



# DECATUR TOWNSHIP 2019 SUMMER CAMP REGISTRATION

CAMP PRICE - \$125 per week

Camp Location:

**Stephen Decatur Elementary School**

3425 Foltz Street, Indianapolis, IN 46221



**REGISTER EARLY!  
SPACE IS LIMITED!**

## HOW TO SUBMIT REGISTRATION APPLICATION (INCLUDING ANY ADDITIONAL REQUIRED DOCUMENTS)

Mail:	AYS, Inc., Attn: Enrollment Coordinator 4701 N. Keystone Avenue, Suite 475 Indianapolis, IN 46205	Email:	registration@ayskids.org
		Fax:	317-283-3840

## REGISTRATION FEE SCHEDULE - REGISTER EARLY, SPACE IS LIMITED!

Returning AYS Families Only: FREE through April 30!	New AYS Families
\$25 per child beginning May 1	\$25 per child - New families can register beginning March 1
\$25 non-refundable deposit per week per camper + registration fee per camper due at registration (deposit will be applied toward each week's tuition)	

CAMPER #1		
<input type="checkbox"/> New to AYS <input type="checkbox"/> Currently enrolled in AYS at _____		
Name _____		
Date of Birth _____ / _____ / _____	Age _____	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Grade (in fall) _____	
Race <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Bi-racial <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Multiracial <input type="checkbox"/> Other: _____		
Camper #1's Shirt Size Youth: <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L Adult: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL		
PLEASE CHECK THE BOX NEXT TO THE WEEK(S) YOUR CHILD WILL ATTEND:		
<input type="checkbox"/> Week 1:	Tuesday, May 28 - Friday, May 31	
<input type="checkbox"/> Week 2:	Monday, June 3 - Friday, June 7	
<input type="checkbox"/> Week 3:	Monday, June 10 - Friday, June 14	
<input type="checkbox"/> Week 4:	Monday, June 17 - Friday, June 21	
<input type="checkbox"/> Week 5:	Monday, June 24 - Friday, June 28	
<input type="checkbox"/> Week 6:	Monday, July 1 - Friday, July 5 <i>*Camp AYS will be CLOSED on July 4th</i>	
<input type="checkbox"/> Week 7:	Monday, July 8 - Friday, July 12	
<input type="checkbox"/> Week 8:	Monday, July 15 - Friday, July 19	

CAMPER #2		
<input type="checkbox"/> New to AYS <input type="checkbox"/> Currently enrolled in AYS at _____		
Name _____		
Date of Birth _____ / _____ / _____	Age _____	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Grade (in fall) _____	
Race <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Bi-racial <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Multiracial <input type="checkbox"/> Other: _____		
Camper #2's Shirt Size Youth: <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L Adult: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL		
PLEASE CHECK THE BOX NEXT TO THE WEEK(S) YOUR CHILD WILL ATTEND:		
<input type="checkbox"/> Week 1:	Tuesday, May 28 - Friday, May 31	
<input type="checkbox"/> Week 2:	Monday, June 3 - Friday, June 7	
<input type="checkbox"/> Week 3:	Monday, June 10 - Friday, June 14	
<input type="checkbox"/> Week 4:	Monday, June 17 - Friday, June 21	
<input type="checkbox"/> Week 5:	Monday, June 24 - Friday, June 28	
<input type="checkbox"/> Week 6:	Monday, July 1 - Friday, July 5 <i>*Camp AYS will be CLOSED on July 4th</i>	
<input type="checkbox"/> Week 7:	Monday, July 8 - Friday, July 12	
<input type="checkbox"/> Week 8:	Monday, July 15 - Friday, July 19	

## TOTAL AMOUNT DUE WITH REGISTRATION PACKET

\$	Non-refundable registration fee per camper	
+	\$	Non-refundable deposit (# of weeks attending X deposit per week X number of campers) <small>NO deposit required for families receiving CCDF or AYS Financial Assistance</small>
=	\$	SUBTOTAL <input type="checkbox"/> I currently receive CCDF or AYS Financial Assistance
+	\$	Optional tax-deductible donation: Yes! I would like to help send another child to Camp AYS.
=	\$	AMOUNT DUE WITH REGISTRATION

