



JOIN THE FUN!

YMCA Day Camps have been skillfully designed, because we care.


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PERMIT NO. 332
STOCKTON, CA




FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Session	Theme
Session 1: 6/12-6/16	Y World of Sports
Session 2: 6/19-6/23	Wild & Wacky Summer
Session 3: 6/26-6/30	When I Grow Up
Session 4: 7/3-3/7	Land of the Free, Home of the Y
Session 5: 7/10-7/14	Oh the Places You'll Go
Session 6: 7/17-7/21	Lights, Camera, Action!

- = **Swimming included at Kennedy Park. Please provide children with no-rub sunscreen.**
- = **Breakfast and lunch will be provided.**
- = **Please provide children with plenty of water to drink.**

For more details about Y Day Camp visit
 www.ymcasjc.org/daycamp

 For updates on field trips and all other camp information please like us on Facebook at facebook.com/sjcyymca

Return completed form with payment to:

YMCA of San Joaquin County
2105 W. March Lane, Suite 1
Stockton, CA 95207

Questions? Contact us at:

P: (209)472-9622 F: (209)472-9625

»Donations welcomed to help send a child to camp«



SPECIAL THANKS TO OUR SUMMER FOODS PROGRAM SPONSOR & COMMUNITY DONORS.

YMCA of San Joaquin County
2105 W. March Lane, Suite 1
Stockton, CA 95207



SUMMER IN THE PARK

Kennedy and McKinley Park | Grade: K-8

June 12-July 21

YMCA SUMMER IN THE PARK REGISTRATION FORM KENNEDY AND MCKINLEY PARK

Child's Name/Nombre del Niño: _____ Age/Edad _____ Date of Birth/Fecha de Nacimiento _____
 Male/Masulino _____ Female/Femenino _____ Start date of Program/Fecha de Inicio del Programa _____
 Street Address/Dirección _____
 City/State/Zip, Ciudad/Estado/Código Postal _____
 Parent/Guardian/Padre o Madre /Tutor _____
 Adult's Date of Birth/Fecha de Nacimiento del Padre o Madre/Tutor _____
 Day Time Phone/Teléfono durante el día _____ Work Phone/Teléfono del trabajo _____
 E-Mail Address/Correo Electrónico _____
 Special Needs/Allergies/ Medications / Necesidades/Alergias/Medicamentos Especiales _____

Additional Comments/Instructions on a separate piece of paper/Comentarios adicionales / Instrucciones en otra hoja de papel.
 Emergency Contact/ Alternate Pick up Person (must be 18 or older)/Contacto de Emergencia /Alternativa Persona Para Recojer (debe ser mayor de 18 años):

Name/Nombre: _____	Phone Number/Numero de Telefono: _____
Name/Nombre: _____	Phone Number/Número de Teléfono: _____
Name/Nombre: _____	Phone Number/Número de Teléfono: _____

Waiver of Liability/Media Release/Policias: I hereby accept all responsibility for and assume the risk of any and all injury or damage to my person or dependent children, which might arise directly as a result of participation in the programs of the YMCA of San Joaquin County, its various branches and subdivisions thereof, and all YMCA employees and volunteers, including the YMCA of San Joaquin County's Board of Directors, except for injuries caused intentionally or by willful misconduct. I grant permission for my children(s) picture to be used as promotion for the YMCA of San Joaquin County. I certify that I am familiar with the contents of this release, that I have read and understand the same, and that is my intention by my heirs, administrators, executors, successors and assigns. In order to help ensure the safety of your child, parents/guardians must sign the attendance book when bringing children to the site and when picking them up. Only those people whose names appear on the Registration Form as authorized to pick up your child will be allowed to sign the child out after showing ID. While the YMCA does not ever expect child abuse or neglect to be a problem, our Staff is required by California State Law and licensing requirements to report immediately to the police or Child Protective Services any instance in which there is reason to suspect the occurrence of physical, sexual or emotional child abuse, child neglect or exploitation. If YMCA Staff believe that notifying a parent may place a child in the way of more serious harm, our Staff may not tell parents when the police or Child Protective Services have been called about possible child abuse, neglect or exploitation. The extent of Staff's communication with parents will depend on the recommendation of Child Protective Services after they intervene. Any willful destruction of property will be the responsibility of the participant's parent, guardian or representative. The YMCA is not responsible for lost or damaged personal belongings. Continued inappropriate behavior (including, but not limited to threatening, swearing, teasing, sexual harassment/intimidation) may result in suspension and/or expulsion from the program with no refund. Returned checks will be charged a fee of \$25. Fees and approved scholarships are due before the start date or child's attendance of the program. I have read and understand the terms and conditions related the YMCA Day Camp Program. I have shared appropriate information related to expected behavior with my child (ren). I agree to abide by the rules, terms and conditions as stated in this form.

Parent /Guardian (please print clearly) _____
 Signature _____ Date _____

- Camp is offered June 12th, 2017 to July 28th, 2017 from 7:30am-2:00pm for free with completed application.
- Camp will be closed for the 4th of July Holiday.
- Check the site that your child will be attending.

_____ McKinley Community Center: 424 E Ninth street. Stockton, CA 95206
 _____ Kennedy Community Center: 2800 S. D Street. Stockton, CA 95206

**You must fill out the following information and submit this form with a proof of income:
 Usted debe llenar los siguiente y entregue este formulario con un comprobante de ingresos.**

1. Has your child participated in any YMCA programs? If so, which ones? / Su niño/a a participado en un programa del YMCA? En cuales programas?

2. Is there anything else you wish the scholarship committee to consider? / Hay algo que le gustaría que el comité de becas tome en cuenta sobre su applications de beca?

3. Family's gross income?/Ingresos de la familia? _____ 4. Number in family/Numero de miembros el las familia _____
5. Average Monthly expenses _____
6. Why do you believe the participant deserves to participate in our program?/Por qué piensan que el participante merece participar en nuestro programa?

7. The fee for the program we are applying for is / La cuota del programa que está solicitando es **\$138**
8. Family will pay/Familia pagará **\$0**
9. We are asking for a scholarship of/Estamos pidiendo un beca de \$ _____
10. Proof of income attached: c Paycheck Stub/ Recibo de sueldo c Public assistance/ Asistencia pública
 c Unemployment/(recibo de desempleo) c Other/Otro _____

Note: Y-Day Camp is neither related to nor endorsed by Lincoln, Lodi, or Stockton Unified School Districts. This program is solely offered and managed by the YMCA of San Joaquin County.