

**MASON CITY FAMILY YMCA**  
**SCHOOL AGE PROGRAM REGISTRATION PACKET**  
**2023 - 2024**



Child's Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_ M or F

Child's School: \_\_\_\_\_ Grade your child is going in to for 2023/2024 school year: \_\_\_\_\_

Child's Address \_\_\_\_\_ City & Zip \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Who does your child live with? \_\_\_\_\_

**PARENT/GUARDIAN INFO:**

Primary Adult Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Gender \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

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

Second Adult Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Gender \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

If different than Primary Adult

Address \_\_\_\_\_ Apt # \_\_\_\_\_

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

**IF WE CANNOT REACH PARENTS IN CASE OF AN EMERGENCY, CALL:**

Name	Relationship to Child	Phone #	Can this person pick up your child?	
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No

Is there anyone who may not pick up your child? Who? \_\_\_\_\_  
 What would you like us to do if this person(s) tries to pick up your child? \_\_\_\_\_

**Participation in our program requires accounts in good standing. Past due balances jeopardize enrollment in programs.**

**CHILD'S SCHEDULE:** Please write in the anticipated times of attendance (notify Director of changes).

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

**Please select the weeks you would like to register your child for**

- |   |   |
|---|---|
| <input type="checkbox"/> Week 1: June 5-9   | <input type="checkbox"/> Week 7: July 17-21     |
| <input type="checkbox"/> Week 2: June 12-16 | <input type="checkbox"/> Week 8: July 24-28     |
| <input type="checkbox"/> Week 3: June 19-23 | <input type="checkbox"/> Week 9: July 31-Aug. 4 |
| <input type="checkbox"/> Week 4: June 26-30 | <input type="checkbox"/> Week 10: Aug. 7-11     |
| <input type="checkbox"/> Week 5: July 5-7   | <input type="checkbox"/> Week 11: Aug. 14-18    |
| <input type="checkbox"/> Week 6: July 10-14 |   |

### Youth Development Survey

**Yes      No**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| Does your child need a booster seat in the YMCA Vans?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your child need a life jacket in the swimming pool?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Will you need child care from 6:30 am – 7:00 am during Summer Camp?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| Would your child(ren) eat breakfast at the YMCA if it was offered?<br>(Whole grain cereal & milk) | <input type="checkbox"/> | <input type="checkbox"/> |
| Would you be interested in Before School Care for the 2023/2024 school year?                      | <input type="checkbox"/> | <input type="checkbox"/> |

For office use only		
Locker Number: _____	Lock Combination: _____	Registration Date: _____

**HEALTH AND MEDICAL INFORMATION:**

**Please attach a copy of your child's immunization records!**

Child's Doctor & Phone Number:

---

Child's Dentist & Phone Number:

---

Name of Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Child's Allergies: \_\_\_\_\_

---

Is your child subject to fainting? \_\_\_\_\_ Convulsive Seizures? \_\_\_\_\_ Other: \_\_\_\_\_

Has your child had any recent exposure to contagious disease? If so, explain: \_\_\_\_\_

Please describe any surgery, serious accidents, broken bones, vision or hearing conditions, or other illnesses in which we should be aware of (include dates): \_\_\_\_\_

---

---

Comments and recommendations to the YMCA staff regarding caring for your child:

---

---

Does your child have an IEP that would help us care for them? If so, can you provide a copy? \_\_\_\_\_

Hobbies, interests, favorite sports, special abilities, etc.: \_\_\_\_\_

---

Habits, moods, traits, or experiences we should know about: \_\_\_\_\_

---

---

What motivates your child to behave positively? Recommendations for behavior management techniques?

---

---

All information provided is confidential. Thank you for taking the time to help us get to know your child better. The YMCA staff will use this to help your child have a fun and rewarding experience in our program.

Jessica Wilkerson, Youth Development Director

[jwilkerson@masoncityymca.org](mailto:jwilkerson@masoncityymca.org)

## Permissions Agreement

**PLEASE READ THE FOLLOWING AND INITIAL EACH LINE**

In the event that my child is injured during any YMCA activity, I authorize the YMCA to call a physician or dentist for medical care for my child and admit my child to a hospital if contact to parents/guardians/emergency contacts cannot be made. Initial \_\_\_\_\_

The YMCA has permission to photograph or video my child for promotional, advertising, and media purposes. Initial \_\_\_\_\_

I agree to notify the YMCA if I move, change my phone number, job, etc., and keep this information current. Initial \_\_\_\_\_

My child will be escorted into the facility at drop off and out of the facility at pick up by only those indicated on the registration packet. Initial \_\_\_\_\_

The YMCA has my permission to apply sunscreen and/or bug spray on my child. Initial \_\_\_\_\_

My child may participate in Field Trips. Initial \_\_\_\_\_  
If not, I will **not** bring my child to the YMCA that day.