Please charge my credit card on file for registration fee and weekly deposit. Signature of Card Holder \_\_\_\_\_

## PROGRAM STAFF USE ONLY

Amount Paid \$ \_\_\_\_\_ Check/MO# \_\_\_\_\_ Date Received \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Staff Initials \_\_\_\_\_



# 2019 CAMP AYS REGISTRATION

## PARENT AND EMERGENCY CONTACT INFORMATION

PARENT/GUARDIAN #1			
Last		First	
Relationship to Camper		Employer	
Email <small>(Email will be used for weekly Camp AYS e-news, billing invoices and other important communications)</small>			
Street Address		City	State Zip
Cell Phone ( )	Work Phone ( )	Home Phone ( )	
Check all that apply: <input type="checkbox"/> Lives with child <input type="checkbox"/> Emergency contact & Authorized pick-up <input type="checkbox"/> Responsible for payment <small>(primary payer on billing account)</small>			
<input type="checkbox"/> Current military service member <small>(please include a copy of current military ID with registration)</small>			
<input type="checkbox"/> Employee of a school district in which AYS operates <small>(please include a copy of school ID)</small> School Name _____			

PARENT/GUARDIAN #2			
Last		First	
Relationship to Camper		Employer	
Email <small>(Email will be used for weekly Camp AYS e-news, billing invoices and other important communications)</small>			
Street Address		City	State Zip
Cell Phone ( )	Work Phone ( )	Home Phone ( )	
Check all that apply: <input type="checkbox"/> Lives with child <input type="checkbox"/> Emergency contact & Authorized pick-up <input type="checkbox"/> Responsible for payment <small>(secondary payer on billing account)</small>			
<input type="checkbox"/> Current military service member <small>(please include a copy of current military ID with registration)</small>			
<input type="checkbox"/> Employee of a school district in which AYS operates <small>(please include a copy of school ID)</small> School Name _____			

ADDITIONAL EMERGENCY CONTACTS & AUTHORIZED PICK-UP <small>(must be 18 years or older and ID required)</small>			
Name		Relationship to Camper	
Phone ( ) <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Phone ( ) <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		
Name		Relationship to Camper	
Phone ( ) <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Phone ( ) <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		
Name		Relationship to Camper	
Phone ( ) <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Phone ( ) <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		

# 2019 CAMP AYS REGISTRATION

## HEALTH RECORD FOR CAMPER #1



Camper's Name	Date of Birth ____/____/____
Camp AYS Site	School (if different from AYS program site)

### INDIVIDUAL EDUCATION PLAN (IEP)

Does your child have an IEP?  Yes  No If yes, please submit a copy of the IEP with your registration packet.

### MEDICAL INFORMATION (required)

Primary Physician	Physician's Phone ( )
Date of most recent physical ____/____/____	Age of child at time of physical
Dentist	Dentist's Phone ( )
Health Insurance Provider	Blood Type (if known)
Insurance #	Name of Policy Holder

### HEALTH CONDITIONS & SPECIAL NEEDS (required)

Does your child have a diagnosed health condition or special needs?  Yes  No

If yes, check all that apply and submit a completed Plan of Care Form with your registration paperwork.

- ADD/ADHD     Allergy (food)     Moderate     Severe     Allergy (non-food)     Moderate     Severe  
 Asthma     Autism     Behavior Management Plan     Diabetes     Epilepsy/Seizures  
 Hearing/Visual Impairment     Learning Disability     Physical Disability  
 Other, please list: \_\_\_\_\_

Are there any modifications or accommodations that would be beneficial to your child?  Yes  No

If yes, please explain \_\_\_\_\_

### ALLERGIES (required)

Does your child have allergies?  Yes  No If yes, please list the specific allergen and severity for each:

- Allergy: \_\_\_\_\_  Mild     Moderate     Severe  
 Allergy: \_\_\_\_\_  Mild     Moderate     Severe  
 Allergy: \_\_\_\_\_  Mild     Moderate     Severe

### MEDICATIONS (required)

Does your child take regular medication?  Yes  No

If yes and medication is to be dispensed while at Camp AYS, submit a completed Medication Consent Form with your registration paperwork.

