

## New Canaan YMCA Vacation Camp Permission Slip

### ALL PARTICIPANTS:

PLEASE COMPLETE THE FOLLOWING PERMISSION SLIP THAT IS **REQUIRED** FOR ENROLLMENT

**Please note: All participants must be in grades K through 6.**

I give \_\_\_\_\_ permission to participate in the Vacation Camp program at the New Canaan YMCA and  
(Child's first and last name)  
travel via bus if scheduled to do so. I also give permission for the YMCA staff to administer minor first aid treatment if necessary and/or to order emergency medical treatment at the nearest hospital should the need arise.

### **ENROLLMENT DATES: PLEASE CHECK OFF THE DATES YOU ARE ENROLLING YOUR CHILD**

#### **FALL**

\_\_\_ Sept 25, 2023 \_\_\_ Nov 7, 2023

#### **WINTER**

\_\_\_ Jan 15, 2024 \_\_\_ Feb 19, 2024, \_\_\_ Feb 20, 2024, \_\_\_ Feb 21, 2024, \_\_\_ Feb 22, 2024, \_\_\_ Feb 23, 2024

#### **SPRING**

\_\_\_ April 15, 2024, \_\_\_ April 16, 2024, \_\_\_ April 17, 2024, \_\_\_ April 18, 2024, \_\_\_ April 19, 2024

## New Canaan YMCA Vacation Camp Permission Slip

### NON-KU MEMBERS:

PLEASE COMPLETE THE FOLLOWING PERMISSION SLIP THAT IS **REQUIRED** FOR ENROLLMENT

#### CHILD'S INFORMATION:

Child's Name \_\_\_\_\_ Sex \_\_\_\_ Age \_\_\_\_ D.O.B. \_\_\_\_\_  
Child's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Child's Home Telephone # \_\_\_\_\_

#### PARENT/GUARDIAN'S INFORMATION:

Name (First & Last) \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Telephone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
Employer Name/Company \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone # \_\_\_\_\_ Ext # \_\_\_\_\_

#### PARENT/GUARDIAN'S INFORMATION:

Name (First & Last) \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Telephone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
Employer Name/Company \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone # \_\_\_\_\_ Ext # \_\_\_\_\_

#### HEALTHCARE/INSURANCE INFORMATION

Child's Physician: \_\_\_\_\_ Phone \_\_\_\_\_  
Child's Dentist: \_\_\_\_\_ Phone \_\_\_\_\_  
Insurance Co. \_\_\_\_\_ Insurance Policy # \_\_\_\_\_  
Hospital Preference \_\_\_\_\_

**ADDITIONAL INFORMATION:** Are there any special situations you would like us to be aware of to best accommodate your child (ie: medical, behavioral, developmental, social, family?)

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**FOOD OR MEDICATION ALLERGIES:** Does your child have any food or medication allergies? If yes, please list allergies below:

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If yes, a Medication Administration form including a protocol must be completed by a doctor must be submitted before camp begins. Any questions please contact Kristen Godin at 203-920-1649 or [kgodin@newcanaanymca.org](mailto:kgodin@newcanaanymca.org).

**\*YMCA VACATION CAMP STAFF DOES NOT TAKE PARTICIPANTS TO OTHER YMCA CLASSES OR ACTIVITIES\***

## PICK UP/EMERGENCY CONTACTS

- ◆ Only persons named below will be permitted to pick up your child.
- ◆ At least **3 local residents** who have permission to pick-up your child and may be called in case of emergency, or late pick-up, must be included on this list.
- ◆ Photo identification will be required of all individuals upon pick-up.
- ◆ Names of parents permitted to pick up must be included on this list.

**\*\* PLEASE UPDATE THIS LIST WHENEVER NECESSARY \*\***

**CHILD'S NAME** \_\_\_\_\_

| NAME                   | RELATIONSHIP TO CHILD | TELEPHONE NUMBERS |
|------------------------|-----------------------|-------------------|
| <b>Parent/Guardian</b> |                       | Home:             |
|                        |                       | Work:             |
|                        |                       | Cell:             |
| <b>Parent/Guardian</b> |                       | Home:             |
|                        |                       | Work:             |
|                        |                       | Cell:             |
| <b>Contact #1:</b>     |                       | Home:             |
|                        |                       | Work:             |
|                        |                       | Cell:             |
| <b>Contact #2:</b>     |                       | Home:             |
|                        |                       | Work:             |
|                        |                       | Cell:             |
| <b>Contact #3:</b>     |                       | Home:             |
|                        |                       | Work:             |
|                        |                       | Cell:             |

\* For any additional contacts, please provide information on the back of this page.

\_\_\_\_\_  
 Signature of parent or guardian

\_\_\_\_\_ Date

\* TO HELP OUR STAFF, PLEASE SEND A NOTE WHEN ONE OF THESE PEOPLE WILL BE PICKING UP YOUR CHILD \*