

**Program Rates & Times**

**Full Day School Break Camp**

Y Member: **\$35/day**  
 Non-Member: **\$50/day**  
 (7AM - 6PM)

**Albany YMCA Branch**

- Sept 21    Sept 22    Oct 9
- Nov 7    Nov 10    Nov 22
- Nov 24    Dec 26    Dec 27
- Dec 28    Jan 15    Feb 19
- Feb 20    Feb 21    Feb 22
- Mar 30    Apr 2    Apr 3
- Apr 4    Apr 5    May 15
- May 28

**Full Day School Break Camp with FIELD TRIP**

Y Member: **\$45/day**  
 Non-Member: **\$60/day**  
 (7AM - 6PM)

**Albany YMCA Branch**

- Dec 29: Ice Skating 12 — 4pm
- Feb 23: NYS Museum 12 — 4pm
- Apr 6: Madison Movie Theater 12 — 4pm

**PARENT PERMISSION**

- I give permission for my child to participate in swimming during Y-Time.
- I give permission for my child to go on field trips (on dates indicated above) and ride the Albany School District bus to said field trip.

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

Date of Signature \_\_\_\_\_

Payment for the first school break camp day is due at the time of registration. All subsequent payments are due one week prior to the day of the school break camp.

**NOTE: Program cancellation is possible due to lack of enrollment.** You will be contacted the day before the program. Hours and days are subject to change.

**Please send your child with a ready-to-eat peanut-free lunch, snacks, a water bottle, bathing suit, and towel.**

If your child(ren) cannot participate in their scheduled camp day(s), please notify us 24 hours in advance to receive a credit. Failure to notify will result in forfeiture of a refund.

**Child's Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

DOB \_\_\_ / \_\_\_ / \_\_\_\_\_  Male  Female    Emergency Contact ( \_\_\_ ) \_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

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

**Billing Party Information (all correspondence will be delivered to this party)**

Capital District YMCA Member    Non-Member    Capital District YMCA Staff

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

DOB \_\_\_ / \_\_\_ / \_\_\_\_\_  Male  Female

Address \_\_\_\_\_

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

Home ( \_\_\_ ) \_\_\_ - \_\_\_\_\_ Work ( \_\_\_ ) \_\_\_ - \_\_\_\_\_ Cell ( \_\_\_ ) \_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

**Billing Payment Information**

- Cash:** Due at your local YMCA
- Online Payment:** Accessible at [www.cdyymca.org](http://www.cdyymca.org) *Manage My Account*
- Check:** Due at your local YMCA or by mail. Made payable to CDYMCA.

(Childcare Billing, Capital District YMCA, 465 New Karner Rd., Albany NY, 12205)

**Automatic Withdrawal:** Credit Card charge or Direct Bank withdrawal (ACH)

Credit Card (Write only the last four digits of your card number if it is on file)

Name on Card \_\_\_\_\_ Card Type \_\_\_\_\_

Card Number \_\_\_\_\_ Exp \_\_\_ / \_\_\_

Address \_\_\_\_\_

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

Bank Withdrawal (ACH) (Write only the last four digits of your account number if it is on-file)

Name \_\_\_\_\_

Bank Name \_\_\_\_\_

Routing Number (9 Digits) \_\_\_\_\_  Checking  Savings

Account Number \_\_\_\_\_

*Terms: I authorize my financial institution to honor pre-authorized debit/charges initiated by the YMCA on my account for childcare payments. Should any payments not be honored by the above financial institution, I understand that in addition to the regular payment, I will be charged a \$20 NSF (Non-Sufficient Funds) fee.*

Signature (I have read and understand the terms of this draft authorization) \_\_\_\_\_

Date \_\_\_\_\_

**Financial Assistance**

- Department of Social Services (attach DSS approval letter)
- YMCA Scholarship (attach approval letter)
- Third Party

Payments are due one week prior to each school break camp day. Please print your child's name in the memo section of your check. When you provide a check as payment, you authorize a one-time EFT (Electronic Fund Transfer) from your account to process the payment.

**[OFFICE USE ONLY]** Staff Signature \_\_\_\_\_ Date \_\_\_\_\_ Receipt # \_\_\_\_\_

Payment Attached  Y  N    Scholarship Percentage \_\_\_\_\_ Special Information \_\_\_\_\_

**Authorized Pick-Up Information**

Please list secondary individuals who may pick up your child

1. First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Contact Information: Main ( \_\_\_ ) \_\_\_ - \_\_\_\_\_ Work ( \_\_\_ ) \_\_\_ - \_\_\_\_\_ Cell ( \_\_\_ ) \_\_\_ - \_\_\_\_\_

2. First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Contact Information: Main ( \_\_\_ ) \_\_\_ - \_\_\_\_\_ Work ( \_\_\_ ) \_\_\_ - \_\_\_\_\_ Cell ( \_\_\_ ) \_\_\_ - \_\_\_\_\_

*I give permission for my child to be released from YMCA care with the above individuals. I understand that the people listed are required to show identification for a child to be released. I also agree to notify YMCA staff in advance when I will not be picking up my child.*

\_\_\_\_\_  
Parent/Guardian Signature (I have read and understand the above statement)

\_\_\_\_\_  
Date

**Custody Information**

Parent's Marital Status:  Married  Divorced  Separated  Single  Widowed

If divorced or separated, who has legal custody? \_\_\_\_\_

*Note: Court orders are needed if a parent is denied access to the child*

**Medical Information**

Medications Child Is Currently Taking \_\_\_\_\_

*If your child will need to take medications during the School Break Camp day, you will need to provide the medication in the prescription bottle, a doctor's prescription with dosage instructions, and a note from you authorizing the YMCA to administer the medication. If documentation is not provided, your child's medication will not be permitted to be left onsite.*

Physician's Name \_\_\_\_\_ Phone ( \_\_\_ ) \_\_\_ - \_\_\_\_\_

Dosage Instructions \_\_\_\_\_

Allergies \_\_\_\_\_ Last Tetanus Shot \_\_\_ / \_\_\_ / \_\_\_\_\_

In case of allergic reaction, what action should be taken? \_\_\_\_\_

Does your child have disabilities?  Hearing  Speech  Vision  Seizures  Other \_\_\_\_\_

Please Describe \_\_\_\_\_

In the event that I/we cannot be reached to make arrangements for emergency medical attention, I/we, being the parent(s) legal guardian(s) of the named minor, do hereby appoint the YMCA staff to act on my/our behalf in authorizing emergency medical, dental, surgical care and hospitalization in my/our absence for the named minor.

\_\_\_\_\_  
Parent/Guardian Signature (I have read and understand each of the above statements)

\_\_\_\_\_  
Date

**Additional Information**

Does your child have any special needs? Please Explain \_\_\_\_\_

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