

Child's Name: _____ Grade Entering: _____ TShirt Size: _____

Start Date: _____ Arrival Time: _____ Departure Time: _____

Titusville YMCA – Summer Day Camp Agreement

<p>Schedule: June 8 – August 14, 2026 Monday – Friday 7:30 AM – 5:30 PM</p>	<p>Rates: 4-5 Days: \$135 1-3 Days: \$105 *15% discount for sibling(s)</p>	<p>Weekly payments are due by Friday before the week of care. For your convenience, we highly recommend setting up automatic payments, which can be easily managed through the YMCA website.</p>
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Day Camp Payment Schedule 2025

Select Camp Weeks:	Select the days that your child will attend:	Rate:
<input type="radio"/> Week 1 – June 8-12: Welcome To Summer!	<input type="radio"/> M <input type="radio"/> T <input type="radio"/> W <input type="radio"/> R <input type="radio"/> F	\$ _____
<input type="radio"/> Week 2 – June 15-19: Funky Physics – Spin, Collide, and Slide	<input type="radio"/> M <input type="radio"/> T <input type="radio"/> W <input type="radio"/> R <input type="radio"/> F	\$ _____
<input type="radio"/> Week 3 – June 22-26: The Great Camp Mystery – CSI Week	<input type="radio"/> M <input type="radio"/> T <input type="radio"/> W <input type="radio"/> R <input type="radio"/> F	\$ _____
<input type="radio"/> Week 4 – June 29- July 2: Junior Rangers – National Parks Week	<input type="radio"/> M <input type="radio"/> T <input type="radio"/> W <input type="radio"/> R <input type="radio"/> F	\$ _____
<input type="radio"/> Week 5 – July 6-10: Summer of Invention Week	<input type="radio"/> M <input type="radio"/> T <input type="radio"/> W <input type="radio"/> R <input type="radio"/> F	\$ _____
<input type="radio"/> Week 6 – July 13-17: Nature Navigators	<input type="radio"/> M <input type="radio"/> T <input type="radio"/> W <input type="radio"/> R <input type="radio"/> F	\$ _____
<input type="radio"/> Week 7 – July 20-24: Under the Sea! Ocean Explorers	<input type="radio"/> M <input type="radio"/> T <input type="radio"/> W <input type="radio"/> R <input type="radio"/> F	\$ _____
<input type="radio"/> Week 8 – July 27--31: The Land Down Under	<input type="radio"/> M <input type="radio"/> T <input type="radio"/> W <input type="radio"/> R <input type="radio"/> F	\$ _____
<input type="radio"/> Week 9 – August 3-7: Epic Disney Adventures	<input type="radio"/> M <input type="radio"/> T <input type="radio"/> W <input type="radio"/> R <input type="radio"/> F	\$ _____
<input type="radio"/> Week 10 – August 10-14: End of Summer Blast!	<input type="radio"/> M <input type="radio"/> T <input type="radio"/> W <input type="radio"/> R <input type="radio"/> F	\$ _____

Families unable to qualify for subsidies through ELRC may apply for a YMCA scholarship. Once the family has received an ELRC denial or waitlist letter, the letter, along with the households 2 most recent paystubs or financial assistance documents may be submitted for scholarship consideration.

ELRC Co-pay \$ _____/week

YMCA Scholarship \$ _____/week

Services Provided

The Titusville YMCA provides licensed childcare, including supervision, nutritious meals through the food program, and engaging, developmentally appropriate activities tailored to each age group during the specified program dates and hours.

Parent Acknowledgement

I, the parent/guardian, certify that I have read, understand and accept all of the terms and conditions in the Parent/Guardian Agreement.

- Only people listed as emergency contacts will be permitted to pick up my child. I agree to update emergency contact and parent information when any changes occur or every 6 months.
- Parents are responsible for payment for all selected weeks, regardless of attendance. I understand that cancellations must be submitted at least two weeks in advance to avoid being charged for that week.
- I understand that payments are due the Friday of the week before services are provided, and that if I fall behind on payments, my child may be dis-enrolled from the program until paid in full.
- I understand that a late pick-up fee of \$1 for every minute per child may be charged when a child is left past the center's closing time.

