



All City Youth Programs

Summer Camp Registration Form

Parents/ Guardians must pay fees equaling 1 week payment, in advance, to be eligible for payment plan, with the understanding that non-payment can cause the camper to lose their spot. No refunds.

Annual Membership Fee (Jan. 1- Dec. 31)						\$
Fundraiser						\$
Child's Name	DOB	M F	Age	Amount per week	Number of weeks	\$
1				\$125.00		\$
2				\$100.00		\$
3				\$90.00		\$
4				\$90.00		
				\$40.00	Drop-In	
Scholarship Eligibility (circle)	Free Lunch		Medicaid		Total	
One week advance payment must be made no later than one week before camps starts. Payments are due every Monday.	Paid by Ck., CC., or Cash				Down Payment	
					Balance Owed	
					Balance Owed	
					Balance Owed	

Address	City	Zip
Parent/Guardian	Phone	
Parent/Guardian	Phone	
Parent/Guardian email address		

I, parent/guardian of the above named child, understand and accept the payment terms and refund policy, as stated above. I also, hereby give my permission for his/her participation in the elected program above. I understand the All City Youth Programs (ACYP), the City of Floresville, and the 4(a) Board and affiliates are not responsible for any sickness or injury that the above named child may receive while in attendance of this program. In case of a medical emergency, I agree that 911 should be called and every effort will be given to contact me or any other emergency contacts that I list. No insurance is provided by ACYP. I give my permission for any pictures of my child taken during this program be used for ACYP promotions, unless otherwise stated in writing. This program is not a licensed Day Care, but exempt from DFPS regulation under the Short Term Program: A State Program 40: TAC 745:117(2).

Parent/Guardian Signature: _____ Date: _____



Summer Day Camp Supply List

- 1. Backpack with your child's name on it.**
- 2. Every Tuesday is movie day. The items needed are a blanket or a sleeping bag. The kids are more comfortable laying on the floor with these items.**
- 3. Every Thursday is Pool Day. The items needed are sunscreen, swimming floaties/wings (for non swimmers), a towel, flip flops or other swim shoes, and they must wear their bathing suits under their clothes. We do not change the children into their bathing suits or into dry clothes. Money for vending machines and any type of swim toy are allowed if desired. Please put your child's name on all of their items. Please send us a signed note if you allow your child to jump off the diving board or to swim in the deeper side of the pool.**
- 4. If your child is highly allergic to foods, please provide them with a lunch and snacks. We will also need a note to excuse them from our weekly cooking class.**
- 5. Since we have a new gym floor, the City of Floresville has asked us not to allow anyone on the floor in shoes that they wear outside. If your child does not feel comfortable going barefoot or wearing just socks, please provide them with gym shoes, that have not been worn outside, in their backpacks.**

We are not responsible for any lost items.



All City Youth Programs Medical Information & Emergency Contact List

Child's Name: _____

Gender/ Age of Child _____

Name of Parent/ Parents child resides with: _____

Name of Parent child does **not** reside with: _____

Phone Numbers: Mother _____ Work _____

Father _____ Work _____

E-mail address _____

Notes (regarding schedules, etc.):

Additional Emergency Contact Numbers (other than parents)

Name: _____ Relationship to child: _____

Phone Numbers: _____

Name: _____ Relationship to child: _____

Phone Numbers: _____

Health Insurance: _____ Policy Holder Name: _____

Policy # _____ Group _____

Medical Information:

Asthma: Yes No How is it treated _____

Allergies: Yes No Specify _____

Physical Restrictions: Yes No Specify _____

Learning Disabilities: Yes No Specify _____

Medications: Yes No Specify _____

This Program does not give out medications. Please let us know with a written statement that your child can take their medication by themselves, list what the meds are and times taken. Your child's meds should be in a clear baggy clearly marked with your child's name. All meds will be kept in our office.

Pediatrician's Name: _____

Address: _____ Phone Number: _____

Dentist's Name: _____

Address: _____ Phone Number: _____



Parental Consent for Child Pick-up

Please Print the person or persons who will be picking up your child from Summer Camp, including yourself. The people you chose must have some form of picture identification so we can make sure the right person is picking up your child. We will not allow your child to be picked up by anyone, other than the people you have authorized. We will not allow your child to be picked up by an authorized person if the person is intoxicated or under the influence of some type of substance that alters their normal state of being. The person picking up your child must be 18 years of age or older.

1. _____
2. _____
3. _____
4. _____
5. _____

Print Child or Children’s name(s) who will be picked up from Summer Camp or the After School Program.

I the undersigned agree to the terms above.

Parent’s Signature

Date

All City Youth Programs
Summer Day Camp Parent Contract

We hope your children have fun with us this summer. We have lots of planned activities to keep their minds active and their bodies moving. Please make sure your child is signed in at the front table and signed out, by your designated persons, when picking them up or dropping them off. Children may not sign themselves in or out, must be parent or parent appointed adult. This is a safety measure to make sure all children are accounted for.

We usually have children that are on a waiting list to come into this program. I encourage scholarship parents to call us and let us know if their child is going to be absent. If we do not hear from you, losing your place in the program could be possible.

On pool day, make sure your child wears their bathing suit under their clothes. We do not and will not change your child's clothes. We do not provide sunscreen. Let us know if your child is allowed to dive off the diving board, by sending us a written letter.

Breakfast will be served from 8:00 to 8:30 and lunch from 11:30 to 12:30, so if your child comes into the program after these designated times, please make sure they have eaten or you provide them with something to eat. The Food Grant rules do not allow us to feed before or after Breakfast and Lunch hours. We do provide afternoon snacks.

All children must be dressed in appropriate clothing (nothing that we might deem provocative). A cell phone, ipad, or any other gaming device will not be allowed. The children are not allowed to text or talk during class. Such items will be stored in my office for their supervised use until they are ready to go home.

We are, for class management purposes, initiating the "3 strikes you're out" rule. This rule helps us manage the discipline in each class, which of course keeps the children safe. Each teacher will give the misbehaving child two redirects, with the third redirect resulting in an office visit. If the teacher has to redirect the child's bad behavior after an office visit, the child will get one strike for that class period. A child with 3 strikes for the day will not be allowed to come back into the program for 2 days (there will be no refunds for the 2 day consequence). We give each child a clean slate everyday to encourage them to behave. We want them to have fun, but as you know, children must have clear boundaries and learn to follow instructions, in order to keep them safe and to ensure that all the children can enjoy this program. My discipline actions with any child coming into my office ends up with time out, after discussing with the child, their behavior choices.

Please pick your child up on or before 6 pm. We will charge you \$1.00 per minute after 6 pm because our volunteers want to go home and we have to prepare for the basketball league which starts promptly at 6 pm.

Thank you,
Debbie Bolf
Executive Director

I, the undersigned, have read and understand the above contract. I accept the above terms and instruction.

Signature

Date