



2021 SUMMER CAMP REGISTRATION FORM

HOW TO REGISTER

1. IN PERSON REGISTRATION

Completed registration forms along with the down payment or full camp fees may be dropped off at the Sheboygan YMCA, Sheboygan Falls, YMCA or Camp Y-Koda.

2. EMAIL REGISTRATION FORM

Complete our fillable PDF pages and email the completed forms over to us, by clicking the button below. It will bring you to your email, and give you the option of attaching any additional documents or to write an email to our registrar. Once all documents are attached, click send! A representative will contact you to discuss payment information.



3. MAIL REGISTRATION FORM

You can mail all completed registration forms and payment.

4. FAX REGISTRATION FORM

You can fax all completed registration forms and payment information.



CONTACT INFORMATION

YMCA CAMP Y-KODA

W3340 Sunset Road
Sheboygan Falls, WI 53085
P 920-467-6882 • F 920-451-8019

Terese Carroll, Billing & Registration
tcarroll@sheboygancountyymca.org

SHEBOYGAN YMCA

812 Broughton Drive
Sheboygan, WI 53081
P 920-451-8000 • F 920-451-8019

Terri Keppler, Billing & Registration
tkeppler@sheboygancountyymca.org

SHEBOYGAN FALLS YMCA

305 Buffalo Street
Sheboygan Falls, WI 53085
P 920-467-2464 • F 920-467-4641

Karen Meyer, Billing & Registration
kmeyer@sheboygancountyymca.org

Please choose your child's camp and transportation options by checking the boxes below.

CAMP Y-KODA AND MAYWOOD 2021 REGISTRATION FORM

Camper LAST Name _____ FIRST Name _____ Birth Date _____ Age _____

Camper FIRST Name

Camper LAST Name

<input checked="" type="checkbox"/> WEEK 1: 6/14-6/18, 2021	<input checked="" type="checkbox"/> WEEK 4: 7/5-7/9, 2021	<input checked="" type="checkbox"/> WEEK 7: 7/26-7/30, 2021	<input checked="" type="checkbox"/> WEEK 10: 8/16-8/20, 2021
Extended Care	Extended Care	Extended Care	Extended Care
Day Camp	Day Camp	Day Camp	Day Camp
Pee Wee Camp	Pee Wee Camp	Pee Wee Camp	Pee Wee Camp
Blast From the Past Camp	Choose Your Own Adventure Camp	Advanced Fishing Camp	Bedazzled Camp
Boots and Saddles Camp	Junior Kayak Camp	Boots and Saddles Camp	Kiwi Creations II Camp
Buggin' Out Camp	Mini All Week Pool Party	Color Wars Camp	Little Ninjas Camp
Counselor in Training Camp	Neverland Camp	Mini Survivor Camp	Twisted Sports Camp
Parkour Camp	Zombie Apocalypse Resident Camp	Stranded Resident Camp	Apostle Islands Adventure Camp
Timber Play Camp		Maywood Mini Quarry Quest	
		Maywood The Great Bake-Off	
<input checked="" type="checkbox"/> WEEK 2: 6/21-6/25, 2021	<input checked="" type="checkbox"/> WEEK 5: 7/12-7/16, 2021	<input checked="" type="checkbox"/> WEEK 8: 8/2-8/6, 2021	<input checked="" type="checkbox"/> WEEK 11: 8/23-8/27, 2021
Extended Care	Extended Care	Extended Care	Extended Care
Day Camp	Day Camp	Day Camp	Day Camp
Pee Wee Camp	Pee Wee Camp	Pee Wee Camp	Pee Wee Camp
Boots & Saddles II Camp	Asteroids & Orbits Camp	Boots and Saddles II Camp	High Ropes Camp
High Ropes Camp	Glamping Camp	Bullseye Camp	Mini Wet 'n Wild Camp
Jurassic Island Adventure Camp	Mini Arts & Crafts Camp	Great Unbirthday Camp	Season Finale Camp
Kiwi Creations Camp	Ninja Warrior Camp	Mini Super Sports Camp	
Mermaids & Tritons Camp	Road America Racing Camp	Tenting It Camp	
Safari Camp	Maywood Capture the Flag Camp	Pictured Rocks Adventure Trip	
	Maywood Mad Hatter Tree Party	Maywood Quarry Quest Camp	
		Maywood Woodland Workshop	
<input checked="" type="checkbox"/> WEEK 3: 6/28-7/2, 2021	<input checked="" type="checkbox"/> WEEK 6: 7/19-7/23, 2021	<input checked="" type="checkbox"/> WEEK 9: 8/9-8/13, 2021	PLEASE NOTE: The completed 2021 registration forms on pages 15 - 18 are required for each camper AT THE TIME OF REGISTRATION. A Day Care Immunization Record is required for all children. You may: • Contact your child's doctor for a copy and attach it to the registration forms. • Obtain a copy on-line at https://www.dhfswir.org and attach it to the registration forms. • Fill out the form on page 18.
Extended Care	Extended Care	Extended Care	
Day Camp	Day Camp	Day Camp	
Pee Wee Camp	Pee Wee Camp	Pee Wee Camp	
Amazing Animals Camp	Archery Basics Camp	BB Gun Camp	
Carpenter's Apprentice Camp	Boots and Saddles Camp	Boots and Saddles Camp	
Slimy Arty Party Camp	Mid-Summer Mania Camp	Hook, Line & Sinker Camp	
Summer Olympic Games Camp	Mini Wet 'n Wild Camp	Mad Scientist Camp	
Wildman's Adventure Trip	Rocks/Ropes/Climb Adventure Camp	Thrill Seekers Camp	
	Maywood Quarry Quest Camp	Wet 'n Wild Camp	
	Maywood Wild Child Camp		
<input checked="" type="checkbox"/> CAMP Y-KODA TRANSPORTATION		<input checked="" type="checkbox"/> MAYWOOD TRANSPORTATION	
<input checked="" type="checkbox"/> TO Camp Y-Koda	<input checked="" type="checkbox"/> FROM Camp Y-Koda	<input checked="" type="checkbox"/> TO Maywood	<input checked="" type="checkbox"/> FROM Maywood
None: Parent Drop-off	None: Parent Pick-up	None: Parent Drop-off	None: Parent Pick-up
Sheboygan YMCA	Sheboygan YMCA	Sheboygan YMCA	Sheboygan YMCA
North High School	North High School	North High School	North High School
Cleveland Park	Cleveland Park	Cleveland Park	Cleveland Park
Maywood	Maywood	<input checked="" type="checkbox"/> EXTENDED CARE	<input checked="" type="checkbox"/> YMCA MEMBERSHIP
South High School	South High School	<input checked="" type="checkbox"/> Location	<input checked="" type="checkbox"/> YMCA Member
Kohler Elementary School	Kohler Elementary School	Sheboygan YMCA	Yes
Sheboygan Falls YMCA	Sheboygan Falls YMCA	Sheboygan Falls YMCA	No
		Camp Y-Koda	

