



Bloomsburg YMCA 2017

Summer Camp Registration

(ages 5-12)

June 12-August 18 - Camp Hours 9am-4pm Mon-Fri
Before/After Care Offered (6:30am-9am, 4pm-5:30pm)

Check out our plans at www.bloomsburgymca.org
Please print neatly and fill in all sections of this form that apply

Child's Name _____ Age _____ D/O/B _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

EFT on File: Credit Card _____ Bank Draft: _____

Need to have on file to be registered for automatic payments.
If you have questions about this, please talk to Chelsea Derrick.
Y Member - Yes or No (Circle one)

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

Camp Tuition (circle one): Private pay or CCIS

CAMPER (ages 5-12)

Due at Registration:

Week 1 Fee \$ _____

Registration Fee \$ _____

Total \$ _____

COUNSELOR IN TRAINING (ages 13-18)

Table with 2 columns: MEMBER, NON-MEMBER and 2 rows: \$50, \$75

Table with 3 columns: DAYS, MEMBER, NON-MEMBER and 2 rows: 3 DAY, 5 DAY

Tuition Payment must be paid the Friday before the week of service.

A onetime \$25 nonrefundable registration fee is required for all members and a \$50 nonrefundable registration fee is required for all non-members of the YMCA.

Total \$ _____ Date paid _____

Parent/Guardian Signature _____ Date _____

Director Signature _____ Date _____

Please circle the number of days your child will be attending camp each week.

| <u>WEEK</u> | <u>3 or 5 day week</u> | <u>Theme/Field Trip</u> |
|---|------------------------|---|
| 1. June 12 th - June 16 th | 3 Day or 5 Day | Aloha Summer! <i>No Field Trip</i> |
| 2. June 19 th – June 23 th | 3 Day or 5 Day | Animal Week <i>Wednesday, June 21st</i> <i>Field Trip: Lehigh Valley Zoo</i> <i>No additional cost to YMCA campers</i> |
| 3. June 26 th – June 30 th | 3 Day or 5 Day | Underwater Week <i>Wednesday, June 28th</i> <i>Field Trip: Camden Aquarium</i> <i>**Additional cost of \$20.00</i> |
| 4. July 3 rd – July 7 th | 3 Day or 5 Day | Make the USA colorful <i>Wednesday, July 5th</i> <i>Field Trip: Crayola Factory</i> <i>**Additional cost of \$20.00</i> |
| 5. July 10 th – July 14 th | 3 Day or 5 Day | Wacky Nature Week <i>Wednesday, July 12th</i> <i>Field Trip: Hershey Gardens</i> <i>No additional cost to YMCA campers</i> |
| 6. July 17 th – July 21 st | 3 Day or 5 Day | Sports Extravaganza <i>Wednesday, July 19th</i> <i>Field Trip: Camp Kresge</i> <i>Free!</i> |
| 7. July 24 th – July 28 th | 3 Day or 5 Day | Summertime Fun in the Sun <i>Wednesday, July 26th</i> <i>Field Trip: Camelback Resort</i> <i>No additional cost to YMCA campers</i> |
| 8. July 31 st – August 4 th | 3 Day or 5 Day | Discovery Week <i>Wednesday, August 2nd</i> <i>Field Trip: Penns Cave</i> <i>No additional cost to YMCA campers</i> |
| 9. August 7 th – August 11 th | 3 Day or 5 Day | Wild on Wildlife <i>Wednesday, August 9th</i> <i>Field Trip: Lake Tobias</i> <i>No additional cost to YMCA campers</i> |
| 10. August 14 th – August 18 th | 3 Day or 5 Day | Summer Bash! <i>Wednesday, August 16th</i> <i>Field Trip: Tee-to-Green</i> <i>No additional cost to YMCA campers</i> |

****Trips requiring an additional cost must be paid in full by the Monday before the trip. Thank you!**

2017 Summer Day Camp REGISTRATION AGREEMENT

I AGREE TO ADHERE TO THE BLOOMSBURG AREA YMCA SUMMER DAY CAMP REGISTRATION POLICIES OUTLINED IN THIS AGREEMENT AND GIVE MY CHILD PERMISSION TO PARTICIPATE FULLY IN THIS PROGRAM. PLEASE READ EACH AGREEMENT, INITIAL TO THE RIGHT, AND SIGN FULL NAME.

1. Registration must be completed before child may enter day camp and consists of the following:

- a. A non-refundable registration fee of \$25 for members and \$50 for non-members
- b. Signed agreement form by parent and/or guardian
- c. Emergency form for each child enrolled
- d. Health Assessments ~ *must be current and are due within 30 days of the date on registration form*

2. I agree to pay the weekly fee as stated on the registration form. _____

3. I understand that weekly fees must be PAID IN FULL BY THE FRIDAY BEFORE WEEK OF SERVICE. An EFT (Credit Card or Bank Account) must be kept on file and will be charged in the event of delinquent payments over two weeks. Any schedule changes must be made in writing to Chelsea Derrick two weeks prior to change. _____

4. I understand that childcare services will be terminated if my account is not paid on the Friday prior to service. _____

5. No child may be dropped off before 6:30 AM. For your child safety, if parent/child arrives before 6:30 AM, parent must wait for staff to arrive. Failure to wait could result in childcare services being terminated. A \$5.00 per 5 min. fee will be charged if picked-up after 5:30 PM. If there is a problem with campers pick up parent must call to notify Camp Director _____

6. An AUTHORIZED ADULT MUST SIGN camper in upon arrival and sign camper out upon departure DAILY. YMCA staff will only assume responsibility for camper when signed in for the program. YMCA STAFF WILL CHECK AUTHORIZED PICK UP PERSONS. PLEASE MAKE SURE PICK UP PERSONS HAVE PHOTO ID. _____

7. I understand that, I will be notified prior to medical treatment of my child. If notification is impossible, I understand that I am financially responsible for any medical or transportation expenses incurred on my child's behalf. _____

8. I understand that it is a STATE REQUIREMENT that if my child requires medication that these MEDICATIONS must be in the ORIGINAL BOTTLE accompanied with doctor's instructions. _____

9. Any form of violence (whether physical or verbal), talking back or inappropriate language is not tolerated at any time. Should my child behave inappropriately I will be called into a conference and understand that my child may be liable for expulsion from the Summer Day Camp Program without refund of fees.

10. I am responsible for providing NO RUB SPRAYSUNSCREEN for my child. _____

(***Please note: Camp counselors are prohibited to apply sunscreen to the children, so please educate your child on the importance of sun protection and how to apply***)

11. I understand that if my child chooses not to participate in the field trip, I must find alternative care for that day. _____

12. I agree to send my child to YMCA Summer Day Camp suitably dressed (PLEASE NO OPEN TOED SHOES, SANDLES, FLIP FLOPS ETC.) Please be aware that the YMCA requires all female campers to wear a ONE PIECE bathing suit if going to the pool. _____

13. I understand that upon registration my child will receive a YMCA Day Camp T-shirt that will be worn on EVERY field trip. If t-shirt is lost or forgotten, I understand that I will be charged \$10.00 for a new t-shirt. _____

14. In consideration of the Bloomsburg Area YMCA, I waive all claims of any lost, stolen, or damaged items. Please do not send anything of value to the program with your child. _____

In consideration of the Bloomsburg Area YMCA program listed above, I waive all claims for myself and for the participants listed above, for any injuries or illness, which may result from participation, including any transportation provided by the YMCA, staff or agents. I further state that the above participant is in proper physical condition to participate in this program. In the event that there is a question regarding the physical condition of the participant, a physician will be consulted by parent/guardian to review the situation prior to any participation.

I agree to adhere to the Bloomsburg Area YMCA Registration agreement and policies for the Summer Day Camp Program as outlined and authorize my permission for my child(ren) to participate fully in this program.

Parent/Guardian Signature _____

Date: _____

CONDUCT POLICY

It is the intent of the Bloomsburg Area YMCA that each camper enjoys the activities planned by understanding that he/she is responsible for his/her actions. With prior knowledge of our basic rules of safety and good conduct, each child is made aware of how to exercise self-discipline, and that the YMCA is here to help campers and to know that we want him/her to succeed. As in any group activity, the inappropriate behavior of a few children can spoil the experience for the entire group. Therefore, the following conduct policies apply directly to each child and will be used in determining his/her eligibility to continue as a participant in the YMCA Day Camp Program. In accordance with the severity of the infraction and the number of times the infraction occurs, a child may (A) be suspended or (B) be terminated from the program at any time for:

1. Using foul language and/or being rude and discourteous to staff and/or peers.
2. Defacing or damaging YMCA property.
3. Bringing or using illegal substances: alcohol, drugs, weapons, toy guns, etc. (as deemed by staff of the YMCA) or unsafe personal sports equipment.
4. Stealing or defacing the property of others.
5. Refusing to remain with his/her group, intentionally and/or repeatedly leaving his/her group activity.
6. Inappropriate physical contact: hitting, biting, other physical altercations.
7. Going to unauthorized areas of the facility or leaving the premises without permission will result in the following actions: a search of the premises will be conducted; if the camper is not found the police and parent/guardian will be notified and the child will not be allowed to return to camp. No refund will be given.

