot accommodate individual family requests.

Children must come to camp with the appropriate clothing. Children should wear weather-appropriate clothing, bring a bathing suit and towel for pool days and wear appropriate shoes for running and playing.

Parent Name(s): _____

Parent(s) Signature: _____

Date: _____