



# BEST. SUMMER. EVER. 2022 DAY CAMP

### GRADES (Circle one)

- Grade K
- Grades 1-2
- Grades 3-4
- Grade 5

### DATES

- Week 1:** June 6-10
- Week 2:** June 13-17
- Week 3:** June 20-24
- Week 4:** June 27-01
- Week 5\*:** July 5-8
- Week 6:** July 11-15

  
  
  
  
  


- Week 7:** July 18-22
- Week 8:** July 25-29
- Week 9:** Aug 1 & 2

  
  


\*(No Camp July 4th)

### COST

- Members: \$155/week/child
- Non-member: \$215/week/child

\*CCC/DCFS accepted (Contact: Jordyn)

### DROP-OFF & PICK-UP

#### Location:

Greater Peoria Family YMCA, 7000 N Fleming Lane

#### Time:

6:30am-5:30pm

#### CONTACT: 309.692.7631

Paul.Larson@peoriaymca.org, ext. 104  
 Jordyn Porter, ext 108 (Billing)  
 Jordyn.porter@peoriaymca.org

### REGISTRATION INFORMATION

#### Registration Fee is due at the time of registration (\$35/family)

Weekly payments will be drafted from a bank account the **Monday** morning of each week. Any other payment options must be approved by the billing coordinator at the time of registration.

Child's Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

School Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### Emergency Contact (Name & Phone Number):

Please provide 2 contacts

\_\_\_\_\_

\_\_\_\_\_

#### Child's Physician (Name & Phone Number):

\_\_\_\_\_

#### List of any medical conditions (ex: asthma, diabetes, epilepsy, etc):

\_\_\_\_\_

#### List of allergies:

\_\_\_\_\_

#### List of current medications:

\_\_\_\_\_

\_\_\_\_\_

#### What church/faith community do you belong to?

\_\_\_\_\_

Swim lesson? (Circle One)      YES      NO

If yes, how many?

\_\_\_\_\_

What are some of the skills, values, milestones your child needs to develop? \*Please list any behavior, social, emotional, physical or cognitive skills you feel your child needs to grow in.

\_\_\_\_\_

\_\_\_\_\_

**Authorized Pick Up List** (Individuals must be on this list and show ID in order to pick up child)

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**NOT Authorized To Pick Up**

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**Will child be using Child Care Connection (CCC)?** (Circle One)

YES

NO

Please contact Jordyn Porter to process paperwork.

## Summer Activities

- **Daily Swimming** in our outdoor pool
- Swim **Lessons** twice a week with our qualified swim instructors (\$96 value!)
- Art projects, games and field trips make the week so much fun
- Sports games like Sponge Tag, Water Balloon Volleyball, and Water Hose Limbo
- Team building activities that can create friendships for a lifetime
- Science projects
- Nature walks
- Field Trips (schedule on website)

**6:30-8:30 am** Drop-off Times  
Free Play

**9 am- Morning Ceremony**

**9:30-noon** Morning Stations

**Noon-12:30** Lunch and Afternoon Activity Set-up

**3:00pm Closing Ceremony**

**12:30-4 pm** Afternoon Stations

**4-6 Recreation Games**

## Weekly Themes

- **Week 1: Around the Word -June 6-10**
- **Week 2: Scavenger Hunt -June 13-17**
- **Week 3: Space Week -June 20-24**
- **Week 4: Garden Grow - June 27-1**
- **Week 5: Marvel Universe -July 5-8**
- **Week 6: Olympics -July 11-15**
- **Week 7: Shark Week -July 18-22**
- **Week 8: Around the Word -July 25-29**
- **Week 9: Summer Bash- Aug 1 & 2**

## THINGS TO BRING

Book Bag

Swim Suit

Towel

Sunscreen

Refillable Water Bottle

Tennis Shoes





# Payment Authorization Form Greater Peoria Family YMCA

I would like the Billing Coordinator to contact me for billing questions.    YES    NO

