

The Athol Area YMCA Summer Day Camp Sessions 2017

My child, _____ will be attending the following Summer Day Camp Sessions this summer:

- Week #1 Day Camp at Camp Selah June 26 – June 30
- Week #2 Day Camp At Camp Selah July 3 – July 7 *Prorated
- Week #3 Day Camp at Camp Selah July 10 – July 14
- Week #4 Day Camp at Camp Selah July 17 – July 21
- Week #5 Day Camp at Camp Selah July 24 – July 28
- Week #6 Day Camp at Camp Selah July 31 – August 4

Camp Fees:

Y-ACES Participant: \$120/week

YMCA Member: \$135/week

Non-Member: \$160/week

Note: We are closed August 14-18, 2017

Summer hours at camp are 7:45 AM to 5:45 PM. Full payment is due prior to attendance. Enrollment forms and health and immunization records must be submitted before attendance at camp.

Campers must have previously completed Kindergarten to enroll in Camp Selah.



Camp Selah Child Information Sheet

Child's Name: _____ Eye Color _____ Skin Color _____

Home Address: _____ Hair Color _____ Height _____

Telephone: _____ Sex _____ Weight _____

Date of Birth: _____ Primary Language: _____

Identifying Marks _____

Allergies/Special Diets/Chronic Health Conditions/Special Limitations _____

Child's Physician/Clinic _____ Address/Phone _____

Insurance Provider _____ Policy Number _____

Please include a picture of your child with this application.

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name _____ Parent/Guardian Name _____

Relationship to child _____ Relationship to child _____

Home Address _____ Home Address _____

Home Phone _____ Home Phone _____

Business Name _____ Business Name _____

Business Address _____ Business Address _____

Work # _____ Work # _____

Cell/Pager _____ Cell/Pager _____

Hours at work _____ Hours at work _____

Email Address _____ Email Address _____

Name of school your child will attend: _____ **Grade:** _____

Emergency Contacts (to be contacted if parents cannot be reached)

You must provide at least one emergency contact. The people listed below also serve as alternative pickups.

Name: _____ Address: _____

Relationship to child: _____ Phone: Home _____ Work _____

Do you give permission for your child to be released to this person? Yes _____ No _____

Name: _____ Address: _____

Relationship to child: _____ Phone: Home _____ Work _____

Do you give permission for your child to be released to this person? Yes _____ No _____

Name: _____ Address: _____

Relationship to child: _____ Phone: Home _____ Work _____

Do you give permission for your child to be released to this person? Yes _____ No _____

Name: _____ Address: _____

Relationship to child: _____ Phone: Home _____ Work _____

Do you give permission for your child to be released to this person? Yes _____ No _____

Parent/Guardian Signature

Date



Y-ACES ENROLLMENT SHEET

Child's Name: _____ Eye Color _____ Skin Color _____

Home Address: _____ Hair Color _____ Height _____

Telephone: _____ Sex _____ Weight _____

Date of Birth: _____ Primary Language: _____

Identifying Marks _____

Allergies/Special Diets/Chronic Health Conditions/Special Limitations **(please complete the Individual Health Care Plan on page 9)**

If there are no conditions, please indicate by writing "none".

Child's Physician/Clinic _____ Address/Phone _____

Please include a picture of your child with this application.

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name _____

Parent/Guardian Name _____

Relationship to child _____

Relationship to child _____

Home Address _____

Home Address _____

Home Phone _____

Home Phone _____

Business Name _____

Business Name _____

Business Address _____

Business Address _____

Work # _____

Work # _____

Cell/Pager _____

Cell/Pager _____

Hours at work _____

Hours at work _____

Email Address _____

Email Address _____

Name of school your child will attend: _____

Grade: _____

Has your child been screened for developmental delays: Yes _____ No _____

Does your child have an Individual Education Plan (IEP) with school? Yes _____ No _____ (Please provide copy)

Does your child have a 504 plan with the school? Yes _____ No _____ (Please provide copy)

I certify that documentation of physical examination and immunizations in accordance with public school health requirements, and lead poisoning screening in accordance with public health requirements are on file at my child's school.

Parent/Guardian Signature

Date

For Office Use Only: Date of Admission: _____

Age at Admission: _____



FIRST AID/EMERGENCY/MEDICAL CONSENT

Child's Name _____ Date of Birth _____

I authorize staff in the Y-ACES program who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical treatment for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my child.

Child's Physician Name: _____

Address: _____ Phone Number: _____

Child's Dentist: _____

Health Insurance Coverage: _____ Policy Number: _____

Emergency Contacts (to be contacted if parents cannot be reached) You must provide at least one emergency contact.

Name: _____ Address: _____

Relationship to child: _____ Phone: Home _____ Work _____

Do you give permission for your child to be released to this person? Yes _____ No _____

Name: _____ Address: _____

Relationship to child: _____ Phone: Home _____ Work _____

Do you give permission for your child to be released to this person? Yes _____ No _____

Name: _____ Address: _____

Relationship to child: _____ Phone: Home _____ Work _____

Do you give permission for your child to be released to this person? Yes _____ No _____

Name: _____ Address: _____

Relationship to child: _____ Phone: Home _____ Work _____

Do you give permission for your child to be released to this person? Yes _____ No _____

Name: _____ Address: _____

Relationship to child: _____ Phone: Home _____ Work _____

Do you give permission for your child to be released to this person? Yes _____ No _____

You may also provide additional names and phone numbers of authorized emergency contacts separately.

Parent/Guardian Signature

Date



TRANSPORTATION PLAN AND AUTHORIZATION

Child's Name: _____

MY CHILD WILL ARRIVE AT THE PROGRAM BY:

_____ Parent drop off

_____ Other HOW: _____

MY CHILD WILL DEPART FROM THE PROGRAM BY:

_____ Parent pick up

_____ Other HOW: _____

Any other transportation requests must be stated in writing and maintained in the child's file or the above plan must be implemented. This permission is valid one year from signature.

Parent/Guardian Signature

Date



CONSENT FORMS

UNAUTHORIZED ACTIVITIES CONSENT FORM

I, _____, give my child, _____, permission to participate in the following activities:

- _____ Publicity
- _____ Media Interviews
- _____ Photographs

I understand that the activities listed above that are not related to child care will require a separate written consent from me.

Parent/Guardian Signature

Date

PARENT HANDBOOK RECEIPT

I have received and reviewed the Athol Area YMCA Y-ACES Parent Handbook. I understand and agree to abide by the policies that have been established by the Athol Area YMCA and Y-ACES.

Parent/Guardian Signature

Date

PERMISSION TO APPLY TOPICAL NON-PRESCRIPTION MEDICATIONS

I, _____, give permission to Y-ACES and Camp staff to apply, as needed, the following to my child, _____, body:

- _____ Sunscreen
- _____ Insect Repelant

Parent/Guardian Signature

Date

PERMISSION TO PARTICIPATE IN REGULAR WALKING OUTINGS

I, _____, give permission for my child, _____, to participate in any walking trips to Mount Tully and the surrounding area.

Parent/Guardian Signature

Date

Important Notice Regarding Vaccination and Health Records

No camper will be allowed to attend without a current (within 1 year) *physical examination* and a *vaccination record*. These may be brought to the front desk at the YMCA to be put in the mail box of Megan Shaughnessy, Childcare Services Director. Any forms faxed from your doctor's office to the YMCA should be sent Attention Megan Shaughnessy. The Y's fax number is (978)249-4409.

Important Reminder About The Individual Health Care Plan

If your child has an allergy, a medical condition, or requires the administration of prescription medicine during camp, the parent or guardian must fill out the INDIVIDUAL HEALTH CARE PLAN. The parent/guardian and the child's doctor must sign and date the health care plan on the designated lines.

Prescription medicine must be in the *original prescription bottle* or packaging with the label or written order from the physician, indicating the child's name and dosage.

Non-prescription medicines such as tylenon or allergy medicine also required a physician's signature and instructions.

Thank you for your cooperation.



INDIVIDUAL HEALTH CARE PLAN

Name of Child: _____

My child has Allergies Medical condition

Training of staff should be done by: child's parent a health care professional

This Health Care Plan includes additional information attached Yes No

Medical condition/Allergy:

Symptoms:

Treatment: _____

What are the potential consequences if treatment is not administered?

Side effects of treatment:

What accommodations does the program need to make for this child?

Signature of Physician

Phone

Date

Signature of Parent/Guardian

Phone

Date

Staff trained: (Print and sign name, print date)

PARENT STATEMENT OF UNDERSTANDING

The following information is important for the safety and protection of your child. Please read the information, sign and date in the appropriate spaces, and return it to the Director of Childcare Services at the Athol Area YMCA.

Please keep and refer to your copy of the YMCA Program Policies. Your signature below indicates 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 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 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 the YMCA or other arrangements must be made by calling the YMCA office to inform them of a change.

I understand should a person who appears to be under the influence of drugs or alcohol arrive to pick up my child, for the child's safety, staff may have no recourse but to contact the police. Please do not put the staff in a position where they have to make this judgment call.

I understand the YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

In the case of school year programs, I understand and will adhere to the payment policies outlined in the Parent Manuals.

In the case of summer programs (Day Camp and Nature Explorers), I understand and will adhere to all payment policies.

In the case of school year programs, I have received a copy of the appropriate Parent Manual, and have read and understand the statements covered above.