Parent Signature Date

Child Care Director Signature Date

DAY CAMP ENROLLMENT PACKET



Camper Name: _____

Emergency & Medical Information Update Form

To ensure the safety and well-being of your child during Summer Camp, we require updated emergency and medical information for the current camp season. Please complete all sections below. If there are no changes, please indicate "No Changes" where applicable.

CHILD INFORMATION

Child's Full Name: _____ Date of Birth: _____
Address: _____ Age: _____ Gender: _____
Phone Number: _____

EMERGENCY CONTACT INFORMATION

Please list at least two emergency contacts other than a parent/guardian.

Emergency Contact #1

Name: _____ Relationship to Child: _____
Phone Number: _____ Alternate Phone (if available): _____

Emergency Contact #2

Name: _____ Relationship to Child: _____
Phone Number: _____ Alternate Phone (if available): _____

Emergency Contact #3

Name: _____ Relationship to Child: _____
Phone Number: _____ Alternate Phone (if available): _____

Emergency Contact #4

Name: _____ Relationship to Child: _____
Phone Number: _____ Alternate Phone (if available): _____

MEDICAL INFORMATION

Allergies

(Include food, environmental, medication, insect, etc. If none, write "None.")

Medical Conditions / Diagnoses

(Include asthma, diabetes, seizure disorders, behavioral or emotional considerations, etc.)

Current Medications

(List medication name, dosage, time given, and reason. If none, write "None.")

Medication: _____

Dosage: _____ Time Given: _____

Reason: _____

Medication: _____

Dosage: _____ Time Given: _____

Reason: _____

Additional medication details (if needed):

SPECIAL INSTRUCTIONS / ADDITIONAL NOTES

(Include dietary restrictions, activity limitations, health plans, or other relevant information.)

PARENT / GUARDIAN CONFIRMATION

I confirm that the above information is accurate and up to date for the current Summer Camp season. I understand it is my responsibility to notify the camp in writing of any changes.

Parent/Guardian Name (Print): _____

Signature: _____ Date: _____

DAY CAMP ENROLLMENT PACKET

Camper Name: _____

Welcome to Summer Day Camp! We are excited to have you as part of the YMCA family. Our staff are planning amazing and extraordinary summer activities for your camper to experience!

This Summer Day Camp Enrollment Packet must be submitted in its entirety for each child to attend the Titusville YMCA Summer Day Camp.

Without this completed step, we are not permitted to accept your child into care. Once completed, paperwork should be emailed to the director, Stephanie Roberts at Titusville YMCA at sroberts@titusvilleymca.org or faxed to our fax number at 814-775-0359. Paperwork can also be dropped off at the YMCA Education Center office.

We look forward to sharing the best summer ever with you and your camper!

IMPORTANT INFORMATION

- **Enrollment packet may be typed but all signature boxes do require physical signatures.**
- **All lines on the Emergency Contact/Parent Consent form must be completed** or the packet will be returned for corrections. If a particular line does not apply, please ensure it is marked N/A. **"Same as above" or "Same" cannot be used on the forms.**
- **All information, including duplicate information, must be filled in per DHS childcare state regulations.**
- **Billing for summer camp will be due and processed on Friday for the upcoming week.** Automatic payments can be set up through your account on the Titusville YMCA website—www.titusvilleymca.org.
- **All students are asked to be here by 9:00 AM.**
- Please provide us with an updated email for welcome information and payment link.

BEHAVIORAL POLICY

I understand that my child must treat all teachers and staff, other children and students, and all YMCA property with respect. If my child is unable to follow the rules set in place by the YMCA Education Center, they will be written up and given a behavioral warning/write up. On the final write up, my child will not be able to return to the program. The Behavioral warning/write ups are listed below—

- **First Offense** (Parent was notified and camper's incident was addressed)
- **Second Offense** (Parent was notified and camper was sent home for the day)
- **Third Offense** (Parent was notified and camper is out of camp for a full week)
- **Final Offense** (Parent was notified and camper is removed from the Camp Program and unable to return)

