

**LEBANON YMCA SCHOOL AGE SUMMER CAMP  
2017 SUMMER REGISTRATION AGREEMENT**

1. The Summer Camp program will assume full responsibility for my child from the time he/she is signed into the program until dismissal or signed out. The child must be signed in upon arrival and signed out only by an authorized person. The time of arrival and departure must also be noted along with a full signature (first initial and full last name.)
2. I understand my child will not remain in care if not in proper attire (play clothes & sneakers).
3. I will pay for each week of camp that my child is registered, even though he/she may not attend for the entire week due to illness.
4. I agree to inform the staff if my child(ren) will not be following the regularly scheduled contract (i.e. grandparents visiting, doctor/dentist appointment, going to a friend's for the day.)
5. I will return a current Health Appraisal within **1 MONTH** of registration, or the child may not attend. **THIS MUST BE FILLED OUT BY A PHYSICIAN.**
6. I understand that whenever possible I will be notified prior to medical treatment of my child. If notification is impossible, I understand that I am financially responsible for any medical or transportation expenses incurred on my child's behalf.
7. I agree to adhere to the Lebanon YMCA Summer Camp registration policies as outlined in this parent handbook and give my child permission to participate fully in this program.
8. In the event the children in the program are included in any newspaper, videotape, photographs or television publicity, I give my permission for my child to be included in the pictures.
9. I understand that I must pay a \$25(per family), nonrefundable registration fee (if applicable) and the first week's tuition at the time of registration. I will pay the contracted rate. Payment is due each Tuesday, prior to the week of camp by 6 p.m. or additional charges will accrue.
10. If Summer Camp payment is not received by Tuesday at 6 p.m., my care may be immediately terminated.
11. I agree to give a written notice if leaving the program.
12. I agree to pay a \$10 late-pickup fee per child for 6:01 p.m. (closing time) to 6:15 p.m. and an additional \$20 for every 15 minutes or fraction thereof after 6:16 p.m. according to the facility clock. After 6:30 p.m. proper authorities will be notified.
13. I understand that the YMCA will provide a year-end statement.
14. I understand there may be care offered at another location due to building emergencies.
15. I understand termination of services could result if my child's behavior affects the safety and welfare of other children or staff in the program.

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

Child's name (please print) \_\_\_\_\_