2021 CAMPER, CONTACT AND HEALTH INFORMATION

- Please fill out registration information completely. Submit a separate form for each camper. Forms may be copied.
- Registration forms must be on file prior to your child attending camp at Camp Y-Koda or Maywood.
- The Day Care Immunization Record is required for all children.

T-SHIRT SIZE

- Youth Small Youth Medium Youth Large
 Adult Small Adult Medium Adult Large

FRIEND REQUEST - MUST ATTEND SAME CAMP!

Friend's Name _____

Week _____ Camp _____

Week _____ Camp _____

Friend's Name _____

Week _____ Camp _____

Week _____ Camp _____

CAMPER INFORMATION Please print clearly!

Camper's Name _____

Birth Date _____ M F

Address _____

City _____ State _____ Zip _____

Phone 1 _____ Phone 2 _____

PRIMARY CONTACT INFORMATION

Name _____

Relationship to Camper _____

Phone 1 _____ Phone 2 _____

Email Required _____

SECONDARY CONTACT INFORMATION

Name _____

Relationship to Camper _____

Phone 1 _____ Phone 2 _____

Email Required _____

ADDITIONAL EMERGENCY CONTACT

Name _____

Relationship to Camper _____

Phone 1 _____ Phone 2 _____

Is this person authorized to pick up child? Yes No

PHYSICIAN/MEDICAL FACILITY INFORMATION

Physician Name _____

Phone 1 _____ Phone 2 _____

Address - Medical Facility _____

City _____ State _____ Zip _____

PARENTAL AUTHORIZATION FOR CHILD OVER AGE 7

16

Authorization for Child over Age 7	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
I authorize my child to carry bee sting medication, an inhaler, insulin syringe, other medication or device.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

CAMP EXPERIENCE

Does child have prior camp experience? Yes No

If yes, please specify _____

HEALTH HISTORY AND EMERGENCY CARE PLAN

1. Please check any special medical condition your child may have.

- No specific medical condition
- Asthma
- Cerebral Palsy/motor disorder
- Diabetes
- Epilepsy/seizure disorder
- Gastrointestinal or feeding concerns including special diet and supplements
- Any disorder including Cognitively Disabled, LD, ADD, ADHD or Autism
- Other condition requiring special care - specify:

- Milk allergy
if child is allergic to milk, attach statement from medical professional including the acceptable alternative
- Food allergies - specify foods:

- Non-food allergies - specify:

2. Triggers that may cause problems - specify.

3. Signs or symptoms to watch for - specify.

4. Steps the child care provider should follow. If prescription or non-prescription medications are necessary, a copy of the **Authorization to Administer Medication** form (available on camp's website) should be attached to this form.

