



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Duneland Family YMCA Camp Shorwau Application/Intake Agreement

## 2021 YMCA Camp Shorwau

### Advance Payment Form

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ T-shirt size \_\_\_\_\_  
(Entering Fall 2021)

Child's Name: \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ T-shirt size \_\_\_\_\_  
(Entering Fall 2021)

Child's Name: \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ T-shirt size \_\_\_\_\_  
(Entering Fall 2021)

Parent's Name: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

Please check the program you are registering your child for:

Weekly M-F    Daily    Summer School Weekly M-F

Attendance Program	Rates
Weekly M-F	\$127 per week per child
Summer School Weekly M-F	\$80 per week per child
Daily Rate (per day)	\$32 per day per child
Annual Camp Program Fee	\$55 per child
<ul style="list-style-type: none"> <li>Please register by 6:00pm the <b>WEDNESDAY PRIOR</b> to the week you wish to attend camp. Attendance request not received by the deadline will be subject to a \$10 late fee per camper. Email to register <a href="mailto:billing@dunelandymca.org">billing@dunelandymca.org</a></li> <li>Payments will be drafted each Monday of the current week of care with our convenient electronic draft system</li> <li>No credits nor refunds except for hospitalization or death in immediate family. Credits will not be issued to accounts with balance due; the credit will be applied toward the balance</li> <li>Each additional child in the same family will receive 10% off the lower weekly tuition rate for the first child and 10% off the weekly tuition rate for each additional child in the same family</li> <li>Any form of payment returned from the bank as unpaid will be subject to a \$30 NSF fee</li> <li>Camp Hours are 9:00a.m.-4:00p.m.; extended care is provided from 6:00-9:00a.m. and 4:00p.m.-6:00p.m. for no additional charge</li> <li>Campers may need to arrive earlier than 9:00a.m. on Field Trip days. (please see weekly information sheet)</li> </ul>	

Please select the days you are registering your child for:

Week:	Dates:	Theme	Camp 9am-4pm	Weekly Fee
Week #1	June 7-11	Camp Life	M T W R F	Fee \$ _____
Week #2	June 14-18	The Kingdom of Camp Shorwau	M T W R F	Fee \$ _____
Week #3	June 21-25	My Camp's Got Talent	M T W R F	Fee \$ _____
Week #4	June 28-July2	Mysteries, Maps, & Riddles	M T W R F	Fee \$ _____
Week #5	July 5-9	Space Exploration	M T W R F	Fee \$ _____
Week #6	July 12-16	Game Show Mania	M T W R F	Fee \$ _____
Week #7	July 19-23	Silly Scientists	M T W R F	Fee \$ _____
Week #8	July 26-30	Pawsome Pets	M T W R F	Fee \$ _____
Week #9	Aug 2-6	Fear Factor	M T W R F	Fee \$ _____
Week #10	Aug 9 & 10	Final Farewell	M T	Fee \$ _____



Office use only

Enrollment Date: \_\_\_ / \_\_\_ / \_\_\_  
Admission Date: \_\_\_ / \_\_\_ / \_\_\_  
Withdrawal Date: \_\_\_ / \_\_\_ / \_\_\_

Persons legally responsible for Camp Shorwau:  
Duneland Family YMCA Board of Directors  
David Kasarda, CEO

**Camper Information (C1)**

First: \_\_\_\_\_ M.I. \_\_\_\_\_ Last: \_\_\_\_\_ D.O.B. \_\_\_ / \_\_\_ / \_\_\_

Nickname/Preferred Name: \_\_\_\_\_ Gender:  Male  Female

Additional Campers					
	First & Last Name	M.I.	Nickname/Preferred Name	D.O.B.	Gender
C2				/ /	M / F
C3				/ /	M / F
C4				/ /	M / F

**Parent/Guardian Information**

**Parent/Guardian 1**

(Primary account holder, responsible for all charges and fees; first to be contact in the event of any situation)

First: \_\_\_\_\_ Last: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  Cell  Home E-mail: \_\_\_\_\_  Work  Personal  
(Please Check) (Please Check)

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Days/Hours: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Parent /Guardian 2**

First: \_\_\_\_\_ Last: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  Cell  Home E-mail: \_\_\_\_\_  Work  Personal  
(Please Check) (Please Check)

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Days/Hours: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Name of Parent/Legal Guardian who has legal custody: \_\_\_\_\_

Camper primarily lives with: \_\_\_\_\_

Any custody arrangements we should be aware of: \_\_\_\_\_

If a court order exists preventing an individual from having contact with a camper, Camp Shorwau will comply with the order. A copy of the court order will be kept in the camper file.

**Authorized Pick-ups**

Please provide a minimum of three designated individuals, other than a parent/guardian, authorized to remove your camper from the premise.

**Authorized Pick Up #1**

First: \_\_\_\_\_ Last: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_  Cell  Home (Please Check) Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Home (Please Check)

**Authorized Pick Up #2**

First: \_\_\_\_\_ Last: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_  Cell  Home (Please Check) Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Home (Please Check)

**Authorized Pick Up #3**

First: \_\_\_\_\_ Last: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_  Cell  Home (Please Check) Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Home (Please Check)

**Emergency Pick-ups**

Please provide a minimum of two designated individuals, other than a parent/guardian, authorized to remove your camper from the premise in the event of illness or another emergency. These individuals will be contacted in the event a parent/guardian cannot be reached.

**Authorized Emergency Pick Up #1 Please use Authorized Pick up # \_\_\_\_\_**

First: \_\_\_\_\_ Last: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_  Cell  Home (Please Check) Work Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

**Authorized Emergency Pick Up #2 Please use Authorized Pick up # \_\_\_\_\_**

First: \_\_\_\_\_ Last: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_  Cell  Home (Please Check) Work Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

**Emergency Medical Treatment Permission**

As parent/legal guardian, I give consent to have my child(ren) receive first aid by the YMCA staff, emergency medical treatment by emergency personnel, and to be transported to receive emergency care, if necessary. I understand that I will be responsible for all charges not covered by my insurance. I give consent for the emergency contact person listed above to act on my behalf until I am available. I agree to update this information with the administration office whenever a change occurs.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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**Medical Information Special Conditions, Disabilities, Allergies, or Medical Information for Emergency Situations**

<b>Medical Information &amp; Allergies</b>			
	<b>Allergies</b>	<b>Medications</b>	<b>Health Concerns/Special Conditions</b>
C1			
C2			
C3			
C4			

**Medical Contacts**

**Camper's Usual Source of Medical Care**

Name \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

**Camper's Usual Source of Dental Care**

Name \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

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**TUITION POLICY**

**Tuition and Payment Policy**

**TO ENSURE CONSISTENT INCOME, WHICH IS NECESSARY FOR EFFICIENT PROGRAMMING, PARENTS MUST ADHERE TO THE FOLLOWING POLICIES:**

**PAYMENT DUE** Payments are to be paid each Monday of the current week of care with our convenient electronic draft system. Please complete the tuition express form and attach a voided check.

Any form of draft payment returned from the bank as unpaid will be subject to a \$10.00 NSF fee. A draft payment that continues to be returned for insufficient funds after the second draft attempt will be assessed an additional \$20.00 late fee for each week past due. If a balance is unpaid after the second week, your camper's enrollment will be discontinued. Fees past due, as well as legal fees (including court fees and attorney fees), are the parent's responsibility.

Parents who prefer to pay by written check or money order must submit a non-refundable full payment in advance for the whole amount of Summer Camp.

Any paper check payment returned from the bank for insufficient funds will be subject to a \$35.00 NSF fee. If a balance is unpaid after the second week, your child(ren)'s enrollment will be discontinued. Fees past due, as well as legal fees (including court fees and attorney fees), are the parent's responsibility.

**SIBLING DISCOUNT**

Each additional camper in the same family will receive 10% off the lower weekly tuition rate.

**FINANCIAL ASSISTANCE**

Anyone is eligible to apply for financial assistance. Awards are made based on demonstrated financial need, based on our guidelines and available funds. Financial assistance is granted for a defined time period, typically 6 – 12 months.

**WHEN MY CAMPER IS SICK OR ABSENT**, I understand that Camp reserves my camper's slot every week with my weekly payment. Therefore, Camp Shorwau has a no refund policy except if the camper is hospitalized or a death in the immediate family. If the camper does not attend the weeks that were pre-registered or pre-paid there is no refund nor credit adjustment. This is due to staffing costs and supplies which are pre-planned. Changes to planned enrollment before the weekly draft can be done by contacting the billing department by email, [billing@dunelandymca.org](mailto:billing@dunelandymca.org) by at least Wednesday the week prior. In addition, I understand that I am responsible for medical fees incurred for sickness or accident when my child(ren) is enrolled for care at the program.

