

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

___ October 3, 2024 ___ October 14, 2024 ___ November 5, 2024

WINTER

___ Jan 20, 2025 ___ Feb 17, 2025 ___ Feb 18, 2025 ___ Feb 19, 2025 ___ Feb 20, 2025 ___ Feb 21, 2025

SPRING

___ April 14, 2025 ___ April 15, 2025 ___ April 16, 2025 ___ April 17, 2025 ___ April 18, 2025

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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 that you would like us to be aware of in order to best accommodate your child (i.e. medical, behavioral, developmental, social, and/or family?)

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

If yes, a Medication Administration form including a protocol must be completed by a doctor must be submitted before vacation camp begins. For any questions, please contact Margeaux Sullivan at 203-920-1635 or musllivan@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
Parent/Guardian		Home:
		Work:
		Cell:
Parent/Guardian		Home:
		Work:
		Cell:
Contact #1:		Home:
		Work:
		Cell:
Contact #2:		Home:
		Work:
		Cell:
Contact #3:		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 ***