

Dorchester County Family YMCA

Summer Day Camp

Dear Parents and Guardians,

Thank you for trusting the YMCA to take care of your child. Safety is our primary concern. We will need more information from you concerning your child to assist the counselors and directors in giving your child the best possible care. Please take the time to complete these in full.

NO CAMPER WILL BE ALLOWED TO ATTEND WITHOUT THESE COMPLETED!

Please not the following forms and return this cover sheet with them:

1. Enrollment form
2. Fieldtrip permission form
3. Authorization for emergency medical treatment
4. Medication form
5. Parent statement of understanding
6. Other person(s) Authorized to pick up your child
7. Confidential camper information form
8. Behavior management procedures
9. Sunscreen policy
10. Important information for parents
11. Camp Policy

I have read and completed all the enrollment forms to enroll my child(ren) in YMCA Summer Camp.

Parent/Guardian Signature

Date

Thank you again and we are looking forward to a great summer!

Nancy Phillips

Camp Director

Dorchester County Family YMCA
2008 Summer Day Camp



Registration Packet

Child's
Name _____

Please indicate which week(s) your child will be attending by placing an "X" in the blank next to the dates.

- ___1. June 15-19
- ___2. June 22-June 26
- ___3. June 29-July3
- ___4. July 6-10
- ___5. July 13-17
- ___6. July 20-24
- ___7. July 27-31
- ___8. August 3-7
- ___9. August 10-14
- ___10. August 17-21

Thank you for your cooperation!

2009 YMCA

Day Camp Enrollment Form

Campers Name _____ Nick Name _____

Full Address _____
(city) (state) (Zip Code)

Youth Shirt Size _____ Date of Birth _____ Age _____

School your child attends: _____

IDENTIFYING INFORMATION

Mother's Name _____ Home # _____ Cell # _____

Address (if different) _____

Employed by (or school attended) _____ Work # _____

Work Schedule _____

Father's Name _____ Home # _____ Cell # _____

Address (if different) _____

Employed by (or school attended) _____ Work # _____

Work Schedule _____

Please provide any other information that you feel may put us in better position to understand your child's needs (ie. Allergies, moodiness, homesickness, anxiety, likes/dislikes, etc.)

Emergency Contact(s) **Other than parent or doctor**

1. Name _____
Relationship _____
Home phone _____ Work # _____ Cell phone# _____
2. Name _____
Relationship _____
Home phone _____ Work # _____ Cell phone# _____

PERSON(S) AUTHORIZED TO TAKE CAMPER FROM CAMP:

1. Name _____
 2. Name _____
 3. Name _____
- Password: _____

When you or person authorized to sign out your child, please be prepared to show driver's license each time you sign your child out. Before we can release out your child, we need to have proper identification. Thank you!

Dorchester County Family YMCA

Fieldtrip Permission Slip

I do () do not () give my child permission to take part in field trips or excursions with this Day Camp Facility under proper

supervision. It is my understanding that I will be notified when such trips are planned.

PERMISSION FOR CAMPER TO LEAVE THE FACILITY

I grant permission for my child to leave the facility as follows:

<u>Fieldtrips</u>	<u>Anytime</u>	<u>Bus or Walking</u>
Type of Activity	Time: Leave/Return	Method of transportation

I have read and I agree to the above on

Parent/Guardian Signature

Date

Dorchester County Family YMCA

Photo Release

In exchange for good and valuable consideration, the adequacy of which is hereby acknowledged, I hereby give Dorchester County Family YMCA, its legal representatives, successors, and assigns, including its member YMCA associations, or those for whom it is acting, and all person and corporations acting with its permission or upon its authority, including any staff or volunteer of the YMCA, the absolute right and permission to take, copyright, use, and publish photographs of or concerning (child's name)_____in whole, in part, or in composite, for the purposes of YMCA art, advertising, education, or promotion, or for any other purpose consistent with the YMCA mission. I agree that the photograph becomes the exclusive property of the Dorchester County Family YMCA, Inc. and I waive all rights thereto. I waive all rights to inspect and/or approve any printed matter that may be used in conjunction with the photograph and the use to which it may be applied.

Parent/Guardian Signature

Date

Address _____ Phone # _____
(city) (state) (zip code)

Health History and Preferences for Medical Treatment

Hospital Preference: _____ phone: _____

Physician's Name _____

Address: _____ Phone Number: _____

Dentist: _____ Office Number: _____

Child's Date of Birth: Month _____ Day _____ Year _____

Child's Insurance Company: _____ Policy # _____

Policy Holder's Name: _____ Relationship to youth _____

Date of most recent tetanus Dtap: _____

HEALTH HISTORY: (give approximate dates)

Frequent Ear infections _____

- Heart Defect/Disease _____
- Convulsions _____
- Epilepsy _____
- Diabetes _____
- Bleeding/Clotting Disorders _____
- Hypertension _____
- Mononucleosis _____

Allergies:

- Hay fever _____
- Poison Ivy/Oak _____
- Insect Bites/Stings _____
- Penicillin _____
- Other drugs _____
- Asthma _____
- Other Allergies _____

Diseases:

- Chicken Pox _____
- Measles _____
- Mumps _____
- German Measles _____

Recommendations and Restrictions While at Camp

Please list any treatment or medications to be administered at camp
(Separate form must be completed)

Please list any medications that are normally taken that are temporarily being discontinued_____

Please list any activities that need to be limited or restricted while at camp_____

- All medications to be administered at camp must be accompanied by a completed medication form and must be in the original container. All medication is dispensed according to prescribed/recommended dosage and times stated on the original container. Please refer to the parent/youth handbook for additional important information concerning medication.

Custodial Parent/Guardian

Signature_____Date_____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

Yes. I understand that I will be notified, at once; in case of an accident or illness to my child that requires medical attention. I will make arrangements for medical care for my child with the physician or hospital of my choice.

If I cannot be reached to make necessary arrangements or in a critical emergency requiring medical care, I hereby authorize the Dorchester County Family YMCA, Inc., to give consent for any and all necessary emergency care for my child, _____; while said child is at attendance at the YMCA Day Camp.

No. Because of religious or other reasons, I refuse to permit the Dorchester County Family YMCA, Inc.; to provide my child, _____ with emergency medical treatment. In case of a medical emergency, please use the following procedure:

X _____ / ____ / ____ / ____
(Parent/Guardian Signature) (Date)

Physician: _____

Phone: _____

Address: _____

Mother's Work# _____ Father's Work # _____

Health Insurance Provider: _____

Phone # of Health Insurance _____ Policy # _____

Parent Statement of Understanding

The following information is important for the safety and protection of your child. Please read the information, sign this form and return it to the YMCA.

Please keep and refer to the attached copy of the YMCA Program Policies. Your signature below indicates that you have received them.

I understand that the YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside of the YMCA program. Immediate disciplinary action will be taken by the YMCA toward staff and volunteers if a violation is discovered.

I understand that I am not to leave my child at the YMCA or program site unless a 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. Any person authorized to pick-up my child must either be listed with YMCA or other arrangements must be made by calling the YMCA office to inform them of a change.

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. Please do not put staff in a position where they have to make this judgment call.

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.

Note: It may be appropriate for the YMCA to insert fees, or other policy statements that need additional emphasis at this point.

I have read and understand the above statements and YMCA Day Camp Important Information for Parents.

Parent/Guardian Signature

Date

BEHAVIOR MANAGEMENT POLICY

The YMCA Day Camp, like society, needs rules and guidelines in order to operate. Clearly established rules and consequences will be carefully developed using the following guidelines. Staff will not administer corporal or verbal punishment.

Child Care rules will be developed and phrased in positive statements that can be understood by all participants.

A variety of positive reinforcement methods will be used by staff to reinforce acceptable behavior. Consequences will be developed for use when rules are violated.

- First violation of rule during the day -Predetermined consequence implemented
- Second violation of rule during the day-Consequence plus a verbal notification to parent by Camp Director and/or Assistant Camp Director
- Third violation of rule during the day-Consequence, verbal and written notification to parent by Camp Director and/or Assistant Camp Director
- Fourth violation of rule during the day-Consequence, Parent will be called to pick up child immediately. A formal conference will be held with parent to discuss child behavior and further consequences.

Reasons for dismissal from the YMCA Day Camp:

1. Verbal abuse to another child or adult
 - a. Language with sexual connotations
 - b. Foul Language
 - c. Foul body language
 - d. Extreme disrespect
2. Child physically confronting another child or adult
 - a. Physical fighting
 - b. Biting
 - c. Touching another individual in a threatening manner

3. Damage to YMCA property
 - a. Damage to property off YMCA site while on a YMCA function
 - b. Parents will be held financially responsible for all damages
4. Theft
 - a. Theft from YMCA
 - b. Theft of other participants or members property
 - c. Theft of property off YMCA site while on a YMCA function

Upon three written discipline violations, a meeting will be held with the Camp Director and/or the Camp Assistant Director and the Parent and the Child to discuss possible termination. Each situation will be handled by staff with a sensitive concern for helping the child and the parent find solutions to the problems at hand.

The YMCA reserves the right to deny admittance or terminate enrollment of any child if the YMCA determines that it is in the best interest of the child and the program to do so.

In YMCA Day Camp, we insist on positive, teaching forms of discipline with the Character Values as our guideline. The attitude of our staff is to instruct rather than condemn. We believe discipline is a process of teaching and learning rather than punishing.

At times, children must be removed temporarily from the program to help them regain control, to keep a child from causing harm to themselves or other participants or to permit time for a situation to be assessed. Time outs are not used as negative punishments but to allow the child to regain control of their actions and feelings.

Child's Name _____

Parent/Guardian Signature _____ Date _____

YMCA DAY CAMP SUNSCREEN POLICY

Soaking up the sun's rays used to be considered healthy before we learned about the dangers of ultraviolet rays. These invisible rays, known as ultraviolet-A (UVA) and ultraviolet-B (UVB), cause suntan, sunburn, and skin damage. There is no "safe" UV light. Protecting young people from the sun is essential as most of our sun exposure comes before the age of 20.

The YMCA day camp participants spend a great deal of time in the outdoors and are thereby exposed to the sun's harmful rays. Since it is our commitment to promote healthy spirits, minds and bodies, we have prepared the following policy in this regard:

- All campers and staff will wear sunscreen with an SPF of at least 15 on all exposed skin, including lips, every day even on cloudy days.
- Parents or legal guardians will be responsible for applying the first layer of sunscreen prior to morning drop off.
- Parents or legal guardians will be responsible for supplying their child with enough sunscreen (in a sealed container) to last them for later day applications. One container per child, please.
- Day camp staff will be responsible for ensuring thorough follow-up applications after one hour in the water, and/or two hours of activity in the sun (due to perspiration), and/or any other time as needed. Please note, this will mean your child will have the sunscreen on them by the day camp staff. Please explain this to your child before camp.
- For campers who have fair skin, freckles, or numerous moles, have blonde, red or light brown hair; have blue, green or gray eyes; tend to burn easily and tan little or not at all; and have a family history of skin cancer, we recommend that child may bring an extra t-shirt to wear in the water for extra protection.
- The YMCA reserves the right to disallow anyone to participate in the day camp program at any time on this failure to comply with this policy.

Please note that these decisions were made to protect your child. Furthermore, our staff has been trained on this subject and understands their responsibilities and the consequences for failure in observing this policy.

I verify that I have read, understand, and for the protection and well being of my child, agree to comply with the YMCA Day Camp Sunscreen Policy. I also understand that if at any time I fail to comply with the policy, my child will not be allowed to participate in the program.

Parent/Guardian Signature

Date

YMCA Day Camp

Important Information for Parents

- Balance of camp payment is due by Monday at 9:00 a.m.
- Camp care begins at 7:30 a.m. There isn't any staff available to supervise your children until 7:30 a.m.
- Pick up is prior to 5:30 p.m. Please be advised that late fees will be assessed at \$5.00 for each additional 15 minutes after 5:30 p.m. Continued tardiness will result in your child not being able to attend camp.
- When you do pick up your child, please check him/her out on the sign in/out sheet and have proper ID ready.
- We do not have refrigeration capabilities, so if your child brings his/her lunch, please have it in a labeled container with its own cold pack.
- We will not tolerate foul language, fighting or disrespecting of counselors or other staff. We will treat your child with respect, and expect the same in return. We want this to be a fun and happy experience for all campers. First offense will be handled by Group Counselor, second offense by Camp Director, third by YMCA Program Director. The fourth offense will result in your child to be released from camp. You will be notified of any behavior problems.
- Dorchester County School Board buses or Charter buses will transport all trips, so regular bus rules apply. If your child has never ridden a bus, please review those things that are safety regulations on all buses; riders must remain in seat, no arms out of the window, etc.
- Please have your child wear only closed toe shoes, again, for their safety. A hat (with their name inside) is also a good idea.
- No camper is allowed anywhere by themselves. They will be accompanied to the restroom, to another play area, etc. by the camp counselor.

Thank you for your confidence in helping your child to have a memorable camp experience at the Dorchester County Family YMCA.

Parent/Guardian Signature

Date