\*A Medication Consent Form must be on file for any medication, prescription or non-prescription, to be administered at AYS. Plan of Care and Medication Consent Forms are available at - [www.ayskids.org/registration](http://www.ayskids.org/registration)\*



# 2019 CAMP AYS REGISTRATION

## HEALTH RECORD FOR CAMPER #2

Camper's Name _____	Date of Birth _____ / _____ / _____
Camp AYS Site _____	School (if different from AYS program site) _____

**INDIVIDUAL EDUCATION PLAN (IEP)**

Does your child have an IEP?     Yes     No    If yes, please submit a copy of the IEP with your registration packet.

**MEDICAL INFORMATION (required)**

Primary Physician _____	Physician's Phone (    ) _____
Date of most recent physical _____ / _____ / _____	Age of child at time of physical _____
Dentist _____	Dentist's Phone (    ) _____
Health Insurance Provider _____	Blood Type (if known) _____
Insurance # _____	Name of Policy Holder _____

**HEALTH CONDITIONS & SPECIAL NEEDS (required)**

Does your child have a diagnosed health condition or special needs?     Yes     No

If yes, check all that apply and submit a completed Plan of Care Form with your registration paperwork.

- ADD/ADHD     Allergy (food)     Moderate     Severe     Allergy (non-food)     Moderate     Severe  
 Asthma     Autism     Behavior Management Plan     Diabetes     Epilepsy/Seizures  
 Hearing/Visual Impairment     Learning Disability     Physical Disability  
 Other, please list: \_\_\_\_\_

Are there any modifications or accommodations that would be beneficial to your child?     Yes     No

If yes, please explain \_\_\_\_\_

**ALLERGIES (required)**

Does your child have allergies?     Yes     No    If yes, please list the specific allergen and severity for each:

Allergy: \_\_\_\_\_     Mild     Moderate     Severe

Allergy: \_\_\_\_\_     Mild     Moderate     Severe

Allergy: \_\_\_\_\_     Mild     Moderate     Severe

**MEDICATIONS (required)**

Does your child take regular medication?     Yes     No

If yes and medication is to be dispensed while at Camp AYS, submit a completed Medication Consent Form with your registration paperwork.

*\*A Medication Consent Form must be on file for any medication, prescription or non-prescription, to be administered at AYS. Plan of Care and Medication Consent Forms are available at - [www.ayskids.org/registration](http://www.ayskids.org/registration)\**

# REGISTRATION TERMS



## I understand and agree to the following:

- \_\_\_\_\_ I have read and agree to AYS' policies outlined in the 2019 Camp AYS Summer Parent Handbook.  
(Initial)
- \_\_\_\_\_ I have read and agree to AYS' Behavior Management, Transportation and Safe Conditions policies.  
(Initial)
- \_\_\_\_\_ I understand that my child(ren) must be signed into and out of the program each day by myself or another adult previously authorized by me.  
(Initial)
- \_\_\_\_\_ I understand that if I apply for summer financial assistance, full weekly summer tuition rates must be paid until notification of any scholarship award by the AYS Business Office.  
(Initial)
- \_\_\_\_\_ I understand that schedule changes may be made before MAY 15. **After May 15, a \$15 change fee will be applied for each schedule change.**  
(Initial)
- \_\_\_\_\_ I understand that registration cancellations will be accepted before MAY 15. **After May 15, a \$75 cancellation fee per week per camper will be applied.**  
(Initial)
- \_\_\_\_\_ I agree to pay weekly summer camp tuition no later than Friday for the following week. I understand that my weekly summer tuition payment is due regardless of my child's attendance. Credits are not available due to illness or absence.  
(Initial)
- \_\_\_\_\_ I understand that late payment fees in the amount of \$10 per week will be assessed if my account becomes delinquent. Repeated late payments will forfeit my child's participation in Camp AYS.  
(Initial)
- \_\_\_\_\_ I agree to pick up my child(ren) from AYS by 6:00pm according to the AYS clock. Any parent who is unable to pick up their child(ren) by 6:00pm will be assessed a flat \$10 fee for the first five minutes. After five minutes, a \$1 per minute fee is charged. Failure to pick up my child(ren) on time may forfeit my child(ren)'s participation in Camp AYS.  
(Initial)
- \_\_\_\_\_ I agree to meet with AYS staff if my child has difficulty adjusting to the program.  
(Initial)
- \_\_\_\_\_ I understand that parents are responsible to send sunscreen, SPF 30 or higher, with their child(ren). Parents are also responsible to send bug spray if applicable. I understand that it is my child's responsibility to apply them as needed. AYS staff can remind and assist my child(ren) if needed.  
(Initial)
- \_\_\_\_\_ I understand that I must make transportation arrangements for my child(ren) to/from summer school, including conflicts with Camp AYS field trips.  
(Initial)