5. Identify any staff to whom you have given specialized training/instructions to help treat symptoms.

- a. _____
- b. _____
- c. _____

6. When to call parents regarding symptoms or failure to respond to treatment:

7. When to consider that the condition requires emergency medical care or reassessment:

8. Additional information that may be helpful to camp:

2021 AUTHORIZATIONS AND PAYMENT INFORMATION

SUNSCREEN/INSECT REPELLENT AUTHORIZATION

The sunscreen or repellent should be labeled with the child's name.

SUNSCREEN AUTHORIZATION		<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
I authorize the center to apply sunscreen to my child.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
I authorize the center to allow my child to self-apply sunscreen.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sunscreen Brand	Ingredient Strength		
INSECT REPELLENT AUTHORIZATION		<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
I authorize the center to apply insect repellent to my child.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
I authorize the center to allow my child to self-apply insect repellent.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Insect Repellent Brand	Ingredient Strength		

BUS AND FIELD TRIP PERMISSION

Bussing: I hereby authorize Camp Y-Koda to transport my child by bus to and from Camp Y-Koda or Maywood at the bus stop that I have specified on page 15. I understand that either myself or one of the persons indicated below as an authorized pick-up person must be present to pick up my child. I have read and understand the above statements and I grant my permission as indicated by my signature.

Field Trips: I hereby authorize Camp Y-Koda to transport my child back and forth from Camp Y-Koda or Maywood for field trips.

Parent Signature _____

AUTHORIZED PICK-UP PERSON

In the event that I am not available to call or pick up my child, the bus driver and/or camp staff are permitted to leave my child with:

Name _____

Phone 1 _____ Phone 2 _____

Relationship to Child _____

Name _____

Phone 1 _____ Phone 2 _____

Relationship to Child _____

Driver's license or photo ID is required to show proof of identity. If the above named person is not present, the child will be taken to the Sheboygan YMCA.

SPECIAL ACTIVITIES PERMISSION AT CAMP Y-KODA

I hereby authorize my child to participate in the following activities:

- | | | |
|------------------------------------|------------------------------|-----------------------------|
| Archeryage 7 and older | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| BB Gunage 9 and older | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Climbing Wallage 9 and older | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sling Shots.....age 7 and older | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

CAMPER SWIMMING SKILLS

Please check all that apply.

- My child enjoys the water.
- My child can float.
- My child will jump from the side.
- My child is comfortable in chest-deep water.
- My child can swim 10 - 20 yards.
- My child can swim 25 yards.

TOTAL COST OF SUMMER CAMP

Total Camp Fees	\$
Less 10% Early Bird Discount until 4/1/21*	\$
<i>*Child must go to TWO or more weeks to receive early bird discount.</i>	
Total Extended Care @ \$25.00 per Week	\$
Total Bus Service Fee @ \$15.00 per Week	\$
One Time Registration Fee	\$ 15.00
Total Amount Due	\$
AMOUNT DUE AT TIME OF REGISTRATION	
\$25.00 Deposit per Week of Camp	\$
One Time Registration Fee	\$ 15.00
Down Payment Due	\$
Balance Due (Total less down payment)	\$

- Please see page 10 for detailed registration information.
- If you email or fax the completed forms, payment information may be listed below -OR- you can call and provide a credit card number.
- REGISTRATIONS WILL NOT BE PROCESSED WITHOUT PAYMENT.

CANCELLATION POLICY/NON-REFUNDABLE FEES

- The \$15.00 registration fee and all \$25.00 camp deposits are non-refundable under any circumstances.
- Any payment made in addition to required down payment is refundable only if we are notified of cancellation in writing by May 1, 2021.
- There are no refunds on cancellations received after May 1, 2021.
- The \$15.00 per week bussing fee is non-refundable.

PARTICIPATION AND PAYMENT AGREEMENT

I approve this application and certify that the applicant is capable of such an experience. I grant permission for the applicant to participate in all planned camp activities, including out-of-camp trips by van, bus or hiking. In case of accident or illness, the YMCA is authorized to secure emergency medical treatment. Prudent attempts will be made to contact the parents immediately. The YMCA is not responsible for lost, stolen or damaged personal articles. I also authorize the YMCA to have and use photographs and videos of the person named on this application as may be needed for its public relations programs. I agree to waive any claims against the YMCA and its members and volunteers for injuries or damages that may result from the conduct of other persons including participants in YMCA programs.

I agree to pay the balance of camp fees prior to the payment schedule on page 11. We cannot hold reserved space past that date without full payment. All change and cancellation requests must be made in writing. I understand no refunds are given if a child leaves early because of homesickness or for disruptive behavior as determined by the Executive Director.

