



Greensburg YMCA Summer Adventure Camp 2025 Enrollment Form

Greensburg YMCA
101 South Maple Avenue
Greensburg, PA 15601
724-834-0150 ext. 153
b.bianco@gbgymca.org

Child's Name: _____ Birth Date: _____ Male: Female: Grade Entering: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian Name: _____ Work Phone: _____

E-mail Address: (required) _____ Cell Phone: _____

Enrollment Options:

Family Membership Holder
Rate: \$195 per week

Non-member Rate: \$215 per week

Days of Attendance:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Hours: 7:00 AM-6:00 PM

Registration Fee: \$50 per camper, non-refundable. Sibling discount applies.

Are you a current or new ELRC Recipient? YES NO

Kona Ice included with weekly rate!

\$50.00 Non-Refundable Registration Fee:	+	_____	=	_____
		First Week of Camp Payment:		Enrollment Total:

DATES: *PLEASE CHECK THE BOX NEXT TO THE WEEKS ATTENDING*	SUMMER ADVENTURE CAMP THEMES & Field Trips:
June 2 nd -6 th <input type="checkbox"/>	The Golden Ticket Quest: McFeely's Gourmet Chocolate Shop
June 9 th -13 th <input type="checkbox"/>	Call of the Wild: The Pittsburgh Zoo
June 16 th -20 th <input type="checkbox"/>	Mind-Bending Mysteries: Museum of Illusions
June 23 rd -27 th <input type="checkbox"/>	Berry Sweet Summer: Sandhill Berries
June 30 th -July 4 th (closed 4 th of July) <input type="checkbox"/>	Fired Up for Fun: Victoria Lynn's Ceramic Shop
July 7 th -11 th <input type="checkbox"/>	Take Me Out to the Ball Game: Washington Wild Things Baseball Game
July 14 th -18 th <input type="checkbox"/>	Slide and Seek Adventures: Mammoth Park
July 21 st -25 th <input type="checkbox"/>	Mad Scientist: Carnegie Science Center
July 28 th -August 1 st <input type="checkbox"/>	Camp Underground-Caves and Crystals: Laurel Caverns
August 4 th -8 th <input type="checkbox"/>	Pins, Strikes, and Summer Vibes: Main Bowling Center
August 11 th -15 th <input type="checkbox"/>	Splash and Bash! End of Summer Cookout: Keystone State Park

Race:	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Native Hawaiian/ Other Pacific Islander	<input type="checkbox"/> American Indian/ Native American	<input type="checkbox"/> White/Caucasian
Household Income:	<input type="checkbox"/> \$0-\$20,000	<input type="checkbox"/> \$20,001-\$40,000	<input type="checkbox"/> \$40,001-\$60,000	<input type="checkbox"/> \$60,001-\$80,000	<input type="checkbox"/> \$80,001-\$100,000	<input type="checkbox"/> \$100,001+
Household Size: _____						

★ **Enrollment in the Greensburg YMCA Summer Adventure Camp is not guaranteed until both the completed enrollment form and payment are received, and a confirmation email is sent by the Director. Spaces are limited and will be filled on a first-come, first-served basis.** ★

Photo Permission: I give the Greensburg YMCA permission to take photographs or videos of my child. Please indicate whether you consent to internal usage and sharing, external (marketing) usage, both, or none. Internal External Both None

Sunscreen Permission: I have read and understand the Sunscreen Guidelines and will comply with the policy as outlined which includes providing a labeled bottle of sunscreen. Agree Disagree-do not apply sunscreen to my child

Allergies/Medical Condition(s): _____

Shirt Size (circle one): YS YM YL AS AM AL AXL

Parent/Guardian Signature: _____

Date: _____



ELECTRONIC FUNDS TRANSFER
CHILDCARE ACCOUNT TAX STATEMENT
PARENT HANDBOOK & PAYMENT POLICY ACKNOWLEDGEMENT

How does Electronic Funds Transfer (EFT) work?

Once you enroll in EZ-EFT, your financial institution will automatically send us your payment from your credit card, checking account or savings account.

What about security?

Payment is made by your financial institution only with your authorization. Additionally, the federal consumer safeguard regulations are more stringent for EZ-EFT than when you pay by check, which means EZ-EFT is more secure than conventional checking.

To Enroll: Complete the information below. If you have any questions contact Director of School Age Childcare, Breanna Bianco at 724-834-0150, ext. 153 or b.bianco@gbgymca.org

Child's Name: Birth Date:

Your name (as appears on card):

Choose One:

- 0 Checking Account (voided check must be attached)
0 Savings Account
0 Debit/Credit Card

I hereby authorize period payments on my behalf from my credit card, checking account, or savings account listed below to be transferred to the Greensburg YMCA.

Card Number: Visa Master Card Discover Security Code:

Card Number: Expiration Date:

Payment Options:

0 Weekly EFT (collected each Monday for the following week of care)

0 ELRC/CCIS (balances once ELRC is applied will be the responsibility of the parent/guardian, financial assistance may be available)

I understand that I am in full control of my payment and if at any time I decide to make changes or discontinue this service, I will notify the Greensburg YMCA in writing two weeks in advance. Changes of payment method will not affect the terms of my contract. * Please note that it is the account holder's responsibility to notify the billing department of any changes to their account. If an account is rejected for any reason, including expired credit cards, you will be assessed an NSF fee of \$35.

Account Holder's Signature: Date:

Child Care Account Tax Statement Requests: (all statements will be completed no later than January 31.)

If your child is not currently enrolled in our program when statements are printed out, they will be available at the Greensburg YMCA Welcome Center desk for pick-up. If your child is enrolled, you will receive them on site at their program.

If for some reason your statement is not available or you have questions about it, please contact Breanna Bianco at b.bianco@gbgymca.org or 724-834-0150, ext. 153 for additional assistance. Thank you. Our EIN number is 25-0965622.

This is to acknowledge that I have received a copy of the YMCA Parent Handbook and Greensburg Y Payment Policies. I understand that this policy supersedes any other policies I may have received during my participation in other Y programs. I understand that it outlines my privileges and obligations as a participant in this program. I will familiarize myself with the information herein, which describes the policies of the child care program.

Parent/Guardian Name (please print):

Signature of Parent/Guardian:

Child's Name (Please Print):

Date:

Topics to Make Note Of:

Authorization for Pick-Up

- Must be on the child's Emergency Card & must be at least 18 years of age with a valid photo identification.

Unattended Child Law

- A person in charge of a motor vehicle may not permit a child under six years of age to remain unattended in a vehicle out of sight and/or under circumstances which endanger the health, safety, or welfare of a child.

Staff Code of Conduct

- We are mandated reporters. If we suspect any abuse or neglect of a child, it is our legal responsibility to file a report

Payment Policies

- Payments are due in full on Monday one week prior to the week care is provided.
• For any changes made in enrollment we must have a written two week notice to the School Age Dept. Coordinator & Director
• Late Pick Up Fee, \$1.00 per minute, per child. If you are over an hour late without communication, emergency contacts will be called and then 911/Child Youth Services.