**THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICK UP MY CHILD:**

**Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Relationship**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Relationship**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name Relationship**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name Relationship**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name Relationship**

**PHOTO ID WILL BE REQUIRED BY ANY AUTHORIZED PICK-UP PERSON.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature Date**

**Help Us Get to Know Your Child:**

* What advice can you offer our staff on working with your child?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Describe your child’s personality.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Describe your child’s relationship with peers. What role does your child assume?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* What things tend to upset your child?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* How might your child react to a stressful situation?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* What would you like your child to achieve/develop during the summer program?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parental Agreement:**

1. I agree to pay an enrollment fee of $15.00 for the Summer Program. This fee is non-refundable and is required at the time of registration. A three-week withdrawal notice is required.
2. I understand that I will not receive any adjustment for weeks not attended that I registered for. Tuition is billed for a weekly rate. No fee adjustments will be made for holidays.
3. I agree to pay the weekly rate of $\_150.00 for members and $200.00 for non-members\_ for my child care services.
4. I understand that a 15% discount off the regular tuition fee will be given for each additional child I might enroll into the program. The discount will be subtracted from the lowest regular tuition rate of the children I have enrolled.
5. I am aware of the Centers hours of operation (6:00am-5:30pm). My child may not be dropped off and left unattended before the center opens. The child must be picked up by closing time. If my child is not picked up within 15 minutes of closing, I am aware that the person listed as my child’s emergency contact on the authorization form will be notified to pick up my child. If they are unreachable, I understand that the center will contact Child Protective Services. I am aware that a late fee of $1 per minute may also be applied and would need to be paid before the child returns to the program. Hours are subject to change based on staffing.
6. I am aware of the Summer Camp hours of operation (9:00am-4:00pm). My child must be dropped off by 9:00am, unless prior approval by the Youth Development Director for a later drop off has been made.
7. I understand that the YMCA reserves the right to make changes in its program, policies, and fees after notice has been given to parents.
8. I understand that staff are mandated reporters of suspected child abuse and neglect and have the right to contact Child Protective Services as they deem necessary.
9. I agree to cooperate with the center by seeing that my child is in good state of health every day before he/she attends the center without the use of medication.
10. I understand that expenses for obtaining any necessary medical treatment for my child are my responsibility.
11. I understand that it is my responsibility to read and understand the information and policies in the Parent Handbook.
12. I understand that any attempts to solve a particular problem will include an evaluation, warning, and parent conference per the YMCA Disciplinary Policy.
13. I agree to cooperate with the center with any governmental laws, rules, and regulations that may affect the operation of this licensed child care center.
14. I understand that the YMCA reserves the right to terminate a child’s enrollment if the administration determines that it is not in the best interest of the child or the center to continue enrollment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date

**Summer Camp 2025 Participant Rules:**

These rules and regulations are necessary so that we may enhance the enjoyment and safety of all participants. *The staff reserves the right to add to or modify the rules as needed to create a positive and safe program for all participants.*

1. Children will use appropriate behavior and language at all times.
2. Children will respect and follow the directions of Camp Counselors and Administration. This includes participating in all scheduled activities.
3. Children will respect the property of the Fayette County Family YMCA, all YMCA staff and fellow campers.
4. Absolutely no bullying, fighting, or disruptive behavior will be tolerated. *The YMCA follows a zero-tolerance policy and your child will be sent home for fighting on the first offense.*
5. All Summer Camp Participants must stay within the designated boundaries of their group as outlined by the Camp Counselors. Summer Camp Participants must ask a Camp Counselor before leaving the designated area.

**Discipline Policies for the 2025 Summer Program**

Violations of the Program Rules will result in the following Actions:

**First Offense:**

A verbal warning from the Camp Counselor, or at the Youth Development Director’s discretion, a suspension may be warranted.

**Second Offense:**

A written warning from the Camp Counselor, or at the Youth Development Director’s discretion, a suspension may be warranted.

**Third Offense:**

A second written warning will be issued, plus a meeting/phone call between the participant, his/her parent or guardian, the Camp Counselor, and the Youth Development Director; or at the Youth Development Director’s discretion, a suspension may be warranted.

**Final Action:**

Suspension from Summer Camp for a period of time deemed appropriate by the Youth Development Director up to and including complete dismissal.

If any child is suspended from Summer Camp for a discipline reason the parents or guardian will be notified immediately. No refunds or credits will be issued by The Fayette County Family YMCA.

*We reserve the right to dismiss a child from Summer Camp as the Youth Development Director determines is necessary regardless of whether the child received previous warnings.*

The success of the program and the safety of all participants are contingent on each individual respecting and following the rules listed above. We hope each child will have a positive and fun experience during Summer Camp. We are committed to working together with you and your child to ensure this happens.

I have read the rules, regulations, and discipline procedures written above to my child. My child understands that they must follow the rules to help make Summer Camp a safe program for everyone.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian Signature Date

**Shoe Policy Statement**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that my child is required to wear closed toe shoes while attending the YMCA SACC/Summer Program(s) and that I will receive a phone call to bring appropriate shoes if my child is not wearing closed toe shoes.

**Approved Closed Toe Shoes:**



**Non-Approved Shoes:**

 

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

**Sunscreen Permission**

**\_\_\_\_\_ (Please initial) I understand that it is my responsibility to apply sunscreen prior to my child’s arrival at the Fayette County Family YMCA Summer Camp.**

**Check one of the following:**

\_\_\_\_\_ I give the Fayette County Family YMCA Summer Camp staff permission to **reapply** sunscreen later in the day. *Banana Boat Sport Ultra Sunscreen SPF 50 will be provided by the center.*

\_\_\_\_\_ I have supplied \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ sunscreen and labeled it

 (name of the sunscreen and SPF)

with my child’s name. I give permission for my child to carry it on their person (in their bag) and for my child or Fayette County Family YMCA Summer Camp staff to **reapply** it later in the day. I understand that aerosol cans are not permitted.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Print Child’s Name Parent’s Signature Date

**NOTE: This permission form is valid for 6 months following the date it is signed.**