Parent Signature _____

Date _____

PAYMENT INFORMATION

- Cash
- Check # _____ (payable to Sheboygan County YMCA)
- Credit Card (VISA, Mastercard or Discover)
 - Card # _____
 - Expiration Date _____ Security Code _____

Receipt # _____ Date _____

Amount \$ _____ Staff _____

CHILD CARE IMMUNIZATION RECORD

COMPLETE AND RETURN TO CHILD CARE CENTER. State law requires all children in child care centers to present evidence of immunization against certain diseases within **30 school days (6 calendar weeks) of admission to the child care center**. These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the child care center. See "Waivers" below. If you have any questions about immunizations, or how to complete this form, please contact your child's child care provider or your local health department.

PERSONAL DATA PLEASE PRINT

STEP 1

Child's Name (Last, First, Middle Initial)	Date of Birth (Month/Day/Year)	Area Code/Telephone Number
Name of Parent/Guardian/Legal Custodian (Last, First, Middle Initial)	Address (Street, Apartment number, City, State, Zip)	

IMMUNIZATION HISTORY

STEP 2 List the MONTH, DAY AND YEAR the child received each of the following immunizations. DO NOT USE A (√) OR (X) except to indicate whether the child has had chickenpox. If you do not have an immunization record for this child, contact your doctor or local public health department to obtain the records.

TYPE OF VACCINE	First Dose Month/Day/Year	Second Dose Month/Day/Year	Third Dose Month/Day/Year	Fourth Dose Month/Day/Year	Fifth Dose Month/Day/Year
Diphtheria-Tetanus-Pertussis (Specify DTP, DTaP, or DT)					
Polio					
Hib (Haemophilus <i>Influenzae</i> Type B)					
Pneumococcal Conjugate Vaccine (PCV)					
Hepatitis B					
Measles-Mumps-Rubella (MMR)					
Varicella (chickenpox) vaccine Vaccine is required only if the child has not had chickenpox disease.					

Has the child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known.
 Yes year _____ (Vaccine is not required)
 No or Unsure (Vaccine is required)

REQUIREMENTS

STEP 3 The following are the minimum **required** immunizations for the child's age/grade at entry. All children within the range must meet these requirements at child care entrance. Children who reach a new age/grade level while attending this child care must have their records updated with dates of additional required doses.

AGE LEVELS	NUMBER OF DOSES					
5 months through 15 months	2 DTP/DTaP/DT	2 Polio	2 Hib	2 PCV	2 Hep B	
16 months through 23 months	3 DTP/DTaP/DT	2 Polio	3 Hib ¹	3 PCV ²	2 Hep B	1 MMR ³
2 years through 4 years	4 DTP/DTaP/DT	3 Polio	3 Hib ¹	3 PCV ²	3 Hep B	1 MMR ³ 1 Varicella
At Kindergarten entrance	4 DTP/DTaP/DT ⁴	4 Polio			3 Hep B	2 MMR ³ 2 Varicella

¹If the child began the Hib series at 12-14 months of age, only 2 doses are required. If the child received one dose of Hib at 15 months of age or after, no additional doses are required. Minimum of one dose must be received after 12 months of age (Note: a dose 4 days or less before the first birthday is also acceptable).
²If the child began the PCV series at 12-23 months of age, only 2 doses are required. If the child received the first dose of PCV at 24 months of age or after, no additional doses are required.
³MMR vaccine must have been received on or after the first birthday (Note: a dose 4 days or less before the 1st birthday is also acceptable).
⁴Children entering kindergarten must have received one dose after the 4th birthday (either the 3rd, 4th or 5th) to be compliant (Note: a dose 4 days or less before the 4th birthday is also acceptable).

COMPLIANCE DATA AND WAIVERS

STEP 4 **IF THE CHILD MEETS ALL REQUIREMENTS (sign at STEP 5 and return this form to the child care center), OR**
 IF THE CHILD **DOES NOT** MEET ALL REQUIREMENTS (check the appropriate box below, sign and return this form to child care center).

Although the child has not received all required doses of vaccine for his or her age group, at least the first dose of each vaccine has been received. I, understand that it is my responsibility to obtain the remaining required doses of vaccines for this child **WITHIN ONE YEAR** and to notify the child care center in writing as each dose is received.

NOTE: Failure to stay on schedule or report immunizations to the child care center may result in court action against the parents and a fine of up to \$25.00 per day of violation.

For health reasons this child should not receive the following immunizations _____ (List in STEP 2 any immunizations already received)

 Physician's Signature Required

For religious reasons this child should not be immunized. (List in STEP 2 any immunizations already received)

For personal conviction reasons this child should not be immunized. (List in STEP 2 any immunizations already received):

SIGNATURE

STEP 5 To the best of my knowledge, this form is complete and accurate.

 SIGNATURE - Parent, Guardian or Legal Custodian

 Date Signed