In the event that a camper has proven that he/she is unwilling to follow these policies, we reserve the right for suspension or termination at any time. NO REFUNDS will be given. It is our daily desire that every camper enjoys his/her YMCA experience. It is for this reason that we have initiated policies we feel are fair, easily complied with and are of benefit to everyone involved.

Parent signature: _____ Date: _____

Permission Agreements

Please read and initial the following permission statements indicating your agreement.

MOVIES

_____ My child has permission to **view G and PG rated** movies at Bloomsburg Area YMCA. I understand that under no circumstances will a movie rated other than G or PG be shown during YMCA Summer Day Camp Program.

TRANSPORTATION / FIELD TRIPS

_____ My child has permission to be **transported by bus, and to participate in field trips** with YMCA Day Camp. I understand that if my child chooses not to participate in a field trip that I must find alternative childcare services.

PHOTOGRAPHS / SOCIAL MEDIA PERMISSIONS

_____ I authorize the reproduction and use, for promotional purposes via Facebook, Instagram, or Press Enterprise, of any **photographic images or videos** taken of me and/or my child by the Bloomsburg Area YMCA. I understand that I will not receive any compensation, money or otherwise, for the professional use of said photographic images or videos.

INFORMED CONSENT

_____ I am aware and give consent for my child to participate in the activities that the YMCA Day Camp may involve. Some of the activities are swimming, running, sports, and use of YMCA facilities, off area trips (such as; walking to the town park or going to other facilities in Bloomsburg).

I understand, accept, and agree with the above statements. As proof of my understanding, acceptance and agreement, I have signed below.

Print Parent/Guardian Name: _____

Parent/Guardian Signature _____ Date: _____



Dear Parents,

Please make sure your child's physician completes this form in its entirety, especially all screenings, signatures and dates. **This health assessment needs to be complete and returned within 30 days of enrollment in the Summer Day Camp. If we do not receive the health assessment by that date, then your child will be suspended from the program until the assessment is received.**

Dear Health Care Provider,

This child is currently enrolled in our child care facility which is licensed and inspected by the Pennsylvania Bureau of Child Day Care Services. State regulations require enrolled children to have age appropriate health appraisals, including immunizations and health screenings according to the recommendations of the American Academy of Pediatrics.

Please help us to maintain compliance with these health regulations by completing the attached form according to AAP standards. Please be sure to sign and date the form as required by state regulations. Should you have any questions, please call the PA Chapter of AAP at 800-24-ECELS.

Thank you for your cooperation.

This note must remain attached to this health assessment.

Thank You,

Chelsea Derrick & Ashley Miccio
Director of Youth Development

**Bloomsburg Area YMCA, 30 East 7th Street, Bloomsburg, PA 17815-2728
Phone: (570) 784-0188 / Fax: (570) 784-4304**

Child Health Assessment

Parents & Child Care Providers fill-in this part.

| | | |
|---------------------------|-------------|------------------|
| Child's Name: (Last) | (First) | Parent/Guardian: |
| Date of Birth: | Home Phone: | Address: |
| Child Care Facility Name: | | |
| Facility Phone: | County: | Work Phone: |

To Parents: Submission of this form to the child care provider implies consent for the child care provider to discuss the child's health with the child's clinician.

PA child care providers must document that enrolled children have received age appropriate health services and immunizations that meet the current schedule of the American Academy of Pediatrics 141 Northwest Point Blvd., Elk Grove Village, IL 60007. The schedule is available at <www.aap.org> or Faxback 847/758-0391 (document #9535 and #9807). Print copies provided by DPW have the schedule on the back of the form.