I acknowledge that my child will be transported by the YMCA for Field Trips. Initial \_\_\_\_\_

My child is healthy, free of communicable disease, and I give the YMCA permission to contact Public Health for my child's current physical and immunization records. Initial \_\_\_\_\_

I agree that the Mason City Family YMCA shall not be responsible for any personal injuries or losses sustained by me or my family while on any YMCA premises, or as a result of any YMCA sponsored activities. I further agree to indemnify and hold harmless the YMCA from any claims or demands arising out of any such injuries or losses. The undersigned hereby releases, waives, discharges and covenants not to sue the YMCA, its directors, officers, employees, and agents from any claims for injury, illness, death, loss or damage that may be suffered as a result of participation in these activities. The undersigned assumes all risk for participation in YMCA activities and programs.

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

Camper(s) Name(s) \_\_\_\_\_ (One form per family)

## Summer Day Camp Credit Card Form 2023

### PAYMENT METHODS

\$130 per week (per child)

\$35 per day (per child); \$18 per half day (per child)

\$35 per week minimum (only for weeks registered)



**Option 1:** I will be paying my balance by credit/debit card.

Card will be billed the Tuesday after the Session ends. (see attached schedule)

A one-time \$50 (per child) registration fee is due at the time of registration.

*This fee is not applied to camp charges and is non-refundable.*

**Option 2:** I have Child Care Assistance through HHS (formerly DHS).

A one-time \$50 (per child) registration fee is due at the time of registration.

*This fee is not covered by HHS and is non-refundable.*

Initial \_\_\_\_\_

### BILLING INFORMATION

Name on Credit/Debit Card \_\_\_\_\_

The Mason City Family YMCA can only accept payment from Visa, Master Card, or Discover debit/credit cards.

(Circle one) VISA • MASTER CARD • DISCOVER

Card # \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Verification Code: \_\_\_\_

Email for Receipts/Invoices: \_\_\_\_\_

### PLEASE READ AND SIGN PAYMENT AGREEMENT ON BACK!

#### OFFICE USE ONLY:

Week 1: June 5-9	\$ ____ / ____	Week 7: July 17-21	\$ ____ / ____
Week 2: June 12-16	\$ ____ / ____	Week 8: July 24-28	\$ ____ / ____
Week 3: June 19-23	\$ ____ / ____	Week 9: July 31-Aug. 4	\$ ____ / ____
Week 4: June 26-30	\$ ____ / ____	Week 10: Aug. 7-11	\$ ____ / ____
Week 5: July 5-7	\$ ____ / ____	Week 11: Aug. 14-18	\$ ____ / ____
Week 6: July 10-14	\$ ____ / ____		

## **PAYMENT AGREEMENT:**

All participants in the Summer Day Camp Program are required to have a valid credit/debit card on file at the time of registration. The credit/debit card will be charged weekly for all program fees. Billing occurs the Tuesday after a week of Summer Camp ends.

- I request and authorize the Mason City Family YMCA to automatically deduct payments from my debit/credit card at the institution named above. I understand that these deductions will be applied to my Summer Day Camp fees.
- I understand that my funds will be drawn on the schedule as noted above.
- I agree to immediately notify the YMCA of any account changes. The YMCA reserves the right to resubmit an electronic draft additional times should funds be returned as insufficient.
- I understand that my participation is subjected to approval by the YMCA and can be revoked at any time.
- I understand that the YMCA will keep this information confidential and secure.
- This authorization will remain in effect through the end of the 2023 Summer Day Camp Program with a final withdrawal on 8/23/2023 for any unpaid Summer Day Camp fees. If a balance remains for Summer Day Camp fees after that date, I understand that my card will continue to be run on a monthly basis, and I will receive invoices through email and mail until all funds are paid in full.
- I understand that an unpaid balance will affect my child's enrollment in future Youth activities at the YMCA. I understand that my child may not attend programs if my balance is 2 payments behind.

**Payments in Full** - If your desire is to pay in full by cash, check, or credit/debit, you must make a payment at the front desk at the Mason City Family YMCA by Friday of the registered week or payments will be auto pulled according to the payment schedule on the front of this form.

**By signing this form, I agree to the above terms and conditions and the payment agreement as printed on the back of this form.**

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



## Summer Camp Billing Schedule

<u>Session</u>	<u>Billing Due Date</u>
Week 1: June 5-9	Tuesday, June 13, 2023
Week 2: June 12-16	Tuesday, June 20, 2023
Week 3: June 19-23	Tuesday, June 27, 2023
Week 4: June 26-30	Tuesday, July 5, 2023
Week 5: July 5-7	Tuesday, July 11, 2023
Week 6: July 10-14	Tuesday, July 18, 2023
Week 7: July 17-21	Tuesday, July 25, 2023
Week 8: July 24-28	Tuesday, Aug. 1, 2023
Week 9: July 31-Aug. 4	Tuesday, Aug. 8, 2023
Week 10: Aug. 7-11	Tuesday, Aug. 15, 2023
Week 11: Aug. 14-18	Tuesday, Aug. 22, 2023

If you have any questions regarding billing, please contact Caitlyn Meyer at [cmeyer@masoncityymca.org](mailto:cmeyer@masoncityymca.org) or at 641-422-5993