

**THE YOUTH AND FAMILY CENTER
2929 N. 20TH STREET
ST. LOUIS, MO 63107**

On Monday, June 8, 2009 our Summer Day Camp "09" will open. This program will run until August 14, 2009 and is designed for children 5 to 13 years only.

DAY CAMP APPLICATION & FEES:

Applications for Day Camp will be accepted beginning Monday, March 16, 2009 thru Friday, May 15, 2009. **APPLICATIONS AFTER MAY 16 WILL BE ASSESSED A LATE FEE OF \$25. NO APPLICATIONS WILL BE ACCEPTED AFTER JUNE 2, 2009. NO EXCEPTIONS!!!**

The Day Camp operates Monday through Friday from 7:30 a.m. until 5:30 p.m. for a weekly fee of \$25.00 per child for agency member families and \$35.00 per child for non agency member families. If two or more children from the same family (**brothers & sisters ONLY**) are enrolled, the weekly fee is \$15.00 per additional child. Children picked-up after 5:30 will be assessed a **\$10.00 late fee before he/she can return to camp. Children can not be dropped off prior to 7:30 a.m. !**

At the time of registration the **FIRST & LAST WEEK FEES MUST BE PAID.**

There will be a \$60.00 activity fee per child. This fee will help defray the cost of field trips, admission cost, transportation, and provide a tee shirt. A field trip schedule is available in packet.

HOW & WHEN DO I PAY MY FEES:

The first and last week fees must be paid at the time of registration. **NO EXCEPTIONS.** Weekly fees should be paid on Monday or Friday of each week unless arrangements have been approved by Ms. Sam Carpenter or Mr. Steven Craig. Day Camp fees must be paid in order to maintain your child's slot in the program. The fee must be paid even if your child does not attend for a given week.

The activity fee can be paid in two installments, but must be paid in full by June 26, 2009

SUMMER DAY CAMP LOCATION:

Summer Day Camp activities will be held daily at the St. Louis Gateway Classic Sports Foundation, 2012 Dr. Martin Luther King Drive. Drop off and Pick up will be at the rear of the building off the 21st Street entrance.

OPEN HOUSE:

There will be an all day Open House on Friday, June 5th. Come visit with us!

**THE YOUTH AND FAMILY CENTER
MEDICAL AUTHORIZATION FORM**

Name of Member: _____ Date of Birth: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ email address: _____

Name of Parent or Guardian: _____

Address: _____ Work/cell Phone: _____

Name & number in case of emergency: _____

Phone: _____ Relationship to child: _____

Name and Type of Medical Coverage: _____

Group Number and I.D. Number: _____

Name and Address of Company: _____

I waive any and all claims against **THE YOUTH AND FAMILY CENTER** for damages which may arise out of my child's participation and I agree to hold harmless indemnify the above named organization against any claims or damages arising from injury to my child(ren) or injury to another inflicted by my child(ren) in the course of my child's participation in these programs. The foregoing shall not be construed to relieve any insurance company of any duties or liabilities undertaken or assumed under any contract of insurance pertaining to the aforesaid program.

It is necessary that in the case of medical emergencies, **THE YOUTH AND FAMILY CENTER** be authorized to give emergency preventative first-aid, and/or take the injured member to the closest medical center.

The undersigned represents that he/she is the parent or legal guardian of the above named youth, and authorized to sign this agreement.

PARENTAL SIGNATURE

DATE

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AGREEMENT BETWEEN PARENTS AND DAY CAMP

In enrolling my child in the Summer Day Camp Program, I agree to the following conditions:

1. See that my child attends regularly unless prevented from doing so by illness, and to inform camp staff of such illness.
2. See that my child arrives at camp no later than 9:00 a.m., if breakfast is to be served to them.
3. Be available to meet with staff and work out solutions to any problems my child may have in the program.
4. Notify camp staff immediately of any changes in my address, phone number and/or work number.
5. Pay the agreed upon fee and any other fees required for my child during Day Camp.

PERMISSION SLIP

My Child(ren) _____

have my permission to participate in The Youth and Family Center's activities away from the main building. This includes field trips, excursions, walks, etc. with Day Camp Staff.

Parent's Signature

Date

**THE YOUTH AND FAMILY CENTER
ENROLLMENT FORM**

Name: _____ Date of Birth: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip Code: _____

Parent's Name: _____ Work/cell Phone: _____

email address: _____

Emergency Contacts Name: _____

Home Address: _____ Phone: _____

Do we have your permission to use photographs and/or other media images of your child(ren) in Youth & Family Center publications? _____ YES _____ NO

SIGNATURE _____ **DATE** _____

HEALTH HISTORY (Check and give dates)

Heart Defect/Disease _____ Psychiatric Treatment _____

Convulsions _____ Allergies _____

Diabetes _____ Insect Stings _____

Bleeding/Clotting Disorders _____ Penicillin _____

Hypertension _____ Other Drugs _____

General _____ Asthma _____

Sight _____ Foods _____

Speech _____ Hearing _____

Current Medication (Send Instructions) _____

Learning Disability (Please Explain) _____

Behavior Disorder (Please Explain) _____

If you answered YES to any of the questions, please explain:

ALL QUESTIONS MUST BE ANSWERED WITH A YES OR NO.