### Authority to Draw ACH Debits or Drafts for Day Camp Payments

Name of Bank: \_\_\_\_\_

Checking

Routing Number: \_\_\_\_\_

Savings

Account Number: \_\_\_\_\_

### Authority to Draw ACH MasterCard, Visa or Discover for Day Camp Payments

Name on Card: \_\_\_\_\_

MasterCard

Credit Card #: \_\_\_\_\_

Visa

Expiration Date: \_\_\_\_\_ CVC: \_\_\_\_\_

Discover

(3 digit code on back of card)

Member: \$155/week/child

Non-Member: \$215/week/child

Registration Fee: \$35/family

Registration fee is due at the time of registration. The account listed above will be drafted on Monday morning of each camp week.

I give authority to the above referenced bank to honor preauthorized checks drawn by the Greater Peoria YMCA on my account for program payments as indicated above. I understand that I am financially responsible for all payments from my account. Should weekly tuition fees not be honored by my bank or credit card for any reason, I agree to be responsible for that payment, plus a \$20 returned payment fee applied by the Greater Peoria Family YMCA.

I agree to give the Greater Peoria Family YMCA written notification of any change/cancellation of this payment arrangement, which must be received by the Billing Coordinator at the YMCA no later than the Thursday preceding the Monday withdrawal. After receipt of written notification, the YMCA will change or stop the weekly draft payments. In the case of cancellation, I understand that failure to follow this policy will result in continued debits/charges to my account until written authorization is received.

I have read this agreement and understand all the provisions set forth above.

Signature of Depositor \_\_\_\_\_ Date \_\_\_\_\_

# DISCIPLINE POLICY

**Any program member, staff, or volunteer leader who violates this code is subject to discipline, up to and including removal from the program.** The Peoria Family YMCA is a youth-serving, community-based membership organization dedicated to providing our mission: To put Christian principles into practice through programs that build healthy spirit, mind and body for all. Participation in the organization's programs is subject to the observance of the organization's rules and procedures. The activities outlined in the following list are strictly prohibited.

- Abusive language toward a staff leader, volunteer, or another program member
- Possession or use of alcoholic beverages or illegal drugs on Peoria Family YMCA property or reporting to the program while under the influence of drugs or alcohol
- Bringing onto YMCA property dangerous or unauthorized materials such as explosives, firearms, weapons, or other similar items
- Discourtesy or rudeness to a fellow program member, staff leader, or volunteer
- Verbal, physical, or visual harassment of another program member, staff leader, or volunteer
- Actual or threatened violence toward any individual or group
- Conduct endangering the life, safety, health, or well-being of others
- Failure to follow any agency policy or procedure
- Bullying or taking unfair advantage of any program member
- Failing to cooperate with an adult supervisor, leader, or mentor
- Not demonstrating the YMCA values of honesty, caring, respect, and responsibility.

I have read and I understand the YMCA Code of Conduct for Youth and Teens. I agree to abide by the rules described above and understand that I may be removed as a participant if I violate any of these rules.

## AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

This information will be kept in the possession of the Greater Peoria Family YMCA. A copy will be distributed to the person in charge of each activity in which the student/minor participates. Should the need arise this information will be given to the proper medical authorities. I,

\_\_\_\_\_ [parent/guardian], understand that in the case of illness or injury to my child, \_\_\_\_\_ [child's name], the YMCA and will try to notify me or the person I have listed above as an emergency contact. In case of medical emergency concerning my child, at a time when I or my listed emergency contact cannot be notified, I grant full power to the Greater Peoria Family YMCA to 1) arrange for the transportation of my child, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including but not limited to, an emergency room of a hospital, a doctor's office, or a medical clinic; and 2) sign releases as may be required in order to obtain any medical or surgical treatment as is required in the judgment of medical authorities at the facility.

## PUBLICITY FORM

On occasion, the Greater Peoria Family YMCA takes photographs or makes an audio or video recording of children and/or adults involved in activities. Such photographs or video records may be used by staff and participants to remember the activities or participants. In addition, such photographs and audio/visual recordings may be used in publications or advertising materials to let others know about the YMCA. Also, local news organizations may learn about the YMCA's activities or events, and the YMCA may invite or allow them to photograph or record such events to be used, distributed, or displayed as the agents of the YMCA see fit.

