



# STATELINE FAMILY YMCA SUMMER CAMP 2026 REGISTRATION

## PARTICIPANT INFORMATION

Use full legal names for all parties.

Child's First Name: \_\_\_\_\_ MI \_\_\_\_\_ Last Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**PUT AN "X" IN EACH APPLICABLE BOX:** Select enrollment 2-day (T/TH), 3-day (M/W/F) or 5-day (M-F)

WEEKLY REGISTRATIONS														
CAMP	June 1-5 Wk 1	June 8-12 Wk 2	June 15-19 Wk 3	June 22-26 Wk 4	June 29-3 Wk 5	July 6-10 Wk 6	July 13-17 Wk 7	July 20-24 Wk 8	July 27-31 Wk 9	Aug 3-7 Wk 10	Aug 10-14 Wk 11	Aug 17-21 Wk 12	Aug 24-28 Wk 13	
Little Adventure Camp Ages 4-5	[ ] 5-day													
Growing Tree Camp Ages 5-12	[ ] 2-day [ ] 3-day [ ] 5-day													
Camp Y-Nikinnick Ages 6-12	[ ] 2-day [ ] 3-day [ ] 5-day	X	X											
Camp WockIgo Ages 6-12	[ ] 2-day [ ] 3-day [ ] 5-day	X	X											
Camp BeRo Ages 10-14	[ ] 2-day [ ] 3-day [ ] 5-day	X	X											

A \$50 non-refundable deposit is required per camp weekly enrollment (2-day, 3-day, 5-day). The deposit is applied to the weekly fee. To receive the member rate, the child must be a Stateline Family YMCA member at time of registration and during the program.

WEEKLY FEE	2-Day (T/TH)		3-Day (M/W/F)		5-Day (M-F)	
	YMCA Member	Non Member	YMCA Member	Non Member	YMCA Member	Non Member
Little Adventure Camp	X	X	X	X	\$247	\$310
Growing Tree Camp	\$122	\$153	\$165	\$207	\$241	\$302
Camp Y-Nikinnick	\$95	\$119	\$136	\$170	\$198	\$248
Camp WockIgo	\$95	\$119	\$136	\$170	\$198	\$248
Camp BeRo	\$95	\$119	\$136	\$170	\$198	\$248

**PUT AN "X" IN EACH APPLICABLE BOX:**

CAMP PAYMENT PLANS					
PLAN TYPE	Little Adventure Camp	Growing Tree Camp	Camp Y-Nikinnick	Camp WockIgo	Camp BeRo
<b>Option 1</b> Pay In Full	<input type="checkbox"/> \$2,400 Drafts at tome of registration	<input type="checkbox"/> \$2,300 Drafts at tome of registration	<input type="checkbox"/> \$1,700 Drafts at tome of registration	<input type="checkbox"/> \$1,700 Drafts at tome of registration	<input type="checkbox"/> \$1,700 Drafts at tome of registration
<b>Option 2</b> Pay in 5	<input type="checkbox"/> \$490/month Drafts 3/5, 4/5, 5/5, 6/5, 7/5	<input type="checkbox"/> \$470/month Drafts 3/5, 4/5, 5/5, 6/5, 7/5	<input type="checkbox"/> \$350/month Drafts 3/5, 4/5, 5/5, 6/5, 7/5	<input type="checkbox"/> \$350/month Drafts 3/5, 4/5, 5/5, 6/5, 7/5	<input type="checkbox"/> \$350/month Drafts 3/5, 4/5, 5/5, 6/5, 7/5
<b>Option 3</b> Pay in 4	<input type="checkbox"/> \$610/month Drafts 4/5, 5/5, 6/5, 7/5	<input type="checkbox"/> \$585/month Drafts 4/5, 5/5, 6/5, 7/5	<input type="checkbox"/> \$435/month Drafts 4/5, 5/5, 6/5, 7/5	<input type="checkbox"/> \$435/month Drafts 4/5, 5/5, 6/5, 7/5	<input type="checkbox"/> \$435/month Drafts 4/5, 5/5, 6/5, 7/5

I understand that by selecting a payment plan option, I am responsible to pay for the full payment including all scheduled drafts. As all camp payment plans are non-refundable.

I understand that I can not make any changes to my camp payment plan after registration, as camp payment plans are final and non-refundable.

I understand that in the event of behavior management, I will NOT receive a credit or refund if my child is removed from programing due to inappropriate behavior.

I understand that if my child misses a day/week, I will not receive any discounts, credits or refunds.

