NOVEMBER 2026: HOLIDAY CAMPS
THE NEW ROCHELLE YMCA

- **Ages: 5-12**
- **Have your child spend their day off at the YMCA engaged in swimming, arts and crafts, sports and organized games in the gym and much, much more!**
- **Children must bring Morning Snack, Lunch, Swim Wear & swim cap***
- **The YMCA will provide an Afternoon snack**
- **Required $5 registration fee per day**

Pick Dates:

☐ **Tuesday, November 3rd, 2026 - Election Day**
☐ **Wednesday, November 11th, 2026 - Veteran's Day**

Member Pricing:	Non-Member Pricing:
9:00 AM - 5:00 PM: $75.00	9:00 AM - 5:00 PM: $100.00
8:00 AM - 6:00 PM: $100.00	8:00 AM - 6:00 PM: $125.00

Pick Time:

☐ **9:00 AM - 5:00 PM**
☐ **8:00 AM - 6:00 PM**

Please note: If your child is not currently enrolled in one of our afterschool programs, you must include a copy of the **Immunization Records** from your child's Physician. If fewer than 10 children enroll, the program will be canceled and you will be informed by phone 3 days prior.

Child's Name_____ **Grade**___ **School**_____

Address_____ **Date of Birth**_____

Parent/Guardian #1:
Name_____**DOB**_____**Cell#**_____**Work#**_____

Parent/Guardian #2:
Name_____**DOB**_____**Cell#**_____**Work#**_____

Emails: Parent#1_____ **Parent#2**_____

Two Emergency Contacts: Name_____ **Phone:**_____

Name_____ **Phone:**_____

Is there a person who may NOT have access to your child? _____
Is there an Order of Protection? Yes No

Persons authorized to pick up:

Name: _____ **Name:**_____

Name:_____ **Name:** _____

Name:_____ **Name:** _____

Allergies_____

Medications_____

Restrictions_____

Does your child have any special needs and/or is there any information that would help us as we care for your child (ie triggers like too much noise, etc)? No Yes:_____

CREDIT CARD/BANK ACCOUNT DRAFT AUTHORIZATION

By signing this form, I agree to pay the amount due at least one week before the holiday camp date. It will be my responsibility to notify the New Rochelle Y in the event that I cancel my credit/debit card. I will also notify the Y when I receive a new expiration date on my card. If for some reason a transaction will not post (ie. account closed or suspended, insufficient funds), I understand that I will be charged a $30.00 fee.

I authorize the New Rochelle YMCA to keep my signature on file and to charge my credit card on account, on an ongoing basis for amounts I owe. I understand that this authorization is valid for the duration of my child's enrollment in holiday camp and I may cancel the authorization at any time with a two weeks' written notice of the withdrawal of your child from the program.

PRIMARY BILLING METHOD: Select CREDIT CARD, BANK ACCOUNT **OR** THIRD PARTY PAYMENT

Account Holder's Name:			
Home Address:	City:	State:	Zip:

☐ **CREDIT CARD:** ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Card Number:	Exp Date:	CSC:
Signature:		

☐ **BANK ACCOUNT:**

Name of Bank:	Account Number:	Routing Number:
Signature:		

☐ **THIRD-PARTY PAYMENT:** ☐ DSS ☐ Other Approved Program: _____

REFUND POLICY:

To ensure the highest quality of experience for all campers and to maintain the necessary student-to-counselor ratios, we require that all camp fees be paid in full no later than one week prior to the start of the camp session. Without full payment, your registration is **not complete**, and your spot in the camp cannot be guaranteed.

All payments made are non-refundable. This policy is in place to cover the costs of hiring counselors and securing resources, which are committed well in advance of the camp session. We cannot accommodate refunds or transfers for any reason once payment has been made. By registering for our holiday camp, you acknowledge and accept this non-refundable pre-payment policy.

Any returned or disputed payments will be subject to a $30 service fee per occurrence. Unpaid balances past 30 days will be forwarded for collection.

Parent Signature:	**Date:**

PARENT AGREEMENT

Camper's Name:	DOB:

The following information is important for the safety of your child. Please read the information and sign below. Please keep and refer to your copy of the **YMCA** Camp Parent Handbook, which outlines our program Policies and Procedures. Your signature below indicates that you have received them, read them, and will adhere to all regulations and requirements.

- I understand the New Rochelle YMCA Codes of Conduct for parents and each camper and will obey these codes as outlined in the parent handbook. Should we not comply with the codes of conduct, we understand we can be asked to leave the program and the YMCA and forfeit any fees or payments for programs paid.
- I grant permission for my child to use all of the play equipment and participate in all of the activities of the program with the exception of: _____
- I hereby grant consent for my child to participate in swimming in life-guarded places only.
- **My child's ability to swim is (select one:)** ▢**Non-swimmer** ▢**Beginner** ▢**Intermediate** ▢**Advanced**
- I grant permission for my child to use all the play equipment and participate in all of the activities of the center.
- I grant permission for my child to walk to nearby parks and use the play equipment under the supervision of YMCA staff.
- I grant permission for my child to leave the program premises under the supervision of a staff member for a field trip, in an authorized vehicle.
- I hereby grant consent and authorize the use of photographs, slides, videotape and film of my child participating in New Rochelle YMCA activities for commercial and art purposes in any medium of advertising, communication, publication or publicity that will promote New Rochelle YMCA programs and services, and/or recognition of participants.
- I understand that the YMCA is a non-profit organization.
- I understand that YMCA staff and volunteers are ***not allowed to baby-sit*** *or* ***transport children at any time outside of the YMCA program****.* The YMCA may take immediate disciplinary action toward staff and volunteers if a violation is discovered.
- I understand I am not to leave my child at the YMCA or program site unless a YMCA staff or volunteer is there to receive and supervise my child.
- I understand that my child will not be allowed to leave the program with an unauthorized person.
- I understand any person, myself or other parent/guardian included, picking up my child(ren) may ask to verify their identification with a license at any time.
- I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police.
- I understand that if my child is picked up after camp dismissal more than 3 times, I may be asked to leave the program.
- I understand that the YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I certify that my child has my permission to apply self-supplied sunscreen and bug repellent as necessary.
- I certify that a licensed physician has examined my child in the last 12 months and I have provided the New Rochelle YMCA with documentation of immunization records.
- I understand that the New Rochelle YMCA can suspend any child at any time for inappropriate or dangerous behaviors.
- I understand that only the person who signs this form may make changes to it.
- I will not hold the YMCA, Board of Directors, Advisory Board, Staff, or Volunteers liable for any injuries that might occur as a result of my child's participation in the program.

PARENT STATEMENT OF UNDERSTANDING

The New Rochelle YMCA strongly believes that our holiday camp program will most effectively meet your child's developmental needs by providing continuous care. The YMCA has committed to maintaining staff, curriculum, and facilities that will enrich your child's learning and growth experiences. We seek a similar commitment from you. In signing this agreement, you have reserved your child's space for the 2026-2027 holiday session dates you indicated earlier and are responsible for full payment. Under no circumstances will the YMCA accept less than two weeks' written notice of the withdrawal of your child from the program. The **YMCA** reserves the right to charge for full services throughout the notice period. Registration, deposit, late fees, and membership fees are non-transferable and non-refundable if at any time you or the **YMCA** of New Rochelle terminates services.

I **have read, understand, and agree to the following:**

- Registration and payment are due before each session. Camp fees are nonrefundable.
- My child will not be able to attend camp until the enrollment form, administration of medication and child's health record are completed, signed by all parties, and returned to the Y.
- I have received a copy of the YMCA Camp Parent Handbook with policies and procedures.

Parent Signature:	Date: