

Child's
Name _____

Grade 26/27

Required Registration Information Checklist

(Please initial each item below to ensure complete registration)

Registering for:

Day Camp

	<u>Parent/Guardian Initials</u>	<u>Staff Initials</u>
Child Enrollment Form	_____	_____
Parent's Health Statement	_____	_____
Signed Immunization Request Form	_____	_____
Immunization Records from Physician	_____	_____
Medication Authorization Form (Mark N/A if no prescribed medications are required)	_____	_____
Authorized Pick Up List	_____	_____
Parent Handbook Reviewed (available online at mexicoymca.org)	_____	_____
EFT or Credit Card for Weekly Program Fees (charged on Monday of each week)	_____	_____
Photo Release Form	_____	_____

*****Please complete all forms. If a line or form is not applicable put N/A*****

Immunization Request Form

Mexico Are Family YMCA Day Camp Program

Child Care Licensing for the State of Missouri requires each child to provide a record of immunizations or an immunization exemption for enrollment in this program. These records can be obtained by your child's physician and turned in with your child enrollment forms or the physician may **fax** a copy to us at **573-581-1210**.

If you have any questions, please contact the YMCA at 573-581-1540.

I understand that my child may not attend the Day Camp program until immunizations records have been received by the Mexico YMCA.

Parent/Guardian Signature

Date

Authorized Persons to Pick-up

Child's Name _____

The following persons will be authorized to pick up my child from Day Camp:
(The child will not be released to anyone who is not listed on this form)

Please list name and phone number for each person.

In the event that I will need to call and arrange for alternate transportation for my child, I will supply the YMCA staff with my child's date of birth and the password: _____

Parent Signature _____
Date

Children will utilize various areas throughout the Mexico Area Family YMCA facility. These areas include the Kennen Center, Y Cafe, Fitness Room #1, YMCA Shelter Park, and other local parks. By Signing below you give permissions for your child to travel to these spaces.

Parent Signature _____
Date

Mexico Area YMCA

Summer Day Camp Information

The YMCA conducts fingerprinting background screening on all child care staff..

The YMCA Summer Day Camp Program strives to provide a safe, fun, and instructive environment for children entering kindergarten through fifth grade.

***If you have a special needs child that may need 1:1 attention, our program may not be best suited for your child. Please meet with the YMCA Director and Camp Directors prior to registering your child so we can be better equipped to work with your child.**

Summer Day Camp: June 29th-August 7th (Dates are subject to change)

During Summer Day Camp we will have an early bird drop-off from **7:00 am** - 8:30 am. Day Camp activities will begin at 9:00 am at the YMCA. We encourage you to have your children present by this time. Day Camp ends at 5:30 pm. If your child is not picked up by this time, there is an extra fee of \$5 per every 15 minutes per child to be paid at time of pick up.

Meals:

We participate in the summer food program. Your child will receive a free **breakfast, lunch and afternoon snack.**

The Mexico YMCA participates in the SFSP- Summer Food Service Program and receives reimbursements for meals. This is a Federally Funded Program through USDA.

What to Wear and Bring to Camp:

The following is a list of items that should be sent with your child to camp. Please send these items in one bag so there are fewer items lost.

- Swimming Suit (bring each day)
- Beach Towel (bring each day)
- Water Bottle (**Please label with your child's name**)
- Glasses Case (if needed to prevent breaking or losing when swimming)
- Sunscreen (we will not provide sunscreen for your child under any condition but we will help them put it on daily)

- Tennis Shoes** (PLEASE no sandals other than for the pool area; wearing sandals prevents children from participating in some activities.)
- Play Clothes (please send your child in clothes you do not mind getting dirty) If your child is wearing a skirt or dress, we will **require** them to wear shorts underneath.

What NOT to Bring to Camp:

- ❑ **Electronic Devices (phone, handheld games, iPads, etc.)**
- ❑ Money or personal items from home
- ❑ Snack (unless needed for medical reasons)

Summer Day Camp Activities and Programs

Swimming: We will be utilizing the Mexico City Pool. Children are allowed to use floatation devices. For safety reasons we will ask the children to wear a color-coded wristband while in the pool so that supervisors can easily identify their swimming abilities. All children will be swim tested prior to swimming.

Field Trips: We will be doing onsite field trips as well as local field trips in our community. We ask that on these days campers please wear their day camp T-shirts. We will transport to and from these locations and we will not need any extra chaperones. If a field trip requires fees we will let the parents know ahead of time to collect the fees. Fees are usually no more than \$5.00/child.)

Camp Policies and Procedures

Communication: We will try our best to keep a strong communication line between parents and counselors. If at any time you have questions or concerns please do not hesitate to speak to any counselor at any time. We will have phones available to call or text. Phone numbers will be given at a later date.

Sign In and Sign Out: Parents **must** accompany their child to the campsite daily to sign them in to our care. We will not accept a child without their parents being there. Please do not send a sibling under sixteen years of age to sign your child out.

If someone is not listed on your AUTHORIZED TO PICK-UP LIST and is picking up your child please notify us. (We will not allow your child to leave with anyone not listed)

Accidents: Staff will treat any injury that is brought to their attention. If a child is injured and needs medical attention, parents will be notified immediately.

Illness: Camp is no place for sick children. We will call you to pick up your child if he/she is:

- ❑ Running a fever of 100 or above
- ❑ COVID-19
- ❑ Vomiting or Diarrhea
- ❑ Lice or nits
- ❑ Undiagnosed Rashes
- ❑ Other Contagious Disease/Symptoms

**Children need to remain home for at least 24 hours or until no longer contagious. Please read the Parent Handbook (mexicoymca.org) for a full list of illnesses and our procedures for them.*

Financial Information for the Summer of 2026

The registration fee for day camp is \$35.00 to be paid at the time you register your child. This fee covers a day camp t-shirt and supplies we will be using throughout the summer.

Day Camp 2026 Pay rates		
	Member	Non-Member
1 Child	\$135	\$165
2 Children	\$270	\$320
3 Children	\$390	\$480
4 Children	\$520	\$640

Full weekly fees are due for each week.

*******Once your child is registered the weekly fees will be charged for the duration of the program, with or without your child's attendance.**

In the event that the YMCA only offers Day Camp for 2 days or less in a week you will be charged \$25 per day per child.

**** Weekly fees must be paid by automatic draft coming from credit card, debit card or EFT. Fees will be withdrawn on the Monday of the current week.**

Mexico YMCA Admissions Agreement

ACKNOWLEDGEMENT/AGREEMENT – As the parent or legal guardian of the below named child, I understand, agree to and/or acknowledge the following:

1. I acknowledge that I have read a copy of the YMCA Day Camp Parent Handbook and will comply with the policies set forth by the YMCA. Our Handbook is located on our website at mexicoymca.org.
2. All field trips, either by walking or YMCA Vans are a part of the day camp program activities and I give my child permission to participate and to be transported.
3. Authorization for the YMCA to take photographs, videos, motion pictures and/or sound recordings of the participant or members of the participant's family. I further grant the YMCA permission to use the photographs, videos, motion pictures and/or sound recordings in its general publicity materials.
4. That the YMCA may terminate my child's enrollment for any of the following reasons:
 - a) Non/Late/NSF payment of fees
 - b) Behavior that is continually disruptive or dangerous to others and/or self
 - c) Behavior that is destructive to property and/or refusal to replace said property
 - d) Any single incident that is deemed by the Camp Director to be dangerous, harmful or disruptive
 - e) Harassment, violent behavior or threat of such behaviors against a staff person
5. That YMCA and staff employed by the YMCA will not become involved in any custodial disputes between parent/guardian. If YMCA documents are requested, the court must request them. The staff's responsibility is to provide a safe environment for children.
6. I acknowledge that the YMCA day camp will be outside in the sun for extended periods of time and will be swimming in the outdoor pool so it is my responsibility to provide my child with sunscreen.
7. I hereby give permission for the camp staff to apply sunscreen on my child.

Please let us know your child's swimming ability:

Non-Swimmer (my child cannot swim)

Some Swimming Abilities (my child can swim, but is not advance)

Advanced Swimmer (my child is a proficient swimmer)

Shirt Size (Choose One):

Child's Preferred Name: _____

Parent/Guardian Name (print)

Child's Name (print)

Parent/Guardian Signature

Date

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YMCA PHOTO/AUDIO VISUAL/NARRATIVE RELEASE

I am 18 years of age or older and, if not, my parent or legal guardian has also provided their consent by signing below.

Consent & License. For my participation in activities to be conducted by the National Council of Young Men's Christian Associations of the United States of America ("YMCA of the USA") or any of its chartered member associations in the United States (collectively "the Y"), and collaborating third parties, I consent, now and for all time, to the making, reproduction, editing, broadcasting or rebroadcasting of:

- video film or footage of me,
- sound track recordings of me
- photo reproductions of me
- any narrative account of my experience

My consent includes a perpetual license to the Y and collaborating third-parties for the use of the above materials for publication, display, sale or exhibition in promotions, advertising, education and commercial uses. Use includes reproductions in any form and media currently existing or later conceived, adaptations and/or revisions, throughout the world in perpetuity.

I understand and agree there may be no additional compensation for this license, and I will not make any claim for payment of any kind from the Y or collaborating third-parties. I may, or may not be, identified in such licensed uses; however, my name will not be used to endorse any particular products or services.

Ownership, Confidentiality, and Shared Use. With respect to any of the above uses, I further agree:

- All works shall belong to YMCA of the USA;
- The Y has no duty of confidentiality regarding any licensed uses;
- YMCA of the USA shall exclusively own all known or later existing rights to the uses throughout the world;
- The Y and collaborating third-parties may use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account for any purpose without additional compensation to me.

Release from Liability. I agree that my consent is irrevocable. I hereby release and discharge The Y and collaborating third-parties, from any and all claims, actions, lawsuits or demands of any kind arising out of my consent, license grants, uses, or the shared uses of any works or materials referenced herein.

Signature: _____

Date: _____

Printed Name: _____

Age: _____

Address: _____

I am the parent or legal guardian of (child's name). I hereby consent and grant the licenses detailed in the foregoing on behalf of my minor child.

Signature of parent or legal guardian: _____

Printed name: _____



CHILD CARE ENROLLMENT FORM

FACILITY/PROVIDER NAME	ADMISSION DATE	DISCHARGE DATE
CHILD'S NAME	GENDER	BIRTHDATE
CHILD'S ADDRESS (STREET, CITY, STATE, ZIP CODE)		

IDENTIFYING INFORMATION

PARENT/GUARDIAN NAME	TELEPHONE NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS CHILD'S ADDRESS <input type="checkbox"/>	
EMAIL ADDRESS	
EMPLOYER OR SCHOOL	WORK/SCHOOL SCHEDULE
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER
PARENT/GUARDIAN NAME	TELEPHONE NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS CHILD'S ADDRESS <input type="checkbox"/>	
EMAIL ADDRESS	
EMPLOYER OR SCHOOL	WORK/SCHOOL SCHEDULE
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER

If you or a member of your immediate family ever served in the U.S. Armed Forces, [click here for more information about military-related services in Missouri](#) or visit www.dese.mo.gov/veterans-services.

EMERGENCY CONTACT AND PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY OTHER THAN PARENT (AT LEAST ONE EMERGENCY CONTACT IS REQUIRED)

NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBER(S)
ADDRESS (STREET, CITY, STATE, ZIP CODE)		
NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBER(S)
ADDRESS (STREET, CITY, STATE, ZIP CODE)		

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**COMMENTS ON CHILD'S DEVELOPMENT
(PERSONAL DEVELOPMENT, BEHAVIOR, PATTERNS, HABITS, & INDIVIDUAL NEEDS)**

RELATED CHILD

<input type="checkbox"/> Yes <input type="checkbox"/> No	CHILD'S RELATION TO CHILD CARE PROVIDER
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ETHNIC AND RACE INFORMATION (YOU ARE NOT REQUIRED TO ANSWER THIS SECTION)

Are you of Hispanic or Latino origin? Yes No

What is your race? (Select one or more.)	<input type="checkbox"/> American Indian or Alaskan native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> White
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CHILD'S PROJECTED ATTENDANCE SCHEDULE AND ANY VARIATIONS EXPECTED

