

Child's Name _____ Shirt Size: Youth XS-Adult XL _____

First

Last

Sex _____ Home Phone _____ Cell Phone _____ Email _____

Street Address _____ City _____

Birth date _____ Age _____ Grade Entering _____ School _____

Parents(s) or Guardian(s) with whom child lives: _____

Father's Name _____

Place of Employment _____ Work Phone _____

Mother's Name _____

Place of Employment _____ Work Phone _____

The following individuals may pick up my child or be contacted in case of an emergency. (Please make sure all spaces are filled in.) Children will be released only to those names listed YOU MUST LIST PERSONS WHO WILL BE AVAILABLE TO BE REACHED BY PHONE. They should be prepared to show picture ID when picking up your child.

Name _____ Relationship _____ Phone# _____

Name _____ Relationship _____ Phone# _____

Name _____ Relationship _____ Phone# _____

The following individuals may **NOT** pick up my child.

Name _____ Name _____



Parent/Guardian Signature

Date

Please indicate which Session your child will be attending by checking the appropriate box(es)

<u>Week #</u>	<u>Dates</u>
1	<input type="checkbox"/> 6/01 – 6/05
2	<input type="checkbox"/> 6/08 – 6/12
3	<input type="checkbox"/> 6/15 – 6/19
4	<input type="checkbox"/> 6/22 – 6/26
5	<input type="checkbox"/> 6/29 – 7/03
6	<input type="checkbox"/> 7/06 – 7/10
7	<input type="checkbox"/> 7/13 – 7/17
8	<input type="checkbox"/> 7/20 – 7/24
9	<input type="checkbox"/> 7/27 – 7/31

Please Mark Below

The Richmond Family YMCA receives financial support from the United Way. In order to better report the diversity of our programs, we ask that you supply us with the following information.

Household income:

- ☐ Below \$10,000
☐ \$10,000 - \$14,999
☐ \$15,000 - \$19,999
☐ \$20,000 - \$29,999
☐ \$30,000 - \$59,999
☐ \$60,000 - \$124,000
☐ \$125,00 and over

Ethnicity:

- ☐ African - American
☐ Asian
☐ Native American
☐ White
☐ Bi-Racial
☐ Other _____

PARENTS STATEMENT OF UNDERSTANDING/CAMP PERMISSION FORM
PLEASE READ AND INITIAL EACH STATEMENT BELOW

_____ I agree to pay a non-refundable registration fee if my child is not a member AND the first week of camp fees at the time of registration.

_____ I understand that camp fees are due the first day of the week in which the child attends, otherwise the child may NOT attend camp. NO EXCEPTIONS.

_____ I understand that camp fees are based on weekly service and will not be prorated.

_____ I agree that I will pick up my child by 5:30pm or earlier, and I understand that it is my responsibility to provide alternative arrangements for picking up my child if I am unavailable. I understand that in the event my child is not collected by 5:30 pm, I will be charged a fee of \$10.00 for the first 5 minutes; then \$1.00 per minute for every minute thereafter. After 5:40pm my emergency contacts will be called.

_____ I understand that my child is to be signed in and out every day by an adult and that I am not to leave my child at camp until a staff or volunteer receives my child and supervises 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 be listed on this form and present picture ID.

_____ 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.

_____ 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.

_____ I understand that YMCA staff and volunteers are not allowed to babysit or transport children at any time outside of the YMCA program.

_____ I understand that in the event of continued late payments, late pickup of my child, or for any other good cause, the Richmond Family YMCA reserves the right to remove my child from the program.

_____ I understand that if my child fails to abide by the rules and regulations of the YMCA he or she is subject to removal from the premises of the YMCA and/or removal from participation in YMCA programs and activities without a refund of dues, fees, or other amounts paid to the YMCA.

_____ I understand that the activities that my child will be engaging in while he or she is in or upon the premises of the YMCA summer camp location, using any of its facilities, services or equipment, or participating any YMCA program or activity are inherently risky and potentially hazardous and I, for and on behalf of my child hereby accept full responsibility for, and risk of, any injury to my child or loss or damage to his or her property that may occur as a result thereof.

_____ I hereby grant permission for my child to leave and to be transported to and from the YMCA premises for the purpose of participating scheduled daily activities and planned field trips.

_____ I hereby grant permission for my child to participate in swimming and wading activities offered as part of the summer program.

_____ I hereby give permission to the YMCA to use indefinitely, without limitation or obligation, photographs, film footage, or tape recordings, which may include my child's voice for the purpose of promoting or interpreting YMCA programs and activities.

_____ I hereby indemnify and hold harmless the YMCA and its directors, officers, employees, and agents from all loss, liability, damage, or cost they may incur due to my child's presence in or upon the premises of the YMCA or use of its facilities, services, or equipment or participation in any YMCA program or activity.

_____ I have received and read the 2015 Summer Day Camp Parent Handbook and understand all of its contents.

Parent/Guardian Name

Parent/Guardian Signature

Date



Medical & Release form for Children & Youth Attending Richmond Family YMCA Camps

The Information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. Any changes to this form should be provided to camp health personnel upon participant's arrival in camp. Provide complete information so that the camp can be aware of your needs.

Name _____
Last First

Primary Health Care Provider

Name

Address

Phone

ALLERGIES List all known.

Medication allergies (list)

Describe reaction and management of the reaction

Food allergies (list)

Other allergies (list) - include insect stings, hay fever, asthma, animal dander, etc.

RESTRICTIONS (The following restrictions apply to this individual.)

Does not eat: ☐ Red meat ☐ Pork ☐ Dairy products ☐ Poultry ☐ Seafood ☐ Eggs ☐ Other (please describe) _____

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary) _____



1215 South J. Street Ph. (765) 962-7504 Fax (765) 962-7506

www.richmondfamilyymca.org

Year 2015

Camp or Program

Name

GENERAL QUESTIONS (Explain "yes" answers below.)

Has / does the participant:

Yes No

1. Had any recent injury, illness or infectious disease? ☐ Yes ☐ No
2. Have a chronic or recurring illness / condition? ☐ Yes ☐ No
3. