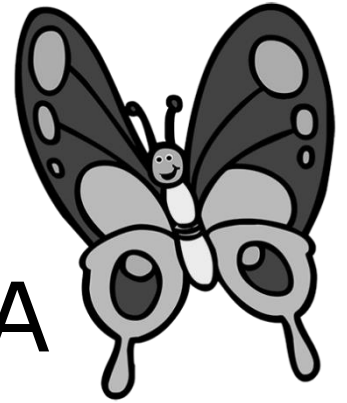
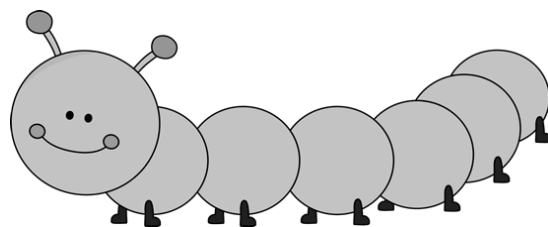


Athol Area YMCA
Nursery School



Nature Explorers

Summer 2017
Registration Packet



The Athol Area YMCA Nature Explorers Sessions 2017

My child, _____ will be attending the following Nature Explorers Camp Sessions this summer:

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

Summer hours of operation are 9:00 AM to 12:00 PM. Full payment is due prior to attendance. Enrollment forms and health and immunization records must be submitted before attendance at camp.

The Commonwealth of Massachusetts
Department of Early Education and Care

Child's Enrollment Form

Child Information

Child's Name: _____ Date of Birth: _____

Age at Admission: _____ Date of Admission: _____

Child's Home Address: _____

Home Phone Number: _____

Primary Language: _____ Identifying Marks: _____

Eye Color: _____ Hair Color: _____ Skin Color: _____

Sex: _____ Height: _____ Weight: _____

Parent/Guardian Information

Parent/Guardian Name: _____

Relationship to Child: _____

Home Address: _____

Reachable Phone Number: _____

Email Address: _____

Business Name: _____

Business Address: _____

Business Phone Number: _____

Hours at Work: _____

Parent/Guardian Name: _____

Relationship to Child: _____

Home Address: _____

Reachable Phone Number: _____

Email Address: _____

Business Name: _____

Business Address: _____

Business Phone Number: _____

Hours at Work: _____



Additional Information

Child's Physician: _____

Address: _____ Phone Number: _____

Allergies/Special Diets? _____

Individual Health Plan for child with a chronic health condition? If yes, please attach. _____

Copies of any custody agreements, court orders, and restraining orders pertaining to the child?
If yes, please attach. _____

Special limitations or concerns? _____



School Age Only

Current School: _____

School Address: _____ School Phone Number: _____

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 initials:***



Parent/Guardian Signature

Date

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name: _____ Date of Birth: _____

I authorize staff in the child care 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 attention 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 Allergies: _____
Chronic Health Conditions: _____

Emergency Contacts (In order to be contacted)

Name _____
Address _____
Relationship to child _____
Home Phone _____ Cell Phone _____
Do you give permission for child to be released to this person? Yes _____ No _____

Name _____
Address _____
Relationship to child _____
Home Phone _____ Cell Phone _____
Do you give permission for child to be released to this person? Yes _____ No _____

Name _____
Address _____
Relationship to child _____
Home Phone _____ Cell Phone _____
Do you give permission for child to be released to this person? Yes _____ No _____

Health Insurance Coverage _____	Policy # _____
Parent/Guardian Name: _____	Phone _____ Cell _____
Parent/Guardian Name: _____	Phone _____ Cell _____

Parent /Guardian Signature

Date (valid for one year)

THE COMMONWEALTH OF MASSACHUSETTS

Department of Early Education and Care

Small Group and Large Group Transportation Plan and Authorization

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM:

MY CHILD WILL DEPART FROM THE PROGRAM:

PARENT DROP OFF

PARENT PICK UP

SUPERVISED WALK

SUPERVISED WALK

UNSUPERVISED WALK

UNSUPERVISED WALK

PUBLIC/PRIVATE/VAN

PUBLIC/PRIVATE/VAN

PROGRAM BUS/VAN

PROGRAM BUS/VAN

CONTRACT/VAN

CONTRACT/VAN

PRIVATE TRANS. ARRANGED BY PARENT

PRIVATE TRANS. ARRANGED BY PARENT

OTHER

OTHER

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM:

MY CHILD WILL DEPART FROM THE PROGRAM:

PARENT DROP OFF

PARENT PICK UP

SUPERVISED WALK

SUPERVISED WALK

UNSUPERVISED WALK

UNSUPERVISED WALK

PUBLIC/PRIVATE/VAN

PUBLIC/PRIVATE/VAN

PROGRAM BUS/VAN

PROGRAM BUS/VAN

CONTRACT/VAN

CONTRACT/VAN

PRIVATE TRANS. ARRANGED BY PARENT

PRIVATE TRANS. ARRANGED BY PARENT

OTHER

OTHER

PARENT /GUARDIAN SIGNATURE _____ DATE _____

REFER TO FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM FOR RELEASE INFORMATION

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

Regulations for licensed child care facilities require this information to be on file to address the needs of children while in care.

CHILD'S NAME: _____ **DATE OF BIRTH:** _____

Please provide information for Infants and Toddlers (marked *) as appropriate to the age of your child.

DEVELOPMENTAL HISTORY

Age began sitting: _____ crawling: _____ walking: _____ talking: _____

*Does your child pull up? _____ *Crawl? _____ *Walk with support? _____

Any speech difficulties? _____

Special words to describe needs _____

Language spoken at home _____ *Any history of colic? _____

*Does your child use pacifier or suck thumb? _____ *When? _____

*Does your child have a fussy time? _____ *When? _____

*How do you handle this time? _____

HEALTH

Any known complications at birth? _____

Serious illnesses and/or hospitalizations: _____

Special physical conditions, disabilities: _____

Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions: _____

Regular medications: _____

EATING HABITS

Special characteristics or difficulties: _____

*If infant is on a special formula, describe its preparation in detail: _____

Favorite foods: _____

Foods refused: _____

* Is your child fed held in lap? _____ High chair? _____

* Does your child eat with spoon? _____ Fork? _____ Hands? _____

TOILET HABITS

*Are disposable or cloth diapers used? _____ *Is there a frequent occurrence of diaper rash? _____

*Do you use: oil: _____ powder: _____ lotion: _____ other: _____

*Are bowel movements regular? _____ How many per day? _____

*Is there a problem with diarrhea? _____ Constipation? _____

*Has toilet training been attempted? _____

*Please describe any particular procedure to be used for your child at the center: _____

*What is used at home? Pottychair? _____ Special child seat? _____ Regular seat? _____

*How does your child indicate bathroom needs (include special words): _____

Is your child ever reluctant to use the bathroom? _____

Does your child have accidents? _____

SLEEPING HABITS

*Does your child sleep in a crib? _____ Bed? _____

Does your child become tired or nap during the day (include when and how long)? _____

Please note: The American Academy of Pediatrics has determined that placing a baby on his/her back to sleep reduces the risk of Sudden Infant Death Syndrome (SIDS). SIDS is the sudden and unexplained death of a baby under one year of age. If your child does not usually sleep on his/her back, please contact your pediatrician immediately to discuss the best sleeping position for your baby. Please also take the time to discuss your child's sleeping position with your caregiver.

When does your child go to bed at night? _____ and get up in the morning? _____

Describe any special characteristics or needs (stuffed animal, story, mood on waking etc) _____

SOCIAL RELATIONSHIPS

How would you describe your child? _____

Previous experience with other children/day care: _____

Reaction to strangers: _____ Able to play alone? _____

Favorite toys and activities: _____

Fears (the dark, animals, etc.): _____

How do you comfort your child? _____

What is the method of behavior management/discipline at home? _____

What would you like your child to gain from this childcare experience? _____

DAILY SCHEDULE

Please describe your child's schedule on a typical day. For infants, please include awakening, eating, time out of crib/bed, napping, toilet habits, fussy time, night bedtime, etc. _____

Is there anything else we should know about your child? _____

(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 Childcare Office upstairs at the Y~Kids Depot, or put in the mailbox 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)249-4009.

Important reminder about the Medication Consent Form:

If your child requires the administration of prescription medicine during camp, the parent or guardian must fill out the MEDICATION CONSENT FORM in the Summer Registration Packet. The parent/guardian must sign and date the consent form on the designated lines.

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

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

Thank you for your cooperation.

Commonwealth of Massachusetts
Department of Early Education and Care

MEDICATION CONSENT FORM 606 CMR 7.11(2)(b)

Name of child: _____

Name of medication: _____

Please ✓ one of the following: Prescription: _____ Oral/Non-Prescription: _____

Unanticipated Non-Prescription for mild symptoms _____

Topical Non-Prescription (**applied to open wound/ broken skin**) _____

My child has previously taken this medication _____

My child has **not** previously taken this medication, but this is an emergency medication and I give permission for staff to give this medication to my child in accordance with his/her individual health care plan _____

Dosage: _____

Date(s) medication to be given:

Times medication to be given:

Reasons for medication:

Possible side effects:

Directions for storage: _____

Name and phone number of the prescribing health care practitioner: _____

Child's Health Care Practitioner Signature _____ **Date** _____

I, _____, (parent or guardian) gives
permission
(print name)

to authorize educator(s) to administer medication to my child as indicated above.

Parent/Guardian Signature _____

Date _____

For topical, non-prescription **NOT** applied to open wound / broken skin (**parent signature only**)

Publicity Permission Form

I will allow the Athol Area YMCA to use my child's picture / name in YMCA publicity, including newspapers and other print media, and the YMCA website.

Name of Child_____

Signature_____

Date_____

YMCA Nursery School Facebook Permission Form

The YMCA Nursery School is on Facebook! Please "like" us by searching Athol YMCA Nursery School or the Athol Area YMCA. Please indicate your preference for sharing your child's photos by initialing next to your choice.

_____ I allow my child to appear on the YMCA Nursery School/Athol Area YMCA facebook page.

_____ I do not give permission for my child to appear on the YMCA Nursery School/Athol Area YMCA facebook page.

Name of Child

Signature

Date _____

ATHOL AREA YMCA
Nursery School

**PERMISSION TO APPLY TOPICAL
NON-PRESCRIPTION MEDICATIONS**

I give permission for the YMCA Nursery School and Camp staff to apply, as needed, the following to my child's body:

- Sunscreen
- Insect Repellent

Name of Child: _____

Parent/Guardian Signature: _____.

Date: _____

**PERMISSION TO PARTICIPATE IN
REGULAR WALKING OUTINGS**

I give permission for my child, _____, to walk with the YMCA Nursery School and Camp staff to the following locations for scheduled program activities at:

- Lake Park and Sanders Street Playgrounds
- Silver Lake Paark (Nature and Sports Activities and the Town Beach)
- Fish Park (for Ball Games/Field Games)
- Around the Neighborhood (downtown Athol and the Library)
- Mount Tully and the surrounding area (during summer day camp sessions)
- Millers River Environmental Center (Participate in programs offered)

Parent/Guardian Signature: _____.

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: _____

Dear Parent/Guardian,

Please detach and keep the attached Parent Guide for Nature Explorers. If you have any questions about Nature Explorers, please call or email Megan Shaughnessy, Athol Area YMCA Childcare Services Director, at (978)249-3305 x16 or mshaughnessy@ymcaathol.org.

Thank you!

Parent Guide For Athol Area YMCA Nature Explorers

In order to insure a safe and happy experience for your child at Camp Selah this summer, we ask that you do the following:

- Apply sunscreen *before* your child arrives at camp.
- Have your child wear a swimsuit under his or her clothing.
- Do not drive into camp! Park on the side of the road and bring your child to the large field where camp staff will be waiting at 9:00 am.
- When picking up your child, park on the road as usual and you will see us waiting in the field at 12 noon with your child. If you must pick up early, do not drive into camp, park on the road and walk in.
- Children should wear sneakers or sturdy sandals with a back on them. Flip flops are not appropriate camp foot wear!
- Do not bring toys from home.
- Any epi-pens and medications must come in their original pharmacy container with the pharmacy label. The medication permission form in the camp enrollment packet must also be completed and signed.
- All children must be signed out by the adult picking them up at noon! Bring a photo I.D. Do not take a child without signing the attendance sheet and making contact with a staff member!
- Bring a backpack, towel, water bottle, and loose sandals to wear on the beach. Make sure they are labeled with your child's name.

Nature Explorers Phone Number: (978)575-0635 at Camp Selah (Please let the phone ring, we might be outside.)