_____ (Parent/Guardian Signature) _____ (Date)

DAY CAMP ENROLLMENT PACKET

Camper Name: _____

PARENT STATEMENT OF UNDERSTANDING

- I understand that my child will take part in all camp activities under supervision of our trained staff.
- I understand that all fees must be paid before my child attends day camp, and that all fees are due the Friday before the start of each camp week.
- I understand that a completed health report must be turned in before my child attends day camp.
- I understand that anyone who picks up my child may be asked to show ID when picking up my child.
- I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child must be listed on the emergency contact list or other arrangements must be made by calling the YMCA Education Center to inform them of the changes.
- I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, staff may have no recourse but to contact the police for the child's safety.
- I understand that the state law mandates the YMCA to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that if my child becomes a threat to themselves or others, they may be asked to leave the program and it will be my responsibility to pick them up from the Education Center.

DAY CAMP POLICY AGREEMENTS

Day Camp – Registration Confirmation

I understand that my registration is not complete until required paperwork is received and confirmed by the YMCA.

Day Camp – Registration Fee/Deposit Policy

I understand that day camp registration fees and deposits are non-refundable and nontransferable.

Day Camp – Payment Policy

I understand that full payments are due weekly on the Friday before each week of Day Camp. For those using ELRC, paperwork must be completed prior to the beginning of day camp. **I understand that if payment has not been made, my child will not be able to participate and should not be brought to the Summer Day Camp.** If financial hardship is the reason for non-payment, I can apply for financial assistance through the Early Learning Resource Center and the YMCA.

Day Camp – Cancellation Policy

I understand that I must inform the YMCA via email to sroberts@titusvillemca.org at least 7 days before the start of the registered week if I want to cancel. **Failure to do so will leave me responsible for payment in full.**

Day Camp – Refund Policy

I understand that refunds will not be issued for reasons of personal schedule conflict or change of plans. Restrictions due to medical reasons will require documentation.

I understand that in order to take part in the YMCA Summer Day Camp program I must agree to and abide by all of the policy statements above. Failure to do so may result in termination from the program.

(Parent/Guardian Signature) _____ (Date)

DAY CAMP ENROLLMENT PACKET

Camper Name: _____

Sunscreen Application Permission

Yes **No** – I give permission for YMCA staff to apply sunscreen to my child as needed. I understand that I must provide sunscreen labeled with my child's name, which will be stored safely out of reach when not in use.

Yes **No** – I give permission for my child to apply sunscreen to themselves in accordance with PA DHS Regulation 3270.113 (Child Medication).

Siblings and other children may assist each other with sunscreen application. YMCA staff will not apply sunscreen on your child without your permission as indicated above. However, staff will remind children to reapply sunscreen throughout the day.

Parent/Guardian Name

Parent/Guardian Signature

Date

Behavior Policy Agreement

At the YMCA, explanation and redirection are the primary methods of discipline. We understand that children may need occasional guidance, and minor behavioral issues will be handled with appropriate coaching and support. However, repeated or serious behavioral concerns that disrupt the program, pose a safety risk, or demonstrate a lack of respect for staff, other participants, or YMCA property will result in the following disciplinary steps:

- **First Offense:** Parent/guardian is notified, and the incident is addressed with the child.
- **Second Offense:** Parent/guardian is notified, and the child is sent home for the remainder of the day.
- **Third Offense:** Parent/guardian is notified, and the child is suspended from the program for one full week.
- **Final Offense:** Parent/guardian is notified, and the child is permanently removed from the YMCA program.

This policy is in place to ensure a safe, respectful, and positive environment for all participants.

By signing below, I confirm that I have read and understand the YMCA's behavior policy, and I have discussed the expectations and consequences outlined in the policy with my child.

Parent/Guardian Name

Parent/Guardian Signature

Date

DAY CAMP ENROLLMENT PACKET

Camper Name: _____

Titusville YMCA – Child Care Parent/Guardian Fee Agreement

Full Time Part Time Monday Tuesday Wednesday Thursday Friday

Child's Arrival Time: _____ Child's Departure Time: _____

Tuition amount per week: _____

CCIS Co-pay (if applicable): _____

Payments are due by Friday of the week before childcare services are provided.

Services provided as part of the child care fee: The Titusville YMCA will provide care, food program meals, supervision and developmentally appropriate activities for the age group during the hours listed below.

Program Hours: 7:30 AM – 5:30 PM

A Late Pick-Up fee of \$1 for every minute per child may be charged when a child is left past the center's closing time.

I understand that tuition is based on enrollment selection, not attendance. Families are welcome to take up to two weeks (5 consecutive days) of vacation each calendar year without being charged for those weeks. Beyond these two weeks, regular charges will apply regardless of attendance. I will notify the YMCA at least 2 weeks prior to "vacation" weeks.

Only people listed as emergency contacts will be permitted to pick up my child. Anyone not listed will need my pre-authorization before my child is released to that person.

I agree to update my emergency contact/personal information whenever changes occur or every 6 months.

I understand that payments and CCIS co-payments are **due by Friday of the week before childcare services are provided**. If I fall behind in payments I understand that my child may be dis-enrolled from the program until paid in full.

I certify that I have read, understand and accept all of the terms and conditions in the Parent/Guardian Agreement.

Parent Signature

Date

Childcare Director Signature

Date

Child's Name			Birthdate	Gender
Age	School attending:	Homeroom Teacher	Grade in 2025/2026:	Does your child have an IEP:

Days and times my child will attend: (ALL STUDENTS MUST BE DROPPED OFF BETWEEN 7:30 AND 9:00 AM)

Date:	Monday	Tuesday	Wednesday	Thursday	Friday
Time:					



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Legal Guardian #1 Name (Authorized to Pick-up)	Best Phone Number
Home Address	Email Address
Place of Employment	Work Telephone Number
Employment Address	
Legal Guardian #2 Name (Authorized to Pick-up)	Best Phone Number
Home Address	Email Address
Place of Employment	Work Telephone Number
Employment Address	

Emergency Contacts - Names and phone numbers of persons to be contacted in the event a legal guardian is not available. Your child will only be released to the guardian's listed at the top of the sheet and those authorized as a pick-up person below. A Photo ID is required.

Emergency Contact Person # 1 Name	Relationship to Child:	Phone Number
Home Address		
Emergency Contact Person # 2 Name	Relationship to Child:	Phone Number
Home Address		
Emergency Contact Person # 3 Name	Relationship to Child:	Phone Number
Home Address		
Student resides with: (check one)		
<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Mother/Step Father <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Grandparents <input type="checkbox"/> Foster Parent		
Who has custody:	Does parent/guardian have court ordered custody papers?	

Child's Name	Primary Guardian's Name
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Medical Information – All boxes must be completed; write N/A if not applicable.

List ALL allergies that your child has:	Does your child use an Epi-Pen?
List any special conditions, disabilities, or medical issues your child has:	Does your child use an inhaler?
List any medication your child takes daily, including the name of the medication, the dosage amount, time of day taken, how often, and reason for taking each medication.	
Name of Child's Physician/Medical Care provider	Phone Number
Address of Practice	
Health Insurance Coverage for child (REQUIRED)	Policy Number (REQUIRED)

Parent/Guardian signature is required for each item listed below to indicate consent. Consent is required for items listed with an asterisk (*).

Obtaining Emergency Medical Care*	
Short Walks	
Emergency Transportation by the Facility* (Utilized for emergency relocation)	
Transportation by the Facility for Field Trips (only when advanced notice is provided)	
Administration of family provided sunscreen	
Administration of Minor First Aid*	
Administration of facility provided hand sanitizer	
Name of child in press release/social media	
Pictures/videos of my child in press release/social media	

Per DHS regulations, every six (6) months the legal guardian must reaffirm that all emergency contact information is up to date on page one (1) of this form and acknowledge that they continue to provide the permissions on page two (2). The legal guardian is responsible for updating these pages immediately, if any changes are to occur.

Legal Guardian's Printed Name:	Legal Guardian's Signature	Initial Date
Legal Guardian's Printed Name:	Legal Guardian's Signature	Review Date
Legal Guardian's Printed Name:	Legal Guardian's Signature	Review Date

The Titusville YMCA is committed to the policy that all persons shall have access to all of its programs, facilities, and employment without discrimination based upon race, religion, color, creed, sex, national origin, age, physical or mental disability or financial hardship.