CACFP REQUIREMENT

Will child attend: <input type="checkbox"/> Full time <input type="checkbox"/> Part time Check what days your child will attend.		When does your child usually arrive each day?	When does your child usually leave each day?	Describe any changes or variations in usual attendance, including shift changes.
Monday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Tuesday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Wednesday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Thursday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Friday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Saturday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Sunday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	

MEALS YOUR CHILD IS USUALLY GIVEN AT THIS FACILITY

Breakfast Morning snack Lunch Afternoon snack Supper Evening snack None

HOLIDAYS YOUR CHILD IS IN CARE AT THIS FACILITY

<input type="checkbox"/> New Year's Day <input type="checkbox"/> Martin Luther King, Jr.'s Birthday <input type="checkbox"/> Lincoln's Birthday <input type="checkbox"/> Washington's Birthday	<input type="checkbox"/> Easter <input type="checkbox"/> Truman Day <input type="checkbox"/> Memorial Day <input type="checkbox"/> Juneteenth <input type="checkbox"/> Independence Day	<input type="checkbox"/> Labor Day <input type="checkbox"/> Columbus Day <input type="checkbox"/> Veterans Day <input type="checkbox"/> Thanksgiving Day <input type="checkbox"/> Christmas Day
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AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I understand that I will be notified at once in the event of an emergency with my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make the necessary arrangements, or in a critical emergency requiring medical care, I authorize

_____ (CHILDCARE FACILITY NAME)

to contact the following:

PHYSICIAN OR CLINIC

NAME	TELEPHONE NUMBER
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PREFERRED HOSPITAL

NAME	TELEPHONE NUMBER
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ACKNOWLEDGMENTS

A	I have received a copy of this facility's policies pertaining to the admission, care, and discharge of children.	PARENT/GUARDIAN INITIALS
B	I have been informed that a copy of the licensing rules for child care home or the licensing rules for group child care homes and centers is available at this facility for review.	PARENT/GUARDIAN INITIALS
C	The provider and I have agreed on a plan for continuing communication regarding my child's development, behavior, and individual needs.	PARENT/GUARDIAN INITIALS
D	When my child is ill, I understand and agree that s/he may not be accepted for care or remain in care.	PARENT/GUARDIAN INITIALS
E	I understand that, before the first day of attendance by my child, I will provide proof of completed age-appropriate immunizations or exemption from immunizations.	PARENT/GUARDIAN INITIALS
F	I <input type="checkbox"/> do <input type="checkbox"/> do not give permission for field trips/excursions. I understand that I will be notified in advance when they are planned.	PARENT/GUARDIAN INITIALS
G	I <input type="checkbox"/> do <input type="checkbox"/> do not give permission for the facility to transport my child.	PARENT/GUARDIAN INITIALS
H	I have been informed and have received a copy of the facility's safe sleep policy when enrolling a child less than one (1) year of age.	PARENT/GUARDIAN INITIALS
I	I have been notified that I may request notice at initial enrollment or at any time thereafter whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed.	PARENT/GUARDIAN INITIALS

PARENT/GUARDIAN SIGNATURE	DATE
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CACFP REQUIREMENT	FIRST ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE
	SECOND ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE
	THIRD ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE

USDA Nondiscrimination Statement

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To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW Washington,
D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
program.intake@usda.gov

This institution is an equal opportunity provider.



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
OFFICE OF CHILDHOOD - CHILD CARE COMPLIANCE
SCHOOL-AGE CHILD HEALTH REPORT

IDENTIFYING INFORMATION

CHILD'S NAME	BIRTHDATE
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HEALTH STATEMENT (CHECK ONE)

- My child is in good health, is able to participate in group care, has no special health or medical requirements.
- My child is able to participate in group care but has special health or medical requirements as listed below.

SCHOOL-AGE CHILD'S SPECIAL HEALTH OR MEDICAL REQUIREMENTS

PLEASE LIST ANY ALLERGIES, SPECIAL MEDICAL CONDITIONS, INCLUDING CHRONIC HEALTH PROBLEMS (SUCH AS ASTHMA, SEIZURES), BEHAVIORAL DISORDERS, SPECIAL NEEDS, ETC.

PARENT OR LEGAL GUARDIAN SIGNATURE	DATE
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