



Y Camp 2022 Registration Process for Associates

Summer is coming! This means our Y centers and off-site locations will be flooded with happy, smiling camp kids all day long – including children of Y associates!

Below are key points about the associate camp registration process and how your employee benefits apply to camp.

To Qualify for an Associate Camp Discount

You must work at the Y in Central MD at least 20 hours per week and the child listed must be a legal dependent on your federal income tax return. If you meet both of these requirements, then complete the attached annual Dependent Care Assistance Plan (DCAP) form and email to HRIS@ymaryland.org for approval.

HRIS will verify employment and eligibility and will then forward your approved/denied form to Customer Service with the discount amount (see below).

- Y Camp (all camps, inclusive of Specialty Camps, Teen Camps, Transportation, Overnight Camps and CIT Leadership Program) **25-50% off** depending on salary. See below.
- Salary below \$53,000 receives **50% off** and Salary above \$53,000 receives **25% off**

How to Get Your DCAP Discount Applied to Your Camp Weeks

Once your registration is complete and deposits are paid, please email customerservice@ymaryland.org to advise them of your child(s) registration. Be sure to include your child's name and camp location in the email. Customer Service will manually enter the Associate Discount once the approved DCAP form from HRIS is received. You will receive an email with an updated invoice showing your new camp balances.

If additional weeks of camp are added after the initial registration process, please email Customer Service again to apply the DCAP discount on the additional weeks. Please include the child's name, location, and the dates of the additional weeks you added.

If you have any questions please email customerservice@ymaryland.org or call [443-322-8000](tel:443-322-8000).

Y Associate Membership and Summer Camp Rates

Please remember your Family membership must be active before you register for camp. Additional monthly fees may be required for the membership. Contact Customer Service for details or to check the status of your membership.



Registration Fee

During your initial registration, you must accept a waiver stating that you agree to be charged a one-time, registration fee (per camper). Once HRIS verifies your DCAP form, we will credit your registration fee to your camp balance.

Sibling Discount

Available when two or more siblings are registered for the same weeks of camp. Get 2% off all camps with promo code **SIBLING2022**.

Early Bird Discount through February 28th

Get 10% off all camps and discounted registration fees with promo code **EARLYBIRD2022**.

Additional Discounts

If you have CCS vouchers or Y assistance, you may use one of these in lieu of your Early Bird and/or sibling discounts.

- Y Open Doors Assistance application may be found: [here](#)
- CCS Application or informational questions may be directed to: ccscentral@conduent.com

How to Login to your Y Online Account

1. Go to ymaryland.org/myaccount
2. Click the purple button "Login or Find Your Y Account"
3. Enter your email address or phone number associated with your Y account

If you experience problems setting up or accessing your online access, please contact us at customerservice@ymaryland.org.

How to Register

1. Select your preferred location by clicking the link. You will see camp options, dates, prices, ages, and activities available.
<https://ymaryland.org/programs/camplocations>
2. Once you've decided on the best camp experience for your child, click the button that corresponds with the camp location you want to register for.
3. Select your weeks and click the blue register button.
4. Complete all requested information.
5. Checkout by making your payment. If you have a promo code, you will use it at checkout.
6. Once you've registered for camp, you will be emailed a link to our camp paperwork system, Playerspace. Use this link to create your Playerspace account and **complete all required health and medical forms, waivers, permission slips, etc.** If you have previously used Playerspace, some of your paperwork will carry forward, but there will still be items that need to be reviewed and/or updated. Your registration cannot be finalized and campers cannot be admitted to camp without current Playerspace information. **Note: All Playerspace emails will be sent out in the Spring of 2022.**



Balance of Weekly Camp Fees

Payments for Y day camps will be automatically drafted from the payment method used at the time of registration 14 days prior to the start of the camp week.

Payments for overnight camps will be automatically drafted from the payment method used at the time of registration 30 days prior to the start of the camp week.

A complete payment schedule is included in the Camp Parent Manual. If the balance is not paid, the camper will not be allowed to attend and the slot may be reassigned.

Change/Cancellation Policy

All changes and cancellations must be made in writing and include the camper's full name, camp location, dates of the weeks to be cancelled, and a description of the request. All requests must be submitted to the Customer Service office either by fax at 410-779-9426 or email to customerservice@ymaryland.org. Deposits and registration fees are non-refundable and non-transferable.

If a day camp week is cancelled two weeks prior, the deposit will be forfeited and any further balance paid will be refunded. Cancellations made with less than two weeks' notice will not be accepted and all fees will be non-refundable.

For overnight camp, cancellation requests must be made 30 days in advance. For more information please review the financial policy in the [Camp Parent Handbook](#).

**The Y in CENTRAL MARYLAND
2022 DEPENDENT CARE ASSISTANCE PLAN**

Election of Dependent Care Assistance

Name: _____ Last 4 Digits of SSN: _____

Address: _____

Name of Dependent(s): _____

- **Dependent care** assistance benefits (discounts) will be available only for qualifying dependent care expenses described on the attached page. I agree to notify the Association if I have reason to believe that any expense for which I have received dependent care assistance is not a qualifying dependent care expense.
- I cannot change or revoke this agreement at any time during the calendar year unless the change or revocation is on account of and consistent with a change in my family status, (e.g. marriage, divorce, death of a spouse or child, birth or adoption of a child, termination of employment of a spouse, and such other events as the Plan Administrator determines will permit a change or revocation).
- This agreement will automatically terminate if the Plan is terminated or discontinued, or if my election to receive dependent care assistance expires.
- The Plan Administrator may modify this agreement in the event the Administrator believes it advisable in order to satisfy certain provisions of the Internal Revenue Code.

This agreement is subject to the terms of The Y in Central Maryland Dependent Care Assistance Plan as from time to time in effect, shall be governed by and construed in accordance with the laws of Maryland, shall take effect as a sealed instrument under the laws of Maryland, and revokes any prior election relating to the Dependent Care Assistance Plan.

Center _____ Scheduled Work hours per week _____
(Must work at least 20 hours per week to receive the DCAP discount)

Check Program to Be Used

Preschool ☐

Salary below \$53,000 receives **50% off** and salary above \$53,000 receives **25% off**.

Before/After School Enrichment ☐

Salary below \$53,000 receives **50% off** and salary above \$53,000 receives **25% off**.

Summer Camp ☐

Salary below \$53,000 receives **50% off** and salary above \$53,000 receives **25% off**.

Associate's Signature

Date

PLEASE RETURN THIS COMPLETED FORM to HRIS@ymaryland.org

QUALIFYING DEPENDENT CARE EXPENSES

Under the Plan, benefits will be provided only for dependent care expenses meeting **all** of the following conditions:

The expenses are incurred for services rendered after the date of this election and during the Plan year to which it applies.

2. Each individual for whom you incur the expenses is:

- (A) a child under age 13 whom you are entitled to claim as a dependent on your federal income tax return, or**
- (B) a person who is physically or mentally incapable of caring for himself or herself and who is your dependent for tax purposes (or would be your dependent for tax purposes except that he or she (i) had gross income equal to or above the personal exemption amount; (ii) filed a joint return, or (iii) is the dependent of another taxpayer.)**

Special rules apply in the case of a child of divorced or separated parents or parents living apart. In most cases only the custodial parent may treat the child as a qualifying child for purposes of dependent care expenses regardless of who may claim the child as a dependent. Check with your tax advisor for the rules applicable to your situation.

3. The expenses are incurred for the care of a dependent described above to enable you or spouse to be gainfully employed or to seek such employment.

4. If the expenses are incurred for services outside your household, they are incurred for the care of a dependent who is described in 2(A) above, or any other qualifying person who regularly spends at least eight hours per day in your household.

5. If the expenses are incurred for services provided by a dependent care center (e.g. a facility that provides care for more than six individuals not residing at the facility), the center complies with all applicable state and local laws and regulations.

6. If the expenses are incurred for services provided by a camp, the dependent does not stay overnight at the camp.

7. The reimbursement (when aggregated with all other reimbursements received by you under the plan during the same year) may not exceed the least of the following limits for a calendar year:

- (a) \$5,000 (\$2,500 if you do not certify that (i) you will file a joint Federal income tax return for the year with your spouse or (ii) you are not married).
- (b) Your taxable compensation (after the reduction agreed to for dependent care assistance).
- (c) If you are married, your spouse's actual or deemed earned income.

For purposes of (a) above, if you are married to another participant in the plan and file a joint Federal income tax return, a single \$5,000 limit applies to both you and your spouse.

If you have any questions about tax treatment you may call Kelli Longo at 443-322-8025.