I hereby expressly grant to the Greater Peoria Family YMCA the right, privilege and license to use the picture or likeness of my child/children in any photograph, movie, video production or any other forms of media publication and to use the verbal or written statements or declarations of my child/children for the purpose of publicizing, fostering and promoting the YMCA and its programs, or for any other purpose in furtherance of the mission of the YMCA.

**Signature or Parent/Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_

**RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT**

In consideration of participating in activities, and for other good and valuable consideration, I hereby agree to **release** and **discharge from liability** arising from negligence **Greater Peoria Family YMCA** and its owners, directors, officers employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that participating in **Physical & Recreational** activities involves known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, broken bones, torn ligaments or other injuries as a result of falls or contact with other participants; death as a result of drowning or brain damage caused by near drowning in pools or other bodies of water; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. I **expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees.** My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. I **hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct.** Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.
5. In the event that I file a lawsuit, I agree to do so in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

**By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.**

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. **I have read and understood this document and I agree to be bound by its terms.**

**Signature** \_\_\_\_\_ **Print Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Telephone ( \_\_\_\_\_ )** \_\_\_\_\_ **Date** \_\_\_\_\_

**PARENT OR GUARDIAN ADDITIONAL AGREEMENT**

**(Must be completed for participants under the age of 18)**

In consideration of \_\_\_\_\_ (PRINT minor's names) being permitted to participate in this activity, I further agree to indemnify and hold harmless releases from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent or Guardian \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

(If notarization is necessary, please sign & stamp this side of form.)

## 2022 Summer Academic and SEL DATA Parental Release Form

Physical COPY of this to be SIGNED and keep in file

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade: \_\_\_\_\_ School \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Name: \_\_\_\_\_

\_\_\_\_\_ For the current 2018-2022 school year I give my permission as the legal parent/guardian of the above named student I authorize Peoria Public Schools District #150 and/or the above listed school to release the following Panorama Social Emotional Learning Screener data, academic and attendance quarterly reports cards, academic progress reports, school attendance records, standardized test scores (ISAT, PSAE, SAT or ACT), grade attainment and graduation information to YMCA staff:.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Outcome Measurement Release:

For the current 2022 school year I, \_\_\_\_\_ give permission to the Greater Peoria Family YMCA, and its designees to collect, review and record data on my child, this data gathering may include, but is not restricted to the following: Assessment tools, surveys and/or interviews about his/her knowledge, attitudes, strengths, skills, and behaviors in regards to risk-taking behaviors and habits, education and educational resources, positive relationships, career choices, connection to community, overall satisfaction with the YMCA program, and academic and school department data from report cards and other school reports. School data will be collected throughout the school year. I understand that the purpose of these assessment tools, surveys and interviews is to document the impact of the program on its participants, and to identify areas for program improvement. I also understand that this information will remain private, and that only my child's site director and assigned research assistants will be able to look at his/her assessment tools, survey and interview responses. I understand that my child's responses will be grouped together with the responses of other sites for any public presentations of their finding, and that my child will not be individually linked to his/her responses. In addition, I understand that I can take back my permission at any time, and that my permission automatically stops when the child leaves the program.

# YMCA Social Work Authorization Registration Form

**Social Worker Information**

**Today's Date:** \_\_\_\_\_

Name (*Last, First, MI*): \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Gender: M F Age \_\_\_\_\_ YMCA Member: Y N

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Position/Title: \_\_\_\_\_

**Case Load/Client- Please Email any changes/schedule to  
Jordyn.porter@peoriaymca.org**

First & Last Name	Age	Male/ Female	Scheduled Day/Time of Visit
		Male/ Female	
		Male/ Female	
		Male/ Female	
		Male/ Female	
		Male/ Female	
		Male/ Female	

Additional Counselors assigned to Social Worker/Case Load:

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-----please submit badge and personal ID-----  
(Photocopy below)