

For Fun!

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

December 19-22, 2016

December 27-30, 2016

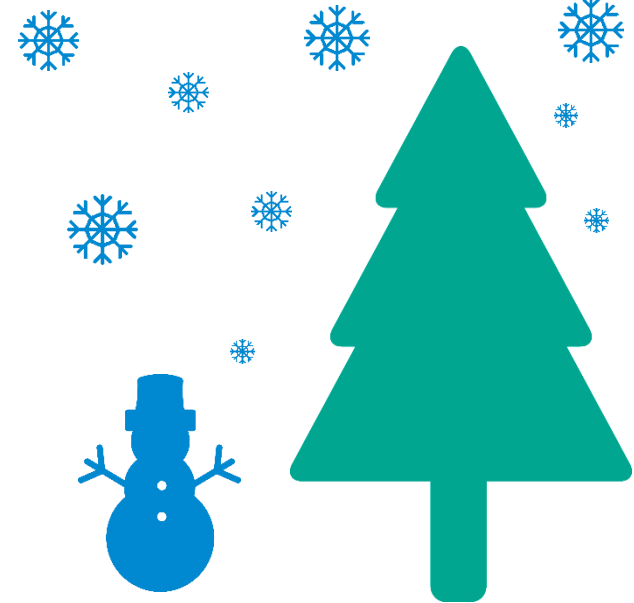


FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

GOOD TIMES, GOOD FRIENDS, WARM MEMORIES

WINTER DAY CAMP

YMCA OF SAN JOAQUIN COUNTY



December 19-22, 2016

December 27-30, 2016

Donations Accepted

Ages 5-13

Camp Details: | Detalles del Campamento:

- Ages 5-13 | Edades 5-13
- Each camper will be provided breakfast, lunch and a snack. | Cada campista será proveído desayuno, almuerzo y una botana.
- Activities are offered to broaden the interests of our campers and encourage them to grow through fun and learning. | Las actividades ofrecidas son diseñadas para abrir los intereses de los campistas y ayudarlos a crecer en un modo divertido y educativo.
- Camp will be offered from 8:30am-2:00pm | Campamento será ofrecido de las 8:30am-2:00pm

Return completed form with payment to:

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

We accept: Visa | MasterCard | Check | Cash

For questions please contact:

P: (209)472-9622 F: (209)472-9625
Mon. - Fri. 8:30 am - 5:00 pm

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



YMCA DAY CAMP REGISTRATION FORM

Child's Name Nombre del Niño _____ Male _____ Female _____ Masculino _____ Femenino _____ Address Direccion _____ Parent Guardian Padre o Madre Tutor _____ Day Time Phone Teléfono del día _____ E-Mail Address Correo Electrónico _____	Age Edad _____ Start date of Program Fecha de Inicio del Programa _____ Adult's Date of Birth Fecha de Nacimiento del Padre o Madre Tutor _____ Work Phone Teléfono del trabajo _____
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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 _____	Phone Number _____
Nombre _____	Numero de Telefono _____
Name _____	Phone Number _____
Nombre _____	Numero de Telefono _____
Name _____	Phone Number _____
Nombre _____	Numero de Telefono _____

Waiver of Liability/Media Release/Policies: 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): _____ Date: _____

Signature: _____

Check the site that your child will be attending
 Escoja el sitio que su hijo va a asistir:

_____ Kennedy Park 2800 S. D. St. Stockton, CA 95206

YOU WILL NOT BE ABLE TO DROP OFF YOUR CHILD WITHOUT A COMPLETED FORM AND PROOF OF INCOME.
USTED NO PODRÁ DEJAR SU HIJO SIN FORMA Y PRUEBA DE INGRESOS COMPLETADO.

CAMP HOURS 8:30am-2:00pm. Check the session you will be attending:
 _____ Session 1 December 19-22, 27-30

You must fill out the following information
Usted debe llenar este siguiente informacion

1. Has your child participated in any YMCA programs? If so, which ones?
 Su niño/a a participado en un programa del YMCA? Encuales 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 Ingreso de la familia _____	4. Number of members in family Numero de miembros en la familia _____
5. Average monthly expenses Gastos mensuales _____	
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 \$125/session	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:

<input type="checkbox"/> Paycheck Stub Recibo de sueldo	<input type="checkbox"/> Public assistance Asistencia pública	<input type="checkbox"/> Unemployment Recibo de desempleo	<input type="checkbox"/> Other Otro _____
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Note: Y-Day Camp is neither related to nor endorsed by Lincoln, Lodi, or Stockton Unified School Districts.
The program is solely offered and managed by the YMCA of San Joaquin County.