



# Norwalk YMCA Camp Sunrise 2017

Camper Name: \_\_\_\_\_

Last Grade Completed: \_\_\_\_\_

Group will match the grade they are finishing in June 2017

Group (please circle)

Explorer (K and 1<sup>st</sup>)

Pioneers (2<sup>nd</sup> and 3<sup>rd</sup>)

Adventurers (4<sup>th</sup> and 5<sup>th</sup>)

Trailblazers (6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup>)

CIT (grades 9+)

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**YMCA Office Only**

- Completed Registration
- Completed Information Profile
- Completed Bank ACH/Credit Card Draft Form
- \$50 Registration fee & \$50 per week deposit  
(Non-refundable and due at time of registration)

- Completed General Permission Form
- Completed Tuition Profile
- Completed Health Forms (within 3years)
- Completed Medication Administration
- Completed Offsite Permission slip



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**After March 31, 2017**

Week	Regular Day 8:00-3:00pm	Extended Day 7:30-6pm
June 19-23(TBD from the actual last day of school)	___ \$243.00	___ \$275.00
June 26-30	___ \$243.00	___ \$275.00
July 3-7	___ \$200.00	___ \$225.00
July 10-14	___ \$243.00	___ \$275.00
July 17-21	___ \$243.00	___ \$275.00
July 24-28	___ \$243.00	___ \$275.00
July 30- Aug 4	___ \$243.00	___ \$275.00
Aug 7-11	___ \$243.00	___ \$275.00
Aug 14-18	___ \$243.00	___ \$275.00
Aug 21-25	___ \$243.00	___ \$275.00

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**After March 31, 2017 – CIT Group ONLY**

Week	Regular Day 8:00-3:00pm	Extended Day 7:30-6pm
June 19-23(TBD from the actual last day of school)	___\$169.00	___\$225.00
June 26-30	___\$169.00	___\$225.00
July 3-7	___\$136.00	___\$170.00
July 10-14	___\$169.00	___\$225.00
July 17-21	___\$169.00	___\$225.00
July 24-28	___\$169.00	___\$225.00
July 30- Aug 4	___\$169.00	___\$225.00
Aug 7-11	___\$169.00	___\$225.00
Aug 14-18	___\$169.00	___\$225.00
Aug 21-25	___\$169.00	___\$225.00

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**Norwalk YMCA  
2017 Registration Form  
Camp Sunrise 2017**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_  
Mother's Employer \_\_\_\_\_ Father's Employer \_\_\_\_\_  
Employer's Address \_\_\_\_\_ Employer's Address \_\_\_\_\_  
City \_\_\_\_\_ City \_\_\_\_\_  
Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email Address \_\_\_\_\_@\_\_\_\_\_ Email Address \_\_\_\_\_@\_\_\_\_\_

**Do not list a parent who does not have permission to pick up the above child named.**

Please list the name and telephone number of three (3) persons, other than the parents, who have permission to pick up your child and may be called in the parents' absences or in an emergency situation. THIS SECTION MUST BE COMPLETED TO ENSURE YOUR CHILD'S SAFETY. Only those names mentioned below will be permitted to pick up and transport your child. If other arrangements have been made for pick-up a note must be sent in with your child and submitted to either the Director or your child's teacher.

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Day Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Day Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Child lives with (check one):

Mother     Father     Both     Other \_\_\_\_\_

If one parent retains sole legal custody, for the protection of the child, copy of a court order must accompany this form.

\_\_\_\_\_  
Parents Printed Name

\_\_\_\_\_  
Parents Signature

\_\_\_\_\_  
Date

## Child Informational Profile

The following questions are designed to aid us in providing the best care for your child. All information is confidential.

Any known allergies?  
\_\_\_\_\_

Has your child had any chronic illness or hospitalization? Yes\_\_\_ No\_\_\_  
If yes, please describe.  
\_\_\_\_\_

Has your child ever had surgery? Yes\_\_\_ No\_\_\_  
If yes, please describe.  
\_\_\_\_\_

Has your child had the chicken pox? Yes\_\_\_ No\_\_\_  
Is your child on a special diet? Yes\_\_\_ No\_\_\_  
If yes, please describe.  
\_\_\_\_\_

Is your child taking daily or frequent medications? Yes\_\_\_ No\_\_\_  
If yes, please describe.  
\_\_\_\_\_

Is your child receiving any on-going treatment that we should be aware of? Yes\_\_\_ No\_\_\_  
If yes, please describe.  
\_\_\_\_\_

Have there been any changes in the family status such as a recent move, a new sibling, a divorce, a separation, or a death of a loved one?  
\_\_\_\_\_

What is your child's swimming ability? \_\_\_\_\_

Swimmer?	YES	NO
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Please add any other information that would help us to better serve your child.  
\_\_\_\_\_

Name of siblings: \_\_\_\_\_, \_\_\_\_\_

Child's Name (Please Print)  
\_\_\_\_\_

Parents Signature \_\_\_\_\_

Date \_\_\_\_\_

**Automatic Charge/Debit  
Authorization Form  
2017 CAMP**

**This form authorizes the Norwalk YMCA to process CAMP tuition payments. The agreed tuition amount is based on the YMCA fees schedule. Tuition is collected by Electronic Funds Transfer on scheduled dates**

Parent Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Child's Name: \_\_\_\_\_

As a duly authorized check signer on the financial institution account identified below, I authorize the Norwalk Y to perform scheduled or periodic electronic funds transfer debits and/or credits from my account identified below for payments due or when applicable, apply electronic funds transfer credits to the same. This applies to check by phone payments as well as any other electronic payment. I understand the dollar amount can vary depending on services performed. **Please provide checking account information OR debit/credit card information below.**

Furthermore, if any such electronic debit(s) should be returned by my financial institution as Non-Sufficient Funds (NSF) I authorize the Norwalk Y to collect a returned item fee of \$25.00 per item by electronic debit from my account identified below. We Require 30 Days' Notice on any cancelations. No refunds approved other than for medical purposes.

I understand and authorize all of the above as evidenced by my signature below:

First Half of Camp Tuition Draft Date: 6/1/2017 : \$ \_\_\_\_\_

Second Half of Camp Tuition Draft Date: 6/30/2017 : \$ \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NAME OF BANK: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

9 Digit Transit/ABA Routing #: \_\_\_\_\_ Account # \_\_\_\_\_

**Attach a blank VOIDED check**

Circle type of card:      VISA    MASTERCARD      AM.EX.      DISCOVER

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Attach a PHOTO COPY of the card**



# Camp Sunrise 2017

## OFF SITE/GENERAL Permission Slip

To the Norwalk Y Day Camp:

I give permission for my child: \_\_\_\_\_

To go on the following field trips with the Norwalk YMCA Day Camp Program to:

**WHERE:**

**WHEN:**

Calf Pasture Beach: 7/14, 8/11 (11am-6pm) Weather permitting

Movie Theatre: TBD

My Three Sons: 7/19/17

Quassy Amusement: 8/23/17 (8am-5pm)

Bridgeport Discovery Museum 8/4

WILTON YMCA weekly trips TBD on a weekly basis for duration of CAMP (11:30-3pm) Weather permitting

*Transportation will be provided by local school bus company*

**Please provide your child with a bathing suit and towel for Beach Days, Wilton YMCA Trips and Quassy**

1. By enrolling my child in the Norwalk YMCA program, I grant permission for him/her to participate in all of the activities of the program, except where medical restrictions apply. I have also received the Child Behavior Management Plan provided in the Parent handbook.
2. The Norwalk YMCA will not assume responsibility of a child until the staff member has acquired supervision of your child at the Norwalk YMCA program facility.
3. I grant permission for my child to leave the Norwalk YMCA facility with adequate supervision of a staff member for a field trip either walking or in a YMCA authorized vehicle.
4. I grant permission for any photographs of my child, connected with the Norwalk YMCA programs, to be used for program publicity i.e. Facebook, website.
5. I hereby grant permission for the staff to take whatever steps necessary to obtain immediate medical care for my child if warranted. These steps may include the following: (1) To administer First Aid; (2) To contact parent/guardian or person listed as emergency contact. If the parent or emergency contact cannot be contacted, we will contact the child's physician. If the child's physician is not available, we will contact our consulting physician. If necessary, we will call the police or ambulance for emergency transport and have a staff member accompany your child to the hospital. I will be responsible for all medical charges incurred by my child.

Insurance Carrier: \_\_\_\_\_ Insurance ID: \_\_\_\_\_ Child: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_