## PARENT PERMISSION/Release and Waiver

- \_\_\_\_\_ If emergency medical care is deemed necessary, and I cannot be contacted, I authorize AYS staff to act on my behalf in granting permission for my child(ren) to receive emergency treatment.  
(Initial)
- \_\_\_\_\_ I agree to be financially responsible for any medical care or transportation expenses incurred on my child(ren)'s behalf.  
(Initial)
- \_\_\_\_\_ I give permission for my child(ren) to be included in any promotional/media resources, including photography and videography, related to AYS and/or the school, including brochures, flyers, AYS/school websites, AYS/school social media sites, on-site news media or in press releases. AYS will not identify children by last name.  
(Initial)
- \_\_\_\_\_ The Family Educational Rights and Privacy Act (FERPA) affords certain rights to children/families concerning the privacy of, and access to, their education records. By signing this document I understand that I am giving permission to AYS and my child(ren)'s school to share educational, behavioral and other pertinent information regarding my child(ren) with each other even if such information is protected by FERPA or any amendments thereto.  
(Initial)
- \_\_\_\_\_ I agree to notify AYS in writing should I choose to opt-out of having my 2019 Camp AYS registration data anonymously and confidentially shared with the United Way of Central Indiana for research and evaluation purposes.  
(Initial)
- \_\_\_\_\_ I agree to pay all court costs and attorney's fees associated with the collection of any delinquent fees.  
(Initial)

## CONSENT, RELEASE, WAIVER AND INDEMNITY AGREEMENT

In consideration of my child(ren) being allowed to participate in AYS, Inc., programs and activities, the Undersigned agrees as follows:  
 To the extent permitted by law, the Undersigned agrees to release AYS, Inc., its officers, directors, employees, volunteers and agents (individually "Releasee," collectively "Releasees"), and agrees to not sue any Releasee for any claims that the Undersigned may have arising from, or in connection with, any physical or property damage that my child(ren) may suffer from any cause whatsoever other than the actual negligence of Releasees. I release Releasees from, and agree not to sue Releasees for, any physical or property damage that my child(ren) may suffer resulting from acts of nature, war, strikes, or government restrictions, terrorist activities, or the acts or omissions of any other agents over which Releasees have no direct control, including but not limited to the entity that owns or operates the premises where the AYS, Inc., programs and activities are held, school staff not employed by or otherwise affiliated with AYS, Inc., or subcontracted agents. The Undersigned further agrees to indemnify, save and hold harmless Releasees, and/or each of them individually, from and against any loss, damage, claim, suit, liability, demand, cost and/or expense, paid or incurred by Releasees, or asserted against any of them (including attorney's fees, court costs and disbursements) caused in whole or in part, by, or arising directly or indirectly out of the participation of the Undersigned's child(ren) in AYS, Inc.'s programs and activities. The Undersigned further expressly agrees that this CONSENT, RELEASE, WAIVER, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as permitted by the laws of the State of Indiana and that the laws of the State of Indiana will govern any dispute before any judicial bodies or in any matter in settling any claim between the Undersigned and Releasees and that if any portion hereof is held invalid, it is agreed that the balance shall continue in full legal force and effect. The Undersigned further agrees that the Undersigned is the parent/legal guardian of the child(ren) listed below and that the Undersigned has authority to make the representations and grant the authorizations contained herein and that no oral representations, statements, or other inducement apart from the foregoing agreements have been made. I have read and fully understand the terms and conditions of participation in the programs and activities of AYS, Inc., and agree to the registration terms as outlined above.

_____	_____	_____ / _____ / _____
Parent/Guardian Printed Name	Parent/Guardian Signature	Date
_____	_____	_____ / _____ / _____
Camper #1 Printed Name	Camper #2 Printed Name	Date