**POLICY ABOUT CAMPERS LEFT AFTER CLASS CLOSING TIME**

Camper are expected to be picked up by closing time. A charge of \$1.00 per 1 minute will be assessed per camper to any family picking up after 6:00 p.m. (closing time).

If contact is not made with the YMCA Camp office, and an authorized individual, provided in writing by the parent/legal guardian, does not pick a camper up within 30 minutes after closing time, Child Protective Services will be contacted for guidance and staff will follow their recommendations.

Please note: When the payment date reflected above falls on a Holiday the Duneland Family YMCA, will process the payment on the next available business day.

Please initial that you have read and understand the above policy

**PERMISSIONS**

**Parent/Guardian Consent**

Please read and check off each statement and initial at the bottom that you understand.

- I give the YMCA permission, without limitation or obligation, to use photography, video, or audio recordings of my camper participating in the YMCA Camp Shorwau programs for the promotion or interpretation of the YMCA.
- I give permission for my camper to participate in field trips with the understanding that advance notice and details will be provided. Campers are transported in a bus contracted by a bus transportation service, and driven by a licensed, experienced driver.
- I give permission for my camper to participate in extracurricular activities, such as field trips, inflatable days, and special guests at Camp. I understand that I will be informed of a schedule prior to these activities.
- I give permission for my camper to view G and PG rated movies to my camper. Movies are only shown for education purposes, special events, or Holidays.
- I give permission for my camper to participate in swim lessons, open swim, and water activities, and I will provide my camper’s swimsuit and towel. Water activities include, but not limited to, sprinkler, outdoor splash pad, swimming pool, etc.
- I give permission for the YMCA to assist my camper with applications of sunscreen if needed. I will apply the first layer prior to arrival at the program. I will provide my camper with enough sunscreen to keep at Camp for later day applications. I understand the products must be in a sealed original container with my camper’s name clearly labeled on the outside of the container.
- I give permission for my camper to have Kona Ice. Please indicate what type of Kona Ice your camper may have
  - Regular       Sugar Free
- I give permission for the YMCA to use the preventative products checked below without a physician’s order. I will supply the products to the Camp for my camper. I understand the products must be in a sealed original container with my camper’s name clearly labeled on the outside of the container.
  - Sunscreen (must be checked)     Sunscreen Provided by Camp
  - Insect repellent                       Non-medicated powder       Petroleum jelly       Chap Stick
  - Soap     Lotion

Please initial that you have read and understand each statement

**POLICY AND AGREEMENTS**

**Bureau of Child Care Division of Family Resources Safe Transportation of Food Responsibility**

Food must be brought to the facility in a clean, insulated, sanitizable container, which keeps cold food at 41° F or below and hot food at 135° or above. Heat ups are not permitted at camp because campers may eat lunch at a park or other area without a microwave. Field trip days require a cold sack lunch, so everything can be disposed of. Containers and lunches must be clearly labeled with the camper’s name. Plastic bag is preferred on field trip days.

I take full responsibility for the safety of my camper(ren)’s food during preparation, storage, and transportation to the facility.

Parent/Guardian Signature

Date

## **Parental Agreements**

Please keep and refer to the Duneland Family YMCA Camp Shorwau Parent Policies and Procedures Handbook for the full list of policies and procedures in detail. These policies and procedures are very important for the safety and protection of your camper.

Please carefully read the statements below:

I understand all information pertaining to admission, health, family, or discharge of my camper is confidential. The Director may share information with local law authorities, Child Protective Services, or the Division of Family and Children.

I understand that I am not to leave my camper at Duneland Family YMCA Camp Shorwau unless a YMCA staff or volunteer is there to receive and supervise my camper.

- ✓ I understand that I must make sure that a staff member is aware of my camper's arrival and departure. I will sign my camper in and out by name and time of arrival and departure.
- ✓ I understand that my camper will not be allowed to leave the program with an unauthorized person. I will not be allowed to make last minute arrangements on the telephone to allow an unauthorized individual to pick up.
- ✓ I understand any change of information, including Authorization for Pick-Up, must be done on a "Student Data Change Form." Forms are available from the Camp office; It is my responsibility to give the form to the Youth Program Director, Lisa Stojanovich.
- ✓ I understand that should a person arrive to pick up my camper who appears to be under the influence of drugs or alcohol; and insists on removing my camper from the facility staff will report the incident to the local police agency, for the camper safety.
- ✓ I understand that the YMCA is mandated by State law to report any suspected cases of camper abuse or neglect to the appropriate authorities for investigation.
- ✓ I understand the program is closed for all major national holidays as outlined in the handbook.
- ✓ I understand that morning snack will be offered to campers who are in attendance at Camp before 7:15 a.m. Breakfast and snacks will be served daily to the campers in attendance.
- ✓ I understand if my camper becomes ill, my emergency contact person will be called to pick up my camper if a Parent/Guardian is not able to be reached. If my camper or any other immediate household member has developed any reportable communicable disease, as defined by the State Board of Health. I agree to notify Camp Administration immediately. I agree my camper will be fever and symptom free for at least 24 hours before attending the program (COVID restrictions may lengthen the time required for exclusion from the program).
- ✓ I understand that Updated Immunizations must be provided before my camper can be registered for camp.
- ✓ I understand I will be notified of any significant occurrences or problems which affect my camper, including exposure to communicable disease.
- ✓ I have read and understand the program has the right to deny admittance or withdraw any camper whose behavioral or physical needs cannot be met by the existing policies or whose behavior is such that it creates a danger to other campers. Camp Shorwau will provide me written reasons for refusal to admit or provide care to my camper.
- ✓ If the YMCA must hire a lawyer for any reason relating to my camper (i.e., custody issues, pickup authorization, etc.), I will pay for the YMCA's expenses and legal fees, whether the YMCA must appear in court or not.

**My initial confirms that I have read and understand the Acknowledgement of Parental Agreement.**

Please initial that you have read and understand the above statement

## Demographic Information:

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The following questions are geared towards the sponsor/household of the registering participant. This information is used for grant writing purposes only. Without this information it is a challenge for us to qualify for available funding sources.

### What is your age?

- 25 or under
- 26-40
- 41-55
- 56 or older

### How do you identify your ethnicity?

- Asian/Pacific Islander
- African American
- Native American/Alaska Native
- Hispanic/Latino
- Caucasian
- Multiracial/Multiethnic
- Middle Eastern
- Other: \_\_\_\_\_

### What is your current marital status?

- Married
- Single
- Separated
- Divorced
- Widowed
- Other: \_\_\_\_\_

### What is your current household income?

- \$0-\$24,999
- \$25,000-\$49,999
- \$50,000-\$74,999
- \$75,000-\$99,999
- \$100,000-\$149,999
- \$150,000 or more

### How did you hear about our Early Learning Center?

- Online/Social Media
- Newspaper
- Flyer
- Radio
- Friend/Family member
- Current participant  
*If so, whom? We would like to recognize them* \_\_\_\_\_
- Other: \_\_\_\_\_

What language do you prefer? \_\_\_\_\_

Are you a YMCA Member?  Yes  No

Which YMCA: \_\_\_\_\_

Do you use other YMCA programs?  Yes  No

Indicate which programs you use below

- Aquatics  Health & Wellness  Camp
- Sports  Arts  School Age
- Other: \_\_\_\_\_



## Getting to Know You

Thank you for registering your camper for our program. We are looking forward to meeting him/her. Our staff will be planning training and activities to meet the needs of each camper. Please take a few minutes to complete this form. Please note that the information you give is confidential and will be shared only with the people responsible for the direct supervision of your camper. Also, be assured that no information given will be used as grounds to exclude your camper from our program. The more information you share will mean the better we can serve your camper; each camper will need a form completed.

### Basic Information

Camper's Name: \_\_\_\_\_ Prefers to be Called: \_\_\_\_\_

Age: \_\_\_\_\_ Sex (circle one): M F DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Does your camper have an IFSP/IEP? Yes No

\*If yes, please provide a copy of information that will help us support your camper

Does your camper have a developmental disability, delay or special need? Yes No

Please list your camper's disability, delay or special need? \_\_\_\_\_

Please list any special equipment that your camper will be bringing with them or will need while participating in our program. \_\_\_\_\_

Please check or list any programs that describe activities or groups in which your camper has been a participant within the past two years.

#### Community Recreational Programs my Camper Enjoys:

Dance	Arts & Crafts	Music	Drama	Martial Arts	Gymnastics
Sports	Swimming	Library	Park District Programs	Church Programs	

Other: \_\_\_\_\_

#### Family Activities my Camper Enjoys:

TV	Music	Walks	Vacations	Board Games	Card Games
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Pet's	Local Outings	Computer Games	Other: _____
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### School Experiences

To help us serve your camper best, if your camper has formal behavioral supports or programs, please describe and attach a copy. \_\_\_\_\_

Is your camper frightened by anything? (storms, animals, loud noises, etc.) \_\_\_\_\_

Does your camper have a security object? \_\_\_\_\_

Please add any information that may help the staff in establishing connections between our program participants. This could include important people in your camper's life: (siblings, extended family members, friends, other important adults, family pets, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Getting to Know Your Camper's Needs**

Please mark an X for each category, please write or attach comments for any category needing assistance or dependent on adults.

<b>Communicating</b>	<b>Independent</b>	<b>Needs Some Assistance</b>	<b>Depends on Adults</b>	<b>Comments</b>
Listening & Understanding				
Communicating needs & wants				
Expressing ideas & thoughts				
Participating in conversations				
<b>Physical Moving</b>	<b>Independent</b>	<b>Needs Some Assistance</b>	<b>Depends on Adults</b>	<b>Comments</b>
Sitting				
Standing				
Changing positions				
Getting around				
<b>Participating</b>	<b>Independent</b>	<b>Needs Some Assistance</b>	<b>Depends on Adults</b>	<b>Comments</b>
Responding to new experiences				
Completing tasks				
Transitioning between activities				
<b>Program Activities</b>	<b>Independent</b>	<b>Needs Some Assistance</b>	<b>Depends on Adults</b>	<b>Comments</b>
Swimming				
Sports/games				
Walking				

**Please check/write the appropriate information below, attach additional page if needed.**

<b>Hearing:</b>	Oral Deaf	Hearing-Impaired	Wears Aides
<b>Vision:</b>	Wears Glasses	Limited Vision	Blind
<b>Heat tolerance:</b>	Good	Fair	Poor

**Emotions**

What makes your camper happy? \_\_\_\_\_

What upsets your camper? \_\_\_\_\_

Anything else we should know about your camper's emotions? \_\_\_\_\_

**Additional information**

Does your camper depend on a caregiver?  Yes  No

If yes, please detail the role of the caregiver. (NOTE: a caregiver is different than the teachers that will assist your camper in our program. If your camper regularly depends on a caregiver, we need to plan with you to have that caregiver available.) \_\_\_\_\_

Please list the top three reinforcements you use with your camper at home or you know that teachers use in a school setting (i.e. trigger words, behavior management techniques, rewards, etc.) Please understand that use of external reinforcers like candy and toys will be limited in our program setting. Verbal and time reinforcers are the tools our staff will utilize most often.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Thank you for filling out all information relevant to your camper. Please attach any additional information you feel is important that we did not ask about. We look forward to serving you and your camper in our program.



# Duneland Family YMCA Camp Shorwau

## Parent Notice/Ending Statement

### Ending Statement

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#### Acknowledgement Receipt of Parent Policy and Procedures Handbook

Duneland Family YMCA Camp Shorwau is a legally licensed exempt program by the State of Indiana. We aspire to provide the highest quality care and education possible by meeting and exceeding all requirements of the State of Indiana. The policies and procedures outlined in the Parent Policy and Procedure Handbook allow us to maintain high standards in providing a safe, healthy, and productive Camp.

My signature confirms that I have been issued, read, and understand the policies and procedures written in the Duneland Family YMCA Camp Shorwau Parent Policy and Procedure Book and I agree to follow all policies and procedures written in the policy book. I understand that the procedures and policies may change at any time at the sole discretion of the Duneland Family YMCA with or without prior notice to all participants.

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Parent/Guardian Signature

Parent/Guardian Printed Name

Date

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Administrator Signature

Administrator Printed Name

Date

*Revised February, 2020*