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

\_\_\_\_\_  
Date

Theme DAYS/FUN DAYS = NOT INCLUDED IN CAMP PAYMENT PLANS							
	May 26	May 27	May 28	May 29	Aug 17	Aug 18	Aug 19
<b>Ironworks YMCA</b> 7:00AM-6:00PM Ages 5-12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YMCA Member \$34/day Non Member \$49/day \$10/Day Deposit		
<b>Rockton Community Center</b> 6:00AN-6:00PM Ages 6-14	YMCA Member \$34/day Non Member \$49/day \$10/Day Depost				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Roscoe YMCA</b> 7:00AM-6:00PM Ages 6-12	YMCA Member \$34/day Non Member \$49/day \$10/Day Deposit				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CAMP T-SHIRT								
QUANTITY \$10/T-SHIRT	C-S	C-M	C-L	XS	S	M	L	XL

PAYMENT INFORMATION							Remaining Balance Due
Total # of Weekly Registrations	_____	x \$50	=	\$	<input type="checkbox"/>	Weekly Bank Draft	Will draft the Monday prior to the week registered.
Total # of Theme Days	_____	x \$10	=	\$	<input type="checkbox"/>	Payment Plan-Option 2	Will draft on the 5 <sup>th</sup> of each month March-July
Total # of Camp T-Shirts	_____	x \$10	=	\$	<input type="checkbox"/>	Payment Plan-Option 3	Will draft on the 5 <sup>th</sup> of each month April-July
<b>Grand Total Due At Time of Registration</b>				\$	<input type="checkbox"/>	<b>Use Banking Info on File</b>	<u>                    </u> <b>Account Ending (last 4)</b>

This authorization remains in effect indefinitely until cancelled by the signer, with a 15-day notice required for cancellations. The draft amount will be determined by the chosen program and its policies, and all drafts are non-refundable. A fee of \$25 will apply to any returned drafts, and two such charges may lead to expulsion from the program.	I authorize the Stateline Family YMCA to process membership or program fees using the specified bank or credit card account. I understand that changes in fees may adjust the draft amount, and the YMCA may pre-authorize the account information for verification. I accept full responsibility for the balance due, including any processing fees for returned drafts. It is my duty to provide accurate and current account details. Additionally, I acknowledge that I am liable for the full program fee if my child does not attend for any reason.
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Signature \_\_\_\_\_ Date \_\_\_\_\_

**PARTICIPANT INFORMATION**

Child's First Name: \_\_\_\_\_ MI \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Child's Grade in Fall 2026: \_\_\_\_\_ School Attending: \_\_\_\_\_

Swim Level:

- BEGINNER-** Comfort in the water is minimal
- INTERMEDIATE-** Can float and swim short distances
- ADVANCED-** Swims efficiently in multiple strokes
- COMPETITIVE/EXPERT-** Proficient in all strokes and swims long distances

**(1) Parent/Guardian Information:**

First Name: \_\_\_\_\_ MI \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB \_\_\_\_\_ Gender \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone: Cell \_\_\_\_\_ Work \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

**(2) Parent/Guardian Information:**

First Name: \_\_\_\_\_ MI \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB \_\_\_\_\_ Gender \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone: Cell \_\_\_\_\_ Work \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Medical and Behavior Information				Additional Information (Specific Allergies, Dietary Needs, Triggers)	
Has your child been diagnosed or treated for the following: (Mark all that apply)					
<input type="checkbox"/>	<b>Asthma</b>	<input type="checkbox"/>	<b>Allergies:</b>	<input type="checkbox"/>	<b>ADD/ADHS</b>
<input type="checkbox"/>	<b>Diabetes</b>	<input type="checkbox"/>	<b>Food</b>	<input type="checkbox"/>	<b>ODD</b>
<input type="checkbox"/>	<b>Epilepsy</b>	<input type="checkbox"/>	<b>Environmental</b>	<input type="checkbox"/>	<b>Autism Spectrum</b>
<input type="checkbox"/>	<b>Anxiety</b>	<input type="checkbox"/>	<b>Insect</b>	<input type="checkbox"/>	<b>Other:</b>
<input type="checkbox"/>	<b>Depression</b>	<input type="checkbox"/>	<b>Dietary Needs</b>		
<b>Physician's Name</b>					
<b>Physician's Phone</b>					
<b>Hospital of Choice</b>					
<b>Emergency Contact</b> (In the event that parent/guardian can not be reached)			<b>Name</b>		<b>Phone</b>
<b>Secondary Emergency Contact</b>			<b>Name</b>		<b>Phone</b>

AUTHORIZED			
A- Name and Relationship to Camper	Contact Phone #	Email	Place of Employment and Work Phone #
B- Name and Relationship to Camper:	Contact Phone #	Email	Place of Employment and Work Phone #

BEFORE/AFTER CAMP CARE												
June 1-5 Wk 1	June 8-12 Wk 2	June 15-19 Wk 3	June 22-26 Wk 4	June 29-3 Wk 5	July 6-10 Wk 6	July 13-17 Wk 7	July 20-24 Wk 8	July 27-31 Wk 9	Aug 3-7 Wk 10	Aug 10-14 Wk 11	Aug 17-21 Wk 12	Aug 24-28 Wk 13
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
TIME			MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY					
Drop Off:												
Pick Up:												
Camp Hours: 9:00 AM-4:00 PM, Extended Care Hours Vary by Location.												

**PARENT/GUARDIAN STATEMENT OF UNDERSTANDING**

Statements of Understanding		Y	N
I understand that my child must be physically signed in/out by authorized adult			
I understand that the Y is not responsible for lost, stolen, or damaged personal article			
I understand that my weekly balance is due by the Monday prior to the week attendin			
I understand the deposit, balance due, and refund policies located in camp guid			
I understand that ALL registration paper work must be turned in for my child to attend			
<b>I give permission to the Stateline Family YMCA to:</b>			
Seek medical treatment for my child, in my absence, in the event of an emergency			
Use photos or videos taken of my child for promotional purpose			
To transport my child as necessary for all activities: Bussing, Swimming, Field Trips			
Allow my child to go on short walks with the group leader under Y staff supervision			
Allow my child to participate in camp field trips			
To apply sunscreen/bug repellent that I supplied to my child			
Signature		Date	

**Additional Camper Information**

**Social and Emotional Needs**

Fears or Phobias (e.g, spiders, heights, darkness):  <hr/> <hr/> <hr/> <hr/>	Behavioral Triggers (situations, sounds, environments):  <hr/> <hr/> <hr/> <hr/>	Coping Strategies (techniques to calm down):  <hr/> <hr/> <hr/> <hr/>	Social Skills (e.g., shy, outgoing):  <hr/> <hr/> <hr/> <hr/>
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**Developmental Considerations**

Developmental Delays (any known concerns):

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Special Interests or Hobbies:

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## Behavioral Information

Previous Camp Experience:

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Behavioral Concerns (specific behaviors to monitor):

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Reward Systems (ways to encourage positive behavior):

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## Parental Insights

Parent Concerns (any specific concerns regarding camp experience):

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Preferred Communication (best way to communicate w/ you):

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Cultural or Family Traditions (any relevant practices):

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## Additional Notes

Anything Else (additional information to help camp staff):

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Parent/Guardian Signature

Date

## DAY CARE IMMUNIZATION RECORD

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

### PERSONAL DATA

PLEASE PRINT

<b>STEP 1</b>	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 (4) 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 day care entrance. Children who reach a new age/grade level while attending this day 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 <sup>1</sup>	3 PCV <sup>2</sup>	2 Hep B	1 MMR <sup>3</sup>
2 years through 4 years	4 DTP/DTaP/DT	3 Polio	3 Hib <sup>1</sup>	3 PCV <sup>2</sup>	3 Hep B	1 MMR <sup>3</sup> 1 Varicella
At Kindergarten entrance	4 DTP/DTaP/DT <sup>4</sup>	4 Polio			3 Hep B	2 MMR <sup>3</sup> 2 Varicella

<sup>1</sup>If 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).  
<sup>2</sup>If 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.  
<sup>3</sup>MMR vaccine must have been received on or after the first birthday (Note: a dose 4 days or less before the 1<sup>st</sup> birthday is also acceptable).  
<sup>4</sup>Children entering kindergarten must have received one dose after the 4<sup>th</sup> birthday (either the 3<sup>rd</sup>, 4<sup>th</sup> or 5<sup>th</sup>) to be compliant (Note: a dose 4 days or less before the 4<sup>th</sup> 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 day care center), OR**  
**IF THE CHILD DOES NOT MEET ALL REQUIREMENTS (check the appropriate box below, sign and return this form to day 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 day care center in writing as each dose is received.

**NOTE: Failure to stay on schedule or report immunizations to the day 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

**STATELINE FAMILY YMCA EMERGENCY CARD**

**General Information**

Childs Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_

Guardian 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Guardian 2: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Information**

Allergies: \_\_\_\_\_

Current Medication: \_\_\_\_\_

Preferred Hospital (if needed): \_\_\_\_\_

Physician \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Signature Authorizing Emergency Care:

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

**In addition to the Guardians listed on the front of this card,  
the following people have permission to pick up my child.**

**\*Please update this card as needed**

1) \_\_\_\_\_ Phone: \_\_\_\_\_

2) \_\_\_\_\_ Phone: \_\_\_\_\_

3) \_\_\_\_\_ Phone: \_\_\_\_\_

4) \_\_\_\_\_ Phone: \_\_\_\_\_

5) \_\_\_\_\_ Phone: \_\_\_\_\_

6) \_\_\_\_\_ Phone: \_\_\_\_\_

Other information that may be helpful: \_\_\_\_\_

My child has permission to be photographed by the Y: YES or NO

My child's photo may be used on the Y's social media, website, or  
other marketing material: YES or NO

Parent/Guardian Signature:

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