



SPORTS CAMP AT LANSDALE CATHOLIC 2022 CAMP REGISTRATION FORM

A Quality Camp Program for grades 4-8 within the North Penn School District

Please return Registration Form, Registration Fee, Emergency Contact Sheet, Payment Agreement, and Current Health Assessment to:

Lansdale Area Family YMCA 608 E Main Street, Lansdale PA 19446

Child Name: _____ DOB: _____ AGE: _____ Sex: _____ Grade (as of 9/22) _____

Home Address: _____

Home Phone: _____ Parent EMAIL (Required) _____

Primary Parent/Guardian who is responsible for payment: _____

Mother's Cell Phone: _____

Work Phone: _____

Father's Cell Phone: _____

Work Phone: _____

Does the family have any court ordered documentation/custody papers? YES NO
(If yes, a copy must be attached to this form at time of registration and both custodial parents must sign all registration paperwork)

Is your child a member of the YMCA? YES NO If yes, what type of member? _____

Name membership is under: _____ **If no, \$50 Program Youth Membership is required.**

Please complete front and back of this form to register your child for summer camp.

Camp Deposit: \$25.00 deposit required at registration for each session to enroll your child. EXEMPT from deposit are ELRC (Lansdale YMCA location only) Parent and YMCA Scholarship Applicant. **Please note: ELRC payments are subject to change.**

Session Balance Payments are due two (2) weeks prior to start date. Ex: Session Start Date: 6/20/2022
Balance Due Date: 6/06/2022

Day Camp Options: HD: Half Day 9:00am – 12:00pm

Weekly Session Options: 5 days weekly session

SUMMER DAY CAMP LOCATIONS

Lansdale Catholic

700 Lansdale Ave. Lansdale, PA

Grades 4-8

SPORTS CAMP AT LANSDALE CATHOLIC HALF DAY 9:00AM-12:00PM		
	1st CHILD	ADD. CHILD
5 DAY	\$105	\$90

Are there any siblings attending other camp sites in the North Penn YMCA? YES NO

I am applying for North Penn YMCA Financial Assistance: YES NO

Does your child have custody or IEP documents? (if yes, please provide copy) YES NO

I receive assistance through Early Learning Resource Center (ELRC): YES NO

Case Manager: _____ Phone: _____

YES! I want to donate to the Y's Annual Campaign! Please accept my gift of:

\$5.00 \$10.00 \$20.00 Other: _____

Please see our Parent Handbook for more information regarding our North Penn YMCA Annual Campaign and how you can help make a difference in your community.



LANSDALE CATHOLIC SPORTS CAMP CAMP REGISTRATION FORM 2022

Camper's Name: _____ Camp Site: _____

Parent Name: _____ Phone: _____

Camp Number, Location, Grades & Dates:

LANSDALE CATHOLIC

Grades: 4 - 8

7/5/22-7/29/22

Day Camp Registration	
<u>SESSION DATES</u> Start dates are subject to change due to school district calendar changes.	<u>WEEKLY SESSION SCHEDULE</u> PLEASE CHECK
SESSION 1: July 5-8	
SESSION 2: July 11-15	
SESSION 3: July 18-22	
SESSION 4: July 25-29	

I/We, the parent/guardians, grant permission for the applicant to participate in all planned activities, including scheduled out-of-camp trips by van or bus, under camp leadership. I/We have attached any court documents or custody agreements that may affect the children or how camp tuition is paid. I/We hold harmless the staff and North Penn YMCA from all liability for any injury which may occur to my child during or resulting from participating in the program. The North Penn YMCA is not responsible for lost, stolen, or damaged personal articles. I/We, also, authorize the YMCA to take and use photographs, slides and/or video tapes of the applicant for use in future YMCA promotional materials.

Mother/Guardian Signature: _____ Date: _____

Father/Guardian Signature: _____ Date: _____

Operator's Signature: _____ Date: _____



LANSDALE CATHOLIC SPORTS CAMP CAMP REGISTRATION FORM 2022

This form is for families with Custody Orders, IEP, or Special Needs.

Camper's Name: _____ **Camp Site:** _____

Parent Name: _____ **Phone:** _____

Does your child have any special needs, medical or physical conditions of which we should be aware of?

Parents are asked to make arrangements to meet with the Camp Coordinator prior to registration to determine if our program is a good fit for their child.

CUSTODY ORDER must be provided at the time of registration and both custodial parents must sign all the registration paperwork.

A COPY OF YOUR CHILD'S IEP must be provided at the time of registration.

I/We, the parent/guardians, grant permission for the applicant to participate in all planned activities, including scheduled out-of-camp trips by van or bus, under camp leadership. I/We have attached any court documents or custody agreements that may affect the children or how camp tuition is paid. I/We hold harmless the staff and North Penn YMCA from all liability for any injury which may occur to my child during or resulting from participating in the program. The North Penn YMCA is not responsible for lost, stolen, or damaged personal articles. I/We, also, authorize the YMCA to take and use photographs, slides and/or video tapes of the applicant for use in future YMCA promotional materials.