In the case of summer programs, I have received parent information and have read and understand the statements covered above.

Parent/Guardian Signature: _____

Date: _____

Behavior Policy for Camp Selah Campers

The YMCA Y~ACES plan for behavioral management is directed towards the goals of encouraging the growth and development of children while protecting the safety of the group and allowing staff members to do their best job of teaching and nurturing the children in their care. Rules and limits are explained clearly and reinforced with frequent gentle reminders. Rules that are common in the school setting are also in force within the YMCA summer camp setting. Some techniques which are used when dealing with unacceptable behavior are distraction, redirection, offering acceptable choices, and natural consequences. "Time out" is used for behavior in defiance of stated rules which relate to safety of the individual or group.

The full school year Y~ACES Behavior Policy is contained in the Y~ACES Parents Manual available at the front desk of the YMCA. At camp, when a behavior incident occurs that threatens the safety of the child or other campers, or disrupts the daily operation of the camp (such as a child refusing to follow directions) the child will be issued an incident report and the parent/guardian called. The parent/guardian may be required to pick up the child immediately or a 1 day suspension issued for the following day. A second incident will result in a 2 day suspension. A third incident report will result in termination from camp for the summer.

If a child's behavior is severe and endangers the safety of that child or others, the Childcare Director or Camp Co-Director reserves the right to terminate the child immediately and without notice. The parent/guardian will be called for immediate pick-up of the child.

When dropping off or picking up your child at Camp Selah:

Please pull your car up alongside the road; do not drive onto the dirt driveway leading to the camp. There will be orange highway cones marking the entrance of this dirt driveway. If you bring your child in the morning between 7:45 A.M. – 8:00 A.M., there will be staff there on the road to bring your child into camp. If you arrive any later, you must park your car along the road and walk your child into camp on the dirt driveway. There will be a staff person nearby to check your child into camp. ***Do not drop off your child without checking him/her into camp with a staff person!***

If you pick up your child between 5:30 P.M. – 5:45 P.M., you may again pull up alongside the road and staff members will be waiting with the children at the dirt driveway entrance. ***You must sign your child out on the attendance sheet.*** If you pick up your child before this period, you must park along the road, walk into camp, and sign him/her out with a staff member.

Thank you for your cooperation!

What to Wear to Y~ACES Summer Day Camp

- ☺ A SMILE
- ☺ Comfy clothes* and shoes* that you don't mind getting dirty

What to Bring to Y~ACES Summer Day Camp

- ☼ HONESTY
- ☼ CARING
- ☼ RESPECT
- ☼ RESPONSIBILITY
- ☼ At least one bathing suit*
- ☼ 1 or 2 towels*
- ☼ A light jacket or sweatshirt*
- ☼ A raincoat and umbrella*

* All children's belongings should be clearly labeled in permanent marker with the child's name.

What You Do Not Need To Bring To Y~ACES Summer Day Camp

- ♥ Breakfast will be provided through the Summer Feeding Program at no charge
- ♥ Lunch will also be provided at no charge (we will distribute menus at the beginning of the summer, or if you request one)
- ♥ Money (there's no place to spend it)
- ♥ Snacks or Drinks (morning and afternoon snacks and drinks will be provided)
- ♥ Cold water is available all day long

What you MAY NOT Bring To Y~ACES Summer Day Camp

- ≠ Guns or weapons of any kind
- ≠ Game Boys, Walkmans, iPods, cell phones and other valuables
- ≠ Other items that are determined by the Y~ACES staff to be distracting or disruptive (such as Yu-Gi-Oh and Pokemon Cards)

PLEASE KEEP THIS PAGE

Directions to Camp Selah

(Just over 3 miles from the YMCA)

From Athol and points east:

- From the YMCA, follow Main Street in Athol to the lights.
- Take a right at the lights onto **Exchange Street**.

From Orange and points west:

- Follow East Main Street in Orange (Rout 2A) to Main Street in Athol.
- Take a left at the lights onto **Exchange Street**.

From Exchange Street:

- Take a left after the bridge onto Pequig Avenue, which turns into Pinedale Ave, which turns into Tully Road. Less than two-tenths of a mile after you pass Freyville Road (on the right), you will come to a fork in the road. The Tully Fire Station is on the left fork.
- The entrance to Camp Selah is directly across the street from the fork.

The entrance to Camp Selah is directly across the street from the fork and fire station. Traffic cones will mark the entrance. Camp staff will be there to sign in your child and escort him/her into camp.

THE PHONE NUMBER FOR CAMP SELAH IS 978-575-0635

**If you arrive at a time other than designated drop-off and pick-up times,
you will have to park your vehicle off-road and walk into Camp Selah.**

Stay to the right at the fork in the driveway.