

PERSONAL GROWTH

PERSONAL GROWTH Skills: Does he/she tend to Be athletic Read often Work with his/her hands
Swimming Ability: Afraid of water Enjoys water
What type of discipline have you found most effective? _____

Does your child have any fears? _____

What hobbies, craft, music skills, collections of other leisure activities does your child enjoy? _____

Any information about your child that YMCA staff could benefit from knowing to better serve your child? _____

GENERAL COMMENTS What is your purpose in sending your child to this YMCA Program? _____

HEALTH APPRAISAL

Child's Name: _____ Date of Birth: _____

TO BE COMPLETED BY GUARDIAN

Check if Child has problems with any of the following, & give additional comments below:

- Frequent Colds Asthma Behavior Problem Fainting Constipation/Diarrhea
 Hearing Difficulty Seizures Vision Difficulty Speech Difficulty Physical Handicap

Allergies (food, medicine, bee sting, etc...) _____

Other: _____

Comments: _____

Additional information about your child (includes, serious illness, accidents, operations, medications, etc...dates) _____

Special information we should know about your child _____

Medication your child takes _____

Special restrictions or considerations while at the YMCA? _____

GUARDIAN SIGNED RELEASES

PHOTO RELEASE: I hereby give my permission for my child's to be used in YMCA publicity.

Guardian Signature _____ Date _____

SUNSCREEN RELEASE: I hereby give my permission for the YMCA to apply sunscreen, which I provide, to my child.

Guardian Signature _____ Date _____

I Parent/Guardian _____ have read and understand the information in this packet and will be responsible for the information therein. Any changes or cancellation of membership must be made 2 weeks prior to any changes.

Parent/Guardian Signature _____ Date: _____

Summer Preschool **Camp Lots of Fun!**

REGISTRATION FORM

Fax/Mail Registration is a Member Benefit. Must have a membership prior to registration.

1. Complete the Registration form
2. Mail a check (Payable to the YMCA), or Credit Card information to
 Western Family YMCA
 Attn: Dawn Butler
 2600 Kirkwood Highway
 Newark De 19711
 Fax 302-453-8490
3. A confirmation form will be mailed to your home once you have successfully registered.
4. A current health form must be provided at least one week prior to participation.

Child's Name _____ Birthdate _____ (Child must be 3 by 12/31/07)
 Address _____ City _____ State _____ Zip code _____
 Parent/Guardian Name _____
 Day Phone _____ Cell Phone _____

Membership Status (circle one) Full Member Program Member
 Payment by: Check EFT (Electronic Fund Transfer) Visa MasterCard Am Ex Discover
 Card # _____ Exp Date _____

Fees: Full Members \$80.00 per week Program Members \$160.00 per week
 A \$25.00 non-refundable registration fee per family and \$25.00 Deposit for child/each week attending,
 is due at time of registration see schedule for balance due dates.

Camp Lots of Fun! Use Only Date Processed
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Week	Theme	Dates	Deposit	Balance Due Date	
#1	Exploring with Nemo	June 9-13	_____	May 23, 2008	_____
#2	It's a Bug's Life	June 16-20	_____	May 30, 2008	_____
#3	Fun and Games	June 23-27	_____	June 6, 2008	_____
#4	Hooray for the USA	Jun 30- Jul 3	_____	June 13, 2008	_____
#5	Wild, Wild West	July 7-11	_____	June 20, 2008	_____
#6	How does your garden grow?	July 14-18	_____	June 27, 2008	_____
#7	Safari Fun	July 21-25	_____	July 3, 2008	_____
#8	Treasure Island	Jul 28-Aug 1	_____	July 11, 2008	_____

Parent/Guardian Signature _____ Please Print Name _____

We Build Strong Kids, Strong Families and Strong Communities!