Mother/Guardian Signature: _____ Date: _____

Father/Guardian Signature: _____ Date: _____

Operator's Signature: _____ Date: _____



SPORTS CAMP AT LANSDALE CATHOLIC

2022 CAMP PAYMENT AGREEMENT

A program of NORTH PENN YMCA

Camper Name: _____

PAYMENT DUE DATES	
SESSION 1:	06/20/2022
SESSION 2:	06/27/2022
SESSION 3:	07/05/2022
SESSION 4:	07/11/2022

SPORTS CAMP AT LANSDALE CATHOLIC HALF DAY 9:00AM-12:00PM		
	1st CHILD	ADD. CHILD
5 DAY	\$105	\$90

Terms and Conditions:

- **Make all checks payable to: NORTH PENN YMCA.** Payments can be made at the Lansdale Area Family YMCA 608 E. Main Street, Lansdale. **Online Bill Pay is available for those who wish to make their tuition payments online.**
- **DUE AT REGISTRATION** is a \$25.00 non-refundable deposit per child per session registered is due at the time of registration.
- **BALANCE DUE INFORMATION:** Tuition balances are due on Monday, two (2) weeks prior to the session start date. Please refer to the Payment Due Dates above.
 1. Any payment not received by the Payment Due Date will be subject to the following delinquency procedures:
 - A \$30.00 late payment fee will be assessed to all past due accounts, if payment is not received by Wednesdays. All delinquent accounts will be contacted by end of Balance Due Date week. Payment in full must be received for delinquent session and next registered session by assigned due date or a dismissal notice will be issued and camper will be ineligible to attend camp until paid in full.
- **LATE FEE/EXTENDED HOURS:** If your child is dropped off or picked up any time other than the times that are indicated on your registration form, your account will be charged \$15.00 per 15 minutes.
- **CHANGE FEE:** Any changes requested before June 1, 2022 will be at NO charge. Any changes after June 1, 2022 will be charged a \$10.00 fee.
- **WITHDRAWALS:** Cancellations will be offered with two weeks written advanced notice less the \$25 non-refundable deposit.
- **FINANCIAL ASSISTANCE:** Applications are available at the YMCA membership desk and must be turned in with your child's complete registration packet by Friday May 14, 2022 to the Lansdale Area Family YMCA.
- **ELRC Assistance:** At the time of registration, the North Penn YMCA must be notified if you're receiving subsidy support from the County ELRC program. No deposit is due if you're receiving ELRC support. The expectation is that your child will be registered for all camp sessions. Failure to attend without prior notification will result in the full tuition rate being owed by parent. All Co-Pays are due on the Monday of each week and will be promptly reported to ELRC as delinquent if payment is not received by the following Monday, per ELRC regulations. Note: ELRC co-pays subject to change.
- **In the case of divorce and/or a separation,** at any time whatsoever, the parent/guardian responsible for full tuition payment will be he or she whose residence is the same as the address on record for the children enrolled with the North Penn YMCA childcare/camp program, unless the North Penn YMCA Camp Coordinator receives written notice by both spouses or both former spouses, in agreement or court ordered, to the contrary. The spouse or former spouses will have one of the following options in updating the child's enrollment: (1) withdrawal child from the care program or (2) parent/guardians withdrawal & re-enroll child separately to match custodial schedule per court documents with each parent/guardian responsible for their portion of care. **Both portions of the child's tuition must be paid in full weekly. If the tuition payment is not received for both parent/guardian portions of care, the North Penn YMCA reserves the right to terminate your child from the camp program.** If you choose to withdrawal & re-enroll separately, both custodial parents must review and sign Emergency Contact Sheet, Payment Agreement, and Registration Forms together so that all are in full agreement to terms, conditions, emergency contacts, and persons to whom children may be released to. PARENTS MUST PROVIDE ALL COURT DOCUMENTS/CUSTODY AGREEMENTS PERTAINING TO EACH CHILD ENROLLED IN OUR CAMP PROGRAM.

Mother Responsible for: _____% portion Signature: _____ Father Responsible for: _____% portion Signature: _____

I/We, the parent/guardians, grant permission for the applicant to participate in all planned activities, including scheduled out-of-camp trips by van or bus, and camp leadership. I hold harmless the staff and North Penn YMCA from all liability for any injury which may occur to my child during or resulting from participating in the program. The North Penn YMCA is not responsible for lost, stolen, or damaged personal articles. I also authorize the YMCA to take and use photographs, slides and/or video tapes of the applicant for use in future YMCA promotional materials.

Parent/Guardian Signature: _____ Date: _____ Camp Coordinator's Signature: _____ Date: _____

EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS §3270.124(a)(b), §3270.181 & §3270.182: §3280.124(a)(b), §3280.181 & §3280.182: §3290.124(a)(b), §3290.181 & §3290.182

DIRECTIONS: Please print all information. Per DPW regulations all sections must be completed; there can be No Blank areas.
If a section does not apply to your child, please put **NONE IN THAT SPECIFIED AREA AND SIGN FULL NAME.**

Ex: Allergies = None, John Smith. All forms must be signed and dated in the space provided at the very bottom of form.

CHILD'S NAME		BIRTHDATE
ADDRESS		OUTREACH SITE
MOTHER/LEGAL GUARDIAN NAME		HOME PHONE NUMBER
ADDRESS		CELLPHONE NUMBER
BUSINESS NAME		WORK PHONE NUMBER
BUSINESS ADDRESS		
FATHER/LEGAL GUARDIAN NAME		HOME PHONE NUMBER
ADDRESS		CELLPHONE NUMBER
BUSINESS NAME		WORK PHONE NUMBER
BUSINESS ADDRESS		
EMERGENCY CONTACT PERSON(S) OTHER THAN PARENT: Please list the following items: Name, Address, Home, Cell, and Work Phone Numbers		
1)		
2)		
PERSON(S) TO WHOM CHILD MAY BE RELEASED OTHER THAN PARENT: Please list the following items: Name, Address, Home, Cell, and Work Phone Numbers		
1)		
2)		
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		PHONE NUMBER
PHYSICIAN'S OFFICE ADDRESS		
SPECIAL DISABILITIES (IF ANY)		ALLERGIES (Including Medical Reaction)
MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION		MEDICATION, SPECIAL CONDITIONS
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
PARENT SIGNATURE REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE		ADMIN OF MINOR FIRST-AID PROCEDURES
WALKS AND TRIPS		SWIMMING
TRANSPORTATION BY THE FACILITY		APPLY SUNSCREEN
ARE THERE CUSTODY PAPERS FOR THIS CHILD?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, COPIES MUST BE ATTACHED		

SIGNATURE OF PARENT OF GUARDIAN (required at registration)

DATE

Periodic Review:

SIGNATURE OF PARENT OF GUARDIAN (to be signed at six (6) month review)

DATE

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

DO NOT OMIT ANY INFORMATION
 This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):
 NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.
 NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):
 NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.
 NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?
 YES NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG) <input type="checkbox"/> YES <input type="checkbox"/> NO	NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">VISION (subjective until age 3)</td> <td></td> </tr> <tr> <td>HEARING (subjective until age 4)</td> <td></td> </tr> <tr> <td>LEAD</td> <td></td> </tr> </table>	VISION (subjective until age 3)		HEARING (subjective until age 4)		LEAD	
VISION (subjective until age 3)							
HEARING (subjective until age 4)							
LEAD							

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER: DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.

NORTH PENN YMCA 2022 SUMMER DAY CAMP

Summer Camp Authorization to leave YMCA property

I give permission for my child or children (Please print name (s) of each).

Child 1 _____ Child 2 _____

Child 3 _____

To walk or be transported by a YMCA van or School Bus Company with his/her camp group from YMCA property for program activities.

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature _____

Emergency contact: (Please Print)

Name: _____ Phone: _____

Summer Camp Authorization Photo and Video Release

Child's Name (Please print) _____

Second Child's Name _____

Third Child's Name _____

As the parent/guardian of the minor or minors named above, I give the North Penn YMCA permission to use photographs, pictures and/or video tape of said minor or minors for promotional purposes in any form, media or manner.

I waive any right to inspect or approve the finished product, including written copy or dialog that may be created in connection therewith.

I further understand that no monetary consideration is offered or implied for this permission.

Parent/Guardian Signature _____ Date _____



LANSDALE AREA FAMILY YMCA

A branch of NORTH PENN YMCA

Serving the Indian Valley and Perkiomen Valley Communities

ASSISTANCE IS AVAILABLE FOR THOSE IN NEED

All financial assistance applications must be attached to camp registration forms.

To apply for financial assistance for summer camp you must first complete and submit the appropriate application for subsidized child care through your county. We will not be able to process your camp financial assistance request unless you provide a copy of an award or denial letter from the ELRC (Early Learning Resource Center).

[Click here](#) for the North Penn YMCA Extra Hands Financial Assistance application.

[Click here](#) for contact information on ELRC Montgomery County (Region 17)

[Click here](#) for contact information on ELRC Bucks County (Region 16)

All applications for assistance must be completed and submitted to the branch or emailed to EHFA@NorthPennYMCA.org no later than May 14, 2022. The application process is confidential and requires proof of financial need. For more information, visit our [website](#) or email EHFA@NorthPennYMCA.org.

General information to include with your paperwork:

Are there any siblings attending other day care sites in the North Penn YMCA?

Yes No

What Program and Location?

I am applying for North Penn YMCA Financial Assistance Yes No

I receive assistance through Early Learning Resource Center (ELRC) Yes No

Case Manager: _____ Phone # _____