| | |
|---|--|
| Health history and medical information pertinent to routine child care and emergencies (describe, if any): <input type="checkbox"/> NONE Allergies to food or medicine (describe, if any): <input type="checkbox"/> NONE | Date of most recent well-child exam: Do not omit any information. This form may be updated by health professional. (Initial and date new data.) Child care facility needs 2 copies. |
|---|--|

| LENGTH/HEIGHT | WEIGHT | HEAD CIRCUMFERENCE | BLOOD PRESSURE |
|----------------------------|----------------------------|--|---------------------------------------|
| _____ IN/CM % ILE _____ | _____ LB/KG % ILE _____ | (Birth to Age 2) _____ IN/CM % ILE _____ | (Beginning at age 3) _____ / _____ |

| PHYSICAL EXAMINATION | <input checked="" type="checkbox"/> = NORMAL | If ABNORMAL - COMMENTS |
|-------------------------------|--|------------------------|
| Head/Ears/Eyes/Nose/Throat | | |
| Teeth | | |
| Cardiorespiratory | | |
| Abdomen/GI | | |
| Genitalia/Breasts | | |
| Extremities/Joints/Back/Chest | | |
| Skin/Lymph Nodes | | |
| Neurologic & Developmental | | |

| IMMUNIZATIONS | DATE | DATE | DATE | DATE | DATE | COMMENTS |
|---------------|------|------|------|------|------|----------|
| DTaP/DTP/Td | | | | | | |
| POLIO | | | | | | |
| HIB | | | | | | |
| HEP B | | | | | | |
| MMR | | | | | | |
| VARICELLA | | | | | | |
| PNEUMOCOCCAL | | | | | | |
| OTHER | | | | | | |

| SCREENING TESTS | DATE TEST DONE | NOTE HERE IF RESULTS ARE PENDING OR ABNORMAL |
|----------------------------------|----------------|--|
| LEAD | | |
| ANEMIA (HGB/HCT) | | |
| URINALYSIS (UA) (at age 5) | | |
| HEARING (subjective until age 4) | | |
| VISION (subjective until age 3) | | |
| PROFESSIONAL DENTAL EXAM | | |

Health Problems or Special Needs, Recommended Treatment/Medications/Special Care (attach additional sheets if necessary)

NONE

| | |
|--|---|
| Medical care Provider: Address: | NEXT APPOINTMENT - MONTH/YEAR: Signature of Physician or CPNP: |
| Phone: | License Number: |
| | Date Form Signed: |

Parents may write immunization dates, health professionals should verify and complete all data.

SPECIAL NEEDS FORM

Child's name _____ Nickname _____

Does your child qualify to receive Special Education Services through the schools? ___ yes ___ no

List any specific disabilities allergies or special health conditions of your child. _____

Does your child have heart trouble? ___ yes ___ no

If yes, please explain: _____

Does your child have seizures? ___ yes ___ no

If yes, please state type, frequency, and procedure(s) to follow during and immediately following the seizure. _____

Please describe your child's behavior prior to and after a seizure. _____

Does your child use any special equipment? ___ yes ___ no

| | | | |
|----------------|-----------------|--------------|---------------|
| ___ Wheelchair | ___ Braces | ___ Crutches | ___ Canes |
| ___ Walker | ___ Hearing Aid | ___ Glasses | ___ Pacemaker |

Do you have any instructions? _____

Does your child need any special assistance? ___ yes ___ no

If yes, please explain. _____

Does your child have any communication difficulties? ___ yes ___ no

If yes, please explain including extent of difficulties and any methods used to compensate for difficulties (e.g. sign language, speech board, lip reading). _____

If your child is deaf, does he/she require an interpreter? ___ yes ___ no

INDIVIDUALIZED EDUCATION PLANS (IEP) & INDIVIDUALIZED FAMILY SERVICE PLANS (IFSP) INFORMATION SHEET

Because of the diverse set of needs of the children in our program, it is important to gather as much information about the best ways to educate each child. IEP's and IFSP's are created by service providers working with children with special needs and include this information. The Keystone STARS Performance Standards therefore require each early learning provider to request copies of IEP's and IFSP's for the children in their care. Because of the importance of the IEP/IFSP to a child's learning, the program should have a copy before the child begins to attend, if possible.

The information found on an IEP/IFSP is protected by privacy laws including the Health Insurance Portability and Accountability Act (HIPAA).

Parent Sign-off Sheet

Child's Name: _____

Your child's growth and development is measured with developmental assessments. If your child currently has an IEP/IFSP, it would be beneficial to share a copy of this plan with us so we can work together to ensure that the guidelines are put into practice. You do not have to provide this information if you do not wish to do so.

- I am providing a copy of my child's IEP or IFSP.
- I am not providing a copy of my child's IEP or IFSP and/or this is not applicable to my child.

Signature: _____ **Date:** _____

Printed Name: _____



To the Parent(s)/Guardian(s):

This letter is to assure you of our concern for the safety and welfare of children attending Bloomsburg Area YMCA Summer Camp. The YMCA Emergency Plan provides for appropriate response to all types of emergencies. Depending on the circumstance of the emergency, we will use one of the following protective actions:

- *Immediate evacuation:* Students are evacuated to a safe area on the grounds of the facility in the event of a fire, etc.
- *In-place sheltering:* Sudden occurrences, weather or hazardous materials related, may dictate that taking cover inside the building is the best immediate response.
- *Evacuation:* Total evacuation of the facility may become necessary if there is a danger in the area. In this case, children will be taken to a relocation facility at Bloomsburg Memorial Elementary.
- *Modified Operation:* May include cancellation/postponement or rescheduling of normal activities. These actions are normally taken in case of building problems (such as utility disruptions) that make it unsafe for children.

Please listen to to the following radio stations/internet sites for announcements relating to any of the emergency actions listed above

WFYY 106.5 FM

WKAB 103.5 FM

WHLM 930 AM

Website: www.bloomsburg.org Facebook: www.facebook.com/bloomsburg

We ask that you not call during the emergency. This will keep the main telephone line free to make emergency calls and relay information. The form designating persons to pick up your child is included with this letter for you to complete and have returned to the YMCA with your registration. This form will be used every time your child is released. Please ensure that only those persons you list on the form attempt to pick up your child. We specifically urge you **NOT** to attempt to make different arrangements during an emergency. This will only create additional confusion and divert staff from their assigned emergency duties.

In order to assure the safety of your children and our staff, I ask your understanding and cooperation. Should you have additional questions regarding our emergency operating procedures, contact Chelsea Derrick or Ashley Miccio at 570-784-0188.

Sincerely,
Chelsea Derrick & Ashley Miccio
Director of Youth Development



PARENT COPY

SUBJECT: Nondiscrimination in Services

TO: Parents/Members

FROM: Chelsea Derrick & Ashley Miccio, Director of Youth Development

Admissions, the provisions of services, and referrals of clients shall be made without regard to race, color, religious creed, disability, ancestry, national origin (including limited English proficiency), age, or sex.

Program services shall be made accessible to eligible persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, the provision of aides, and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among available methods.

Any individual/client/patient/student (and /or their guardian) who believes they have been discriminated against, may file a complaint of discrimination with:

Bloomsburg Area YMCA
30 East 7th Street
Bloomsburg, PA 17815
(570)784-0188

Department of Public Welfare
Bureau of Equal Opportunity
Room 223, Health & Welfare Building
PO Box 2675
Harrisburg, PA 17105

PA Human Relations Commission
Harrisburg Regional Office
333 Market Street, 8th Floor
Harrisburg, PA 17104

U.S. Dept. of Health & Human Services
Office for Civil Rights
Suite 372, Public Ledger Bldg.
150 South Independence Mall West
Philadelphia, PA 19106-9111

Food Allergies

For a child who has severe food allergies, reading food labels can be a matter of life or death, since many foods have 'hidden ingredients' to which a child may be allergic. It is important to remember that foods as varied as candy, granola bars, and pizza may have been made in or around an area that has peanuts, so you must read the label each time. The new food labels are designed for children over 4 years of age and adults. Take a look at the example below.



| Nutrition Facts | |
|--|----------------------|
| <u>Serving Size</u> 1/2 cup (114g) | |
| <u>Servings Per Container</u> 4 | |
| <u>Amount per serving</u> | |
| <u>Calories</u> 90 | <u>Fat Cal.</u> 30 |
| <u>% Daily Value*</u> | |
| <u>Total Fat</u> 3g | 5% |
| Saturated Fat 0g | 0% |
| <u>Cholesterol</u> 0mg | 0% |
| <u>Sodium</u> 300mg | 13% |
| <u>Total Carbohydrate</u> 13mg | 4% |
| Dietary Fiber 3g | 12% |
| Sugars 3g | |
| <u>Protein</u> 3g | |
| <u>Vitamin A</u> 80% | <u>Vitamin C</u> 60% |
| <u>Calcium</u> 4% | <u>Iron</u> 4% |
| <ul style="list-style-type: none"> Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs. Products may have been produce around wheat, peanut, milk | |



Thank you for helping us keep all of the YMCA children safe!