



Chatham YMCA
Program Participation Form

Branch Number	Membership ID	Today's Date
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONSENT

____ (After School Only) I have read the "Parent Handbook" and hereby agree to comply with the procedures of the CHATHAM YMCA After School Program regarding fees, discipline, attendance and all other information as listed in the handbook.

____ (Summer Camp Only) I have read the "Camp Handbook" and hereby agree to comply with the procedures of the CHATHAM YMCA Summer Camp Program regarding fees, discipline, attendance and all other information as listed in the handbook.

____ I hereby give my permission to the YMCA to use photos of my child as an After School Participant or Summer Day Camp participant in promotional literature used by the YMCA.

____ I give my child permission to watch "G" rated movies.

I give permission for my child to be released from the YMCA Child Care program/Summer Day Camp with the follow people: I further understand that the people listed below must show identification for a child to be released.

Name of Adult: _____ Relationship to Child: _____ Phone number: _____

Name of Adult: _____ Relationship to Child: _____ Phone number: _____

EMERGENCY INFOMATION

In case of emergency, person to contact first: ____ Mother ____ Father ____ Guardian ____ Other: _____

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

Local Emergency Contacts (if parent/guardian can not be reached):

Name of Adult: _____ Relationship to Child: _____ Phone number: _____

Name of Adult: _____ Relationship to Child: _____ Phone number: _____

Child's Physician: _____ Location: _____ Phone: _____

Child's Dentist: _____ Location: _____ Phone: _____

Hospital Preference: _____ Phone: _____

Parent's Marital Status: ____ Married ____ Divorced ____ Widowed ____ Single

If separated or divorced who has legal custody: _____ Phone: _____

Is child's time divided between parents because of divorce or separation: ____ Yes ____ No How: _____

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

Parent/Guardian Signature 1: _____ Date: ____/____/____

Parent/Guardian Signature 2: _____ Date: ____/____/____

MEDICAL

Medical/Hospital Insurance:

Carrier: _____ Policy or Group ID number: _____

Medications the program participant is currently on: _____

Does your child have any known allergies: ____ Yes ____ No Explain: _____

In case of an allergic reaction, what action should be taken: _____

Date of participants last Tetanus Shot: ____/____/____ Has your child recently had an operation or serious injury: ____ Yes ____ No

Does your child have any special needs: ____ Yes ____ No Explain: _____

Does your child have any chronic or reoccurring illnesses: ____ Yes ____ No Explain: _____

Does your child have any physical or medical concerns we should be aware of: ____ Yes ____ No Explain: _____

Services received through school: _____

Other: _____

After School Only

Site Name: ____ Bennett School ____ Bonlee School ____ J.S Waters ____ Moncure ____ North Chatham ____ Horton Middle

____ Perry Harrison School ____ Pittsboro ____ Siler City Elementary ____ Silk Hope School ____ Pollard Middle ____ Virginia Cross

Full Time: (4+ days/week) \$185.00/month
 ____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

Drop In
 ____ \$14.00 per day

Part Time: (3 or less days/week) \$137.00/month
 ____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

Contact the Chatham YMCA with any questions or concerns 919.545.9622



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THEME WEEKS

Session 1: Sports and Sorts Session 2: Ooey, Gooye & Slimy Too Session 3: mYth Busters Session 4: "Y" CSI

Session 5: Splash Camp Session 6: Pay It Forward Session 7 : Olympics Session 8: Reach for the Stars

Session 9: Last Blast * No Partial Weeks Permitted - No camp July 4th

PERRY HARRISON SCHOOL - rising Kindergarten through rising 8th - 7:30am until 6:00pm - \$115.00/week

Session 1: June 18 - 22 Balance Due: June 4 Initial: _____	Session 2: June 25 - 29 Balance Due: June 11 Initial: _____	Session :3 July 2 - 6 Balance Due: June 18 Initial: _____	Session 4: July 9 - 13 Balance Due: June 25 Initial: _____
Session 5: July 16 - 20 Balance Due: July 2 Initial: _____	Session 6: July 23 - 27 Balance Due: July 9 Initial: _____	Session 7: July 30 - August 3 Balance Due: July 16 Initial: _____	
Session 8: August 6 - 10 Balance Due: July 23 Initial: _____	Session 9: August 13 - 17 Balance Due: July 30 Initial: _____	A \$20 Deposit for each session of camp due upon registration, non refundable	

PITTSBORO ELEMENTARY - rising Kindergarten through rising 5th - 7:30am until 6:00pm - \$115.00/week

Session 1: June 18 - 22 Balance Due: June 4 Initial: _____	Session 2: June 25 - 29 Balance Due: June 11 Initial: _____	Session :3 July 2 - 6 Balance Due: June 18 Initial: _____	Session 4: July 9 - 13 Balance Due: July 25 Initial: _____
Session 5: July 16 - 20 Balance Due: July 2 Initial: _____	Session 6: July 23 - 27 Balance Due: July 9 Initial: _____	Session 7: July 30 - August 3 Balance Due: July 16 Initial: _____	Session 8: August 6 - 10 Balance Due: July 23 Initial: _____

NORTH CHATHAM - rising Kindergarten through rising 8th - 7:30am until 6:00pm - \$115.00/week

Session 1: June 18 - 22 Balance Due: June 4 Initial: _____	Session 2: June 25 - 29 Balance Due: June 11 Initial: _____	Session :3 July 2 - 6 Balance Due: June 18 Initial: _____	Session 4: July 9 - 13 Balance Due: June 25 Initial: _____
Session 5: July 16 - 20 Balance Due: July 2 Initial: _____	Session 6: July 23 - 27 Balance Due: July 9 Initial: _____	Session 7: July 30 - August 3 Balance Due: July 16 Initial: _____	
Session 8: August 6 - 10 Balance Due: July 23 Initial: _____	Session 9: August 13 - 17 Balance Due: July 30 Initial: _____	A \$20 Deposit for each session of camp due upon registration, non refundable	

WOODS CHARTER SPECIALTY CAMP - rising 1st - rising 8th graders - \$130/per session - no partial weeks permitted

Session 1: July 9 - 13 Balance Due: June 4 Drama Camp Initial: _____	Session 2: July 16 - 20 Balance Due: June 11 Science Camp Initial: _____	Session 3: July 23 - 27 Balance Due: June 18 Game Show Camp Initial: _____
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OFFICIAL USE ONLY

Payment Total (including \$20 deposit per week and non refundable \$25 registration fee per child): \$ _____

All sections of applications complete: Yes No Requires Director Attention: Yes No

Staff Signature: _____ Date: ____/____/____

First:

Last: