



GREATER WICHITA YMCA 2020 SUMMER CAMP JUNIOR EXPLORERS CAMP ENROLLMENT FORM

OFFICE USE ONLY

CAMPER'S NAME _____
 ID# _____
 INITIAL PAYMENT MADE YES NO
 Cash Card Check/Money Order (Check # _____)

CAMPER INFORMATION (ONE CAMPER PER FORM)

CAMPER NAME (FIRST and LAST) _____ DATE OF BIRTH ____/____/____
 SOC. SECURITY # _____-____-____
 PRIMARY STREET ADDRESS _____ GENDER MALE FEMALE
 AGE 4 5
 CITY _____ STATE _____ ZIP CODE _____ KINDERGARTEN YEAR 2020-21 2021-22
 T-SHIRT SIZE (YOUTH) S M L

CAMPER LIVES WITH
 BOTH PARENTS LEGAL GUARDIAN
 SHARED HOUSEHOLD LEGAL CUSTODIAN
 SHARED CUSTODY
 ONE PARENT OTHER _____
 MOTHER-ONLY
 FATHER-ONLY

PARTICIPATION LOCATIONS, WEEKS, and TIMES (INDICATE WITH AN "X" IN THE GRID BELOW)

		JUNIOR EXPLORERS CAMP WEEK and DATES											
AGES ^A	LOCATION AND/OR DESCRIPTION	CCC CODE (STAFF USE)	1 ^B	2	3	4	5	6 ^B	7	8	9	10	11 ^B
			5/26-5/29	6/1-6/5	6/8-6/12	6/15-6/19	6/22-6/26	6/29-7/02	7/6-7/10	7/13-7/17	7/20-7/24	7/27-7/31	8/3-8/6
4-5 ^A	Dr. Jim Farha ANDOVER YMCA	0519ELCKC											
	EAST YMCA	054ELCKC											
	Richard A. DeVore SOUTH YMCA	0511ELCKC											
APPROXIMATE DAILY ARRIVAL TIME			:	AM	PM	APPROXIMATE DAILY DEPARTURE TIME			:	AM	PM		

DETERMINE ENROLLMENT AND WEEKLY FEES (SEE POLICIES DOCUMENT FOR MORE INFORMATION)

PAYMENT DUE AT JUNIOR EXPLORERS CAMP ENROLLMENT/REGISTRATION	
ONE-TIME ENROLLMENT FEE (Includes Camp T-Shirt (Indicate Size Above))	\$15
REQUIRED DEPOSIT (\$15/Camper/Week NOT transferable/refundable ^C)	\$15 x NUMBER OF WEEKS
TOTAL DUE AT ENROLLMENT ^D (Enrollment Fee + Required Deposit (NOT Payable by AutoDraft))	\$ _____
WEEKLY CAMPER TUITION (See Policies Document for Payment Options and Deadlines. Speak with Staff about IBFA ^E .)	\$160

Camper has been awarded Greater Wichita YMCA Child Care and Camp Income-Based Financial Assistance (IBFA)^E at _____% REDUCED RATES.

A All Greater Wichita YMCA Camp programs have age requirements. Junior Explorers Camp is ONLY for Pre-Schoolers, ages four and five.
B There is NO Junior Explorer Camp on: (WEEK 1) Mon. 05/25/20 (Memorial Day), (WEEK 6) Fri. 07/03/20 (Independence Day (Observed)), (WEEK 11) Fri. 08/07/20 (Staff Day).
C Campers enrolled in ELC programs and in good financial standing are NOT required to pay weekly deposits for Junior Explorers Camp participation.
D To enroll in Junior Explorers Camp parents/guardians must provide ALL required paperwork and all fees and deposits (as appropriate).
E To ensure access to Child Care and Camp programs, the Greater Wichita YMCA provides income-based financial assistance (IBFA) to qualifying families. Parents/guardians/custodians must complete an IBFA application. Financial assistance does not guarantee placement or participation. IBFA discounts applied but all other payment terms and conditions apply. Find more information and an application at ymcawichita.org/IBFA or any Greater Wichita YMCA branch or Child Care location.

PARENT/GUARDIAN/CUSTODIAN INFORMATION

PRIMARY PARENT/GUARDIAN NAME (FIRST and LAST) _____ @ _____
 STREET ADDRESS, STATE, ZIP CODE (if different from "Camper") _____
 NAME OF DAYTIME COMMITMENT (circle one) JOB SCHOOL OTHER _____
 STREET ADDRESS, STATE, ZIP CODE (of Daytime Commitment) _____

EMAIL ADDRESS _____
 DAYTIME # (circle one) CELL WORK HOME _____
 ALT. DAY # (circle one) CELL WORK HOME _____
 EVENING # (circle one) CELL WORK HOME _____

RELATIONSHIP TO CAMPER (Check One)
 Parent Legal Guardian Legal Custodian Other _____

MARITAL STATUS AND CUSTODIAL ARRANGEMENT(S) _____
WORK SCHEDULE _____

SECONDARY PARENT/GUARDIAN NAME (FIRST and LAST) _____ @ _____
 STREET ADDRESS, STATE, ZIP CODE (if different from "Camper") _____
 NAME OF DAYTIME COMMITMENT (circle one) JOB SCHOOL OTHER _____
 STREET ADDRESS, STATE, ZIP CODE (of Daytime Commitment) _____

EMAIL ADDRESS _____
 DAYTIME # (circle one) CELL WORK HOME _____
 ALT. DAY # (circle one) CELL WORK HOME _____
 EVENING # (circle one) CELL WORK HOME _____

RELATIONSHIP TO CAMPER (Check One)
 Parent Legal Guardian Legal Custodian Other _____

MARITAL STATUS AND CUSTODIAL ARRANGEMENT(S) _____
WORK SCHEDULE _____

EMERGENCY CONTACTS (Adults 18+ (Non-Parents) Authorized for Contact and Pick-Up)

FIRST EMERGENCY CONTACT NAME (FIRST and LAST) _____ @ _____
 STREET ADDRESS, STATE, ZIP CODE _____
RELATIONSHIP TO CAMPER _____

SECOND EMERGENCY CONTACT NAME (FIRST and LAST) _____ @ _____
 STREET ADDRESS, STATE, ZIP CODE _____
RELATIONSHIP TO CAMPER _____

THIRD EMERGENCY CONTACT NAME (FIRST and LAST) _____ @ _____
 STREET ADDRESS, STATE, ZIP CODE _____
RELATIONSHIP TO CAMPER _____

NOTE ENROLLMENT FORM CONTINUES ON BACK OF PAGE

GREATER WICHITA YMCA 2020 SUMMER CAMP JUNIOR EXPLORERS CAMP ENROLLMENT FORM (CONT.)

OFFICE USE ONLY

CAMPER'S NAME _____
ID# _____

ADDITIONAL AUTHORIZED CONTACTS (Adults 18+ (Non-Parents) Authorized for Drop-Off/Pick-Up)

AUTHORIZED CONTACT NAME (FIRST and LAST)	(____)____-____-____ DAYTIME # (circle one) CELL WORK HOME	RELATIONSHIP TO CAMPER
AUTHORIZED CONTACT NAME (FIRST and LAST)	(____)____-____-____ DAYTIME # (circle one) CELL WORK HOME	RELATIONSHIP TO CAMPER
AUTHORIZED CONTACT NAME (FIRST and LAST)	(____)____-____-____ DAYTIME # (circle one) CELL WORK HOME	RELATIONSHIP TO CAMPER

UNAUTHORIZED CONTACTS

List individuals that **ARE NOT ALLOWED** access to program site and/or camper INCLUDING pick-up. Legal documentation may be required for some restrictions. See Site Director for details.

UNAUTHORIZED PERSON NAME (FIRST and LAST)	RELATIONSHIP TO CAMPER	(____)____-____-____ PHONE # (circle one) CELL WORK HOME
UNAUTHORIZED PERSON NAME (FIRST and LAST)	RELATIONSHIP TO CAMPER	(____)____-____-____ PHONE # (circle one) CELL WORK HOME

TERMS OF AGREEMENT (Required for Junior Explorers Camp Participation. See Site Director for Details.)

- I, on behalf of the above-named camper and their parents/guardians confirm that we:
1. Have read, understand, and will comply with all program policies and expectations for campers and parents in the Junior Explorers Camp and ELC as outlined by the Greater Wichita YMCA. I/We support the Greater Wichita YMCA in all policies, including discipline (which our child will understand prior to participation) and its enforcement of these policies/procedures including the reserved right to dismiss any participant who fails to adhere to confirmed policies/procedures.
 2. Accept that a minimum \$10 late pick-up fee will be charged for each child picked up after the scheduled ELC (Junior Explorers Camp) closing time, and an additional \$1 per minute fee will be assessed after the first ten minutes. All outstanding balances, including late fees, must be paid in full before a participant may return to the ELC. If a child is not picked up by 7PM and no attempt has been made by the parent/guardian to contact Y staff, Greater Wichita YMCA (YMCA) policy requires the notification of program site supervisors as well as police and/or child protective services (9-1-1). Chronic late pick-up is grounds for suspension or dismissal from services.
 3. Are responsible to notify the Greater Wichita YMCA of any changes to address, phone number(s), email address(es), and any other contact information for all authorized adults.
 4. Are limited to, per Kansas Department of Health and Environment (KDHE) regulations, ten (10) hours/day of Junior Explorers Camp (ELC) activities for our camper.
 5. Will modify or cancel registrations before each week's enrollment closes (at 10PM CT on the Monday prior to the program's start) and that failure to do so will result in our responsibility to honor all fees with no partial or full refunds available. (NOTE - Support and contact information for assistance can be found at ymcawichita.org/CampAccounts.)
 6. Must pay full weekly rates for camp programs even if our camper does not fully participate or camp programming is shortened for any scheduled/unscheduled reason.
 7. Will have the above minor attend and participate in any/all scheduled programs and activities supervised by Greater Wichita YMCA staff. Said minor is physically able and mentally prepared to participate in all activities, including nutrition and wellness curriculum.
 8. Authorize the Greater Wichita YMCA and its staff to transport said minor - by Y bus, car, and/or other vehicle to/from the "camp" (ELC) site for emergency care and, unless declined below, field trips and other, scheduled trips to/from the "camp" (ELC) site.
 9. Release the Greater Wichita YMCA and its staff from all claims of injury which may be sustained while participating in any Greater Wichita YMCA-sponsored activity, whether caused by the negligence of the Greater Wichita YMCA or otherwise. If give permission for any required medical attention.
 10. Grant the Greater Wichita YMCA permission to capture and use photos and/or videos of my/our child for promotional purposes. I/we will receive no compensation for such use.
 11. Understand and will abide by the Greater Wichita YMCA's camper drop-off/pick-up policy requiring all adults (including parents) present staff a photo ID to validate our identity.
 12. Acknowledge that Junior Explorers Camp participant records are property of the Greater Wichita YMCA and that copies of our camper's records are available to us upon request.
 13. Agree to pay any/all deposits and fees as part of enrollment and that the balance of the first week of the above stated weekly fee, as with subsequent participation weeks, is due by 10PM CT on the Monday prior to participation for the duration of Junior Explorers Camp / ELC participation.
 14. DO (circle "no" to refuse) permit our camper to participate in the following "high risk" activity while participating in Junior Explorers Camp:

SWIMMING Recreational and/or structured swim with certified lifeguard and staff supervision	YES NO
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AUTHORIZING SIGNATURE _____ RELATIONSHIP TO CAMPER (circle one) PARENT LEGAL GUARDIAN LEGAL CUSTODIAN OTHER	____/____/____ DATE
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WEEKLY AUTODRAFT PLAN AGREEMENT (Required for Scheduled Camp Fee Payment. See Site Director for Details.)

- The (above stated) JUNIOR EXPLORERS CAMP weekly fee (less pre-paid deposit and applicable third-party payments) should, as part of an on-going, continuous, "AutoDraft" payment plan, be automatically deducted from/charged to my: CHECKING/SAVINGS ACCOUNT CREDIT/DEBIT CARD. I/we understand that:
1. Exiting the program and/or discontinuing the agreed-to weekly draft amount before the above termination date requires TWO (2) WEEKS PRIOR NOTICE IN WRITING (email CampAccounts@ymcawichita.org).
 2. Weekly payment, of the agreed amount, is due by 10PM on the Monday of the week prior to the week of enrolled services.
 3. Any/all late payment will result in a \$10/instance fee.
 4. Any/all returned/payment refused checks or drafts will carry a \$20 fee.
 5. Any transfer/AutoDraft not honored by my provided financial institution/card issuer (for any reason) is my responsibility to honor PLUS any/all applicable service fees assessed.
 6. Campers will be denied access to Junior Explorers Camp sites/services until any/all outstanding balance(s) are paid in full
 7. Consistent or ongoing payment issues may result in a required, alternative payment schedule or method and can result in suspension or termination of services.
 8. It is my/our responsibility to notify the Greater Wichita YMCA Camp Accounts team of any changes to my bank account/card in a timely way. Failure to do so will result in late fees.
 9. My credit card information may be updated with "Account Updater Services" offered by Card Networks.
 10. The voided check provided with this enrollment form, if applicable, is for information purposes only.
 11. My signature - confirming understanding of the requirements of the AutoDraft payment plan - authorize the Greater Wichita YMCA to AutoDraft indicated fees weekly.

AUTHORIZING SIGNATURE _____ RELATIONSHIP TO CAMPER (circle one) PARENT LEGAL GUARDIAN LEGAL CUSTODIAN OTHER	____/____/____ DATE
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RETAIN A COPY OF THIS FORM AND RECEIPT OF PAYMENT FOR YOUR RECORDS.



Prior to camp starting visit ymcawichita.org/CAMP and create/log-in to your web account to:

- Confirm your contact information for camp communications
- Check and manage enrollment and balances due
- Learn more about each week's program and camper needs
- Explore other Greater Wichita YMCA Youth and Family programs and summer activities

FOR OFFICE USE ONLY					
DATE RECEIVED ____/____/2020	RATE _____	SELF _____	DCF _____	FOSTER CARE _____	OTHER _____
TIME RECEIVED ____:____ AM / PM	KPP _____	ECBG _____	UW _____	GWYMCA IBFA _____	SPECIAL INSTRUCTIONS _____
___ JR. EXPLORERS/ENROLLMENT FORM	___ INCOME ELIGIBILITY (IEF) / CACFP ENROLLMENT FORM				
___ GWYMCA PAYMENT AGREEMENT	___ FULL IMMUNIZATION RECORDS (Exempt Documents)				
___ KDHE HEALTH ASSESSMENT	___ AUTHORIZATION FOR EMERGENCY MEDICAL CARE				
___ KDHE MEDICAL RECORD FOR CHILDREN	___ SIGNED FIELD TRIP PERMISSION FORM				
					_____ STAFF SIGNATURE
					_____ DATE

SUBMIT COMPLETED ENROLLMENT FORM AND PAYMENT ONLY TO ELC STAFF. REV022720