

# THE YOUTH ACTIVITY CENTER

9400 W. Palmetto Park Road, Boca Raton, FL 33428

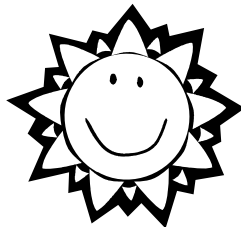
Telephone: (561)883-9325

Fax: (561)883-9124

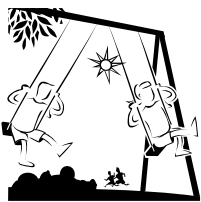
# SUMMER CAMP APPLICATION

JUNE 2009 – AUGUST 2009

Camp Hours – 9:00am till 6:00pm



**Happy Summer!**



Lots of Fun

Field Trips, Arts & Crafts, Drama, Library, Swimming,  
Basketball, Computer, Tennis, Play Ground & Parks

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## Dress Code

Youth Activity Center T-Shirt (to be worn everyday)

“Closed” tennis shoes only (No sandals, No wheelies)

Hats for the sun – with child’s name on it

Water bottle - with child’s name on it

Sun Screen - with child’s name on it

Bathing Suits and Towels (Mon----Fri – Both with child’s name on it)

## Do Not Bring

Any chewing gum, sucking candy or lollypops

Any electronic games, toys, cards or money

Any make-up, nail polish or jewelry

Long hair must be tied back

## Pick-Up Time and Procedure:

Parent/Guardian must park car in designated parking spot and sign child in or out.

Drop off time – No earlier than 9:00am

Breakfast served 9:00 – 9:30.

Pick-up time – No later than 4:45pm

On Wednesday and Friday – Pick-Up is on the Tennis Court side of the park

\*If child is on “Free or Reduced lunch” please bring in the school form.

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Parent/Guardian Signature

Date

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Dear Parent or Guardian,

The YAC Staff would like to give a big warm welcome to our Summer Campers.

For the safety of your children, the YAC staff would like to inform you about our pick-up policy. Only the specified person or group of people previously indicated on the Pick-Up Consent form will be able to pick up your child(ren) from the Center. There will be NO EXCEPTIONS.

Identification may be asked to verify identity of the adult(s) allocated for pick-up until such time as all of the Center's Staff are familiar with these people. Your cooperation will ensure the safety of your child(ren).

We look forward to many fun times with you and your child(ren) in the future.

Sincerely,

The Entire YAC Staff

## **REQUIRED ITEMS FOR SUMMER CAMP**

- ▶ Youth Activity Center T-Shirts to be worn everyday
- ▶ Sneakers (NO EXCEPTIONS)
- ▶ Hat
- ▶ Water Bottle

Please use a permanent marker to put your child's name on these items.

No lollypops or chewing gum are allowed at camp.

Please do not bring any money, Gameboys, or cards of any kind; we will have special days for all of these activities.

Also the Youth Activity Center is not responsible for any lost or stolen property or valuables that a child brings from home.

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## CONSENT TO PICK UP FORM

I, \_\_\_\_\_ consent to the following people  
(Parent/Guardian)

picking up my child(ren) \_\_\_\_\_  
(Child(ren's) names)

from the Youth Activity Summer Camp Program.

### Eligible Adults for Pick-Up

Name	Relationship	Telephone #	Address
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1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

**IMPORTANT:** If at any time, a person on the list above is no longer eligible for pick-up, please inform the Youth Activity Center immediately.

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## FIELD TRIP AUTHORIZATION FORM

Student Name \_\_\_\_\_ Phone # \_\_\_\_\_

I authorize my child to utilize the type of transportation identified below for all field trips.

Van \_\_\_\_\_ Bus \_\_\_\_\_ Charter Bus \_\_\_\_\_ Private Vehicle \_\_\_\_\_

Walk \_\_\_\_\_ Ride with Staff \_\_\_\_\_

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

### Health / Accident Insurance

My child is covered by twenty-four (24) hour student accident insurance or my family insurance.

Insurance  
Company \_\_\_\_\_

Policy Number \_\_\_\_\_

\_\_\_\_\_ I have attached a photo copy of my family insurance identification card

\_\_\_\_\_ I do not have insurance, however I will pay any and all medical bills for emergency care of my child.

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

Date \_\_\_\_\_

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## **S.W.I.M. Participant Authorization and Release Form**

I understand that the YMCA of South Palm Beach County, Inc. assumes no responsibility for injuries or illness that my child may sustain as a result of his/her physical condition or their participation in the S.W.I.M. program at a YMCA facility or an approved YMCA off-site location.

I expressly acknowledge that I will assume the risk for any and all injuries and illness that may result from participation in the S.W.I.M. program. I release the YMCA of South Palm Beach County, Inc. and its agents, servants, and employees from any and all claims of injury, illness death, loss or damage which my child may suffer as a result of his/her participation in S.W.I.M. activities.

I understand that the YMCA of South Palm Beach County, Inc. is not responsible for personal property, lost or stolen, while S.W.I.M. participants are on the premises.

I have read this form and grant permission for my child to participate in the S.W.I.M. program provided by the YMCA. I authorize the staff of the YMCA or appropriate medical personnel to administer emergency medical treatment to my child. I have also completed the Medical Needs portion of this form. I understand that I am solely responsible for all costs incurred as a result of such treatment.

I give permission for my child to be photographed for program promotion, media or other YMCA purposes. I have read and voluntarily sign this authorization and release form.

### **Medical Needs**

If your child has any special needs, is taking any medications or has an allergy that would affect his/her participation in the S.W.I.M. program, please let us know:

### **Swimming Experience**

Please indicate any past aquatic experience your child has received previous to the S.W.I.M. program.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> <b>Fear of water</b>                | <input type="checkbox"/> <b>Near-drowning event</b>       | <input type="checkbox"/> <b>Never been in a pool</b>    |
| <input type="checkbox"/> <b>Comfortable in shallow water</b> | <input type="checkbox"/> <b>Comfortable in deep water</b> | <input type="checkbox"/> <b>Knows basic swim skills</b> |

\_\_\_\_\_  
PRINT Participant's Name

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

**(561) 883-9325**

\_\_\_\_\_  
Phone and/or email

\_\_\_\_\_  
Date

**Youth Activity Center**

\_\_\_\_\_  
Facility/Group/Childcare Center of Participant – PLEASE PRINT

\_\_\_\_\_  
Phone

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Dear Parent or Guardian,

If we are having problems with a child's behavior in Summer Camp Program which we feel is inappropriate, the following procedure will be followed:

- 1) The bad behavior will be pointed out to the child and they will be asked to correct their actions/language.
- 2) If the behavior continues, two verbal warnings will be given and the parent or guardian will be informed.
- 3) If there is still no change after the verbal warnings a written warning will be given to the parent or guardian.
- 4) After steps 1-3 have been followed and there has not been a significant change in behavior/language, the child will be asked to leave the Summer Camp Program.

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

Child's Signature \_\_\_\_\_

Date \_\_\_\_\_

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## **SUMMER PICK-UP POLICY**

**\*\*IMPORTANT NOTICE\*\***

### **FOR ALL PARENTS OR ANYONE THAT PICK-UP CHILDREN**

#### **The Pick-Up Procedure and Policy of the Youth Activity Center**

- 1) Only authorized adults (those names that indicated on the Registration form) will be allowed to pick-up children.
- 2) All children must be picked-up by 5:45pm (6:00pm only when absolutely necessary)

Parents arriving late impose a great hardship on the YAC team.

There will be a \$1.00 per minute late fee charge for each minute after 6:00pm.

Regretfully, repeated occurrences will result in dismissal from the program.

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Parent/Guardian Signature

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Date