

2021 WINTER CAMP REGISTRATION FORM

Registrations are processed in the order received in the Camp Lakewood office. Parent packet forms are required to attend and includes a HEALTH FORM (doctor's signature required) and PARENT CONFIDENTIAL INFORMATION FORM. **Campers who attended this current year's summer camp will not need to fill out another set of Parent Packet forms.** Simply fill in the Camper Information Section, Pick-Up Authorization and Cabinmate Request (if applicable), and Payment Information. For those who wish to email these forms back, please go to www.camplakewood.org, click on "Winter Camp".

CAMPER INFORMATION (please print legibly - required by all)

Name: (last) _____ (first) _____ (middle) _____

Sex: (check one) Male Female Date of birth: (ages 6-16 only) _____

Mailing address: _____ City: _____

State: _____ Zip: _____ School attending this year: _____

PARENT INFORMATION

Check if parent/camper information is same as current year's summer camp registration
(Only need to complete Pick-Up Authorization and Cabinmate Request-if applicable, and Payment Information)

1st Parent/Guardian name: _____ Relationship: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Cell phone: _____ E-mail: _____

2nd Parent/Guardian name: _____ Relationship: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Cell phone: _____ E-mail: _____

With whom does child reside: _____

Does your child have a Custodial Agreement/Parenting Plan Yes No

If yes, who has custody:

(Copy of Court Order - Legal Parenting Plan must be attached)

CABINMATE REQUEST

Last Name: _____ First Name: _____

Only one cabinmate request is allowed. To guarantee the request, the campers must request each other, be within one year of age, be the same gender and enrolled in the same program and session. Note: If there are 10-12 children who would all like to be together, ask about the possibility of booking an entire cabin.

PICK-UP AUTHORIZATION

For safety and security reasons, we must know if someone other than the names person(s) in the "Parent Information" section will be picking up your child from camp. If so, please indicate below. If no one is listed, on the person(s) in the "Parent Information" section will be allowed to pick up the camper associated with this registration. In all cases, proper photo ID will be required in order to pick up the camper. **There are no exceptions.**

#1 Name as it appears on driver's license **#2 Name as it appears on driver's license**

Relationship to Camper: _____ Relationship to Camper: _____

ALLERGIES Yes No Does your child have any allergies.

If yes, what is the allergy and reaction seen: _____

INCLUSION SERVICES AVAILABLE

YMCA Camp Lakewood welcomes participation by children of all abilities. All children with any type of diagnosis and/or specialized documents will be referred to the Inclusion Services Department for assessment. For more information, please contact YMCA Inclusion Services at 314-678-0162. Has your child been diagnosed with (please check):

- | | | | |
|---|-------------------------------------|---|--|
| <input type="checkbox"/> ADD | <input type="checkbox"/> ADHD | <input type="checkbox"/> ODD | <input type="checkbox"/> OCD |
| <input type="checkbox"/> MR/ID | <input type="checkbox"/> DD | <input type="checkbox"/> PDD | <input type="checkbox"/> Autism |
| <input type="checkbox"/> Asperger's | <input type="checkbox"/> Fragile X | <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Rett's Syndrome |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Tourette's | <input type="checkbox"/> Downs Syndrome | |
| <input type="checkbox"/> Other: _____ | | | |

BEHAVIORAL MEDICATIONS OR PSYCHOLOGICAL ISSUES Yes No
If yes, please describe: _____

PHYSICAL LIMITATIONS THAT MIGHT HINDER PARTICIPATION Yes No
If yes, please describe: _____

Yes No Does your child have an IEP, Sect. 504 Student Accommodation Plan, or Behavior Management Plan?

CHILD USES YMCA INCLUSION SERVICES Yes No If so, which branch? _____
*You MUST submit a current IEP/BMP/Section 504 Student Accommodation Plan with this registration form and complete and return the Inclusion Information Forms before program participation is authorized. Forms must be received by the camp office at least four weeks prior to participation. Enrollment will NOT be considered final until all required processes have been met & reviewed. Although every effort is made to provide reasonable accommodations, there may be instances where a child's needs may exceed the parameters of the scope of our program. All camp forms are available to download at www.camplakewood.org under "Forms + Parent Information". Note: Space is limited, so the earlier paperwork can be turned in and processed, the better chances your camper has to come to camp.

DIET (We can work with most medically-prescribed diets but cannot cater to individual food preferences. Call with any diet questions.)

- | | |
|--|--|
| <input type="checkbox"/> Camper eats regular and varied diet | <input type="checkbox"/> Camper is vegetarian of this type: |
| <input type="checkbox"/> Camper is lactose-intolerant of this type: | <input type="checkbox"/> Semi-vegetarian (no pork or beef) |
| <input type="checkbox"/> Uses products such as Lactaid and/or can self-manage the intolerance. | <input type="checkbox"/> Pesco (no pork, beef or chicken) |
| <input type="checkbox"/> Needs a lactose-free diet that includes no lactose in baked items (ie. breads, cookies, etc.) | <input type="checkbox"/> Lacto-ovo (no beef, pork, chicken, seafood or fish) |
| | <input type="checkbox"/> Vegan (no meats, eggs or dairy) |

MEDICATIONS

The medications listed below, stocked in the YMCA Camp Lakewood TLC, are used to manage illness or injury, and dispensed as directed by our medical protocols. Check all those which your camper should **NOT** be given:

- | | | |
|--|---|---|
| <input type="checkbox"/> Acetaminophen | <input type="checkbox"/> Aleve | <input type="checkbox"/> Aloe Vera After Sun |
| <input type="checkbox"/> Benadryl | <input type="checkbox"/> Caladryl | <input type="checkbox"/> Calamine Lotion |
| <input type="checkbox"/> Chloraseptic Throat Spray | <input type="checkbox"/> Generic Cough Drops | <input type="checkbox"/> Generic Cough Syrup |
| <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Immodium AD | <input type="checkbox"/> Ivy Dry |
| <input type="checkbox"/> Maalox | <input type="checkbox"/> Multi-Symptom Cold Tab | <input type="checkbox"/> Mylanta |
| <input type="checkbox"/> Nighttime Cold Formula | <input type="checkbox"/> Pepto Bismol | <input type="checkbox"/> Silvadene (burn creme) |
| <input type="checkbox"/> Sudafed | <input type="checkbox"/> Swimmer's Ear Med. | <input type="checkbox"/> Tinactin |
| <input type="checkbox"/> Triple Antibiotic Cream | <input type="checkbox"/> Tums | |

