



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

EMERSON FAMILY YMCA SCHOOL'S OUT CAMP

() Dec. 21 () Dec. 22 () Dec. 23 () Dec. 28 () Dec. 29 () Dec. 30

Please check the days above in which your child will be attending.

Child's Name		Home Phone:
Primary Address		Previous Camper? Yes or No
Birth Date	Age:	Last Grade Completed:
Primary Guardian's Name		Main contact number:
Email Address		Work number:
Secondary Guardian's Name	Phone Number:	Secondary Number:
Emergency Contact Person:	Phone Number:	Secondary Number:
Authorized Pick up Person:	Phone Number:	Secondary Number:
Authorized Pick up Person:	Phone Number:	Secondary Number:

What School District does your child attend? _____ Ferguson Florissant _____ Hazelwood

Your child is currently enrolled in what school?

Does your child have any allergies? _____ Yes _____ No

If yes, please list:

Does your child have: IEP, Behavior Management Plan, 504 Student Accommodation Plan:

_____ Yes _____ No

If yes, please list:

Will your child be taking medication while in the program? _____ Yes _____ No

If so, an Authorization of Medication form must be completed

Medication must be in original bottle/per child. Medication will be returned at pick-up time.

*** Emergency contacts and parents MUST be someone whom can be reached from 6:45 AM - 6:00 PM and available to pick up child immediately in case of an emergency.

*** I WILL BE HELD RESPONSIBLE FOR ALL POLICIES AND PROCEDURES LISTED IN THE FAMILY HANDBOOK. I UNDERSTAND I CAN ACCESS THE FAMILY HANDBOOK THROUGH THE EMERSON FAMILY YMCA WEBSITE OR REQUEST A HARD COPY FROM THE SERVICE CENTER.

Parent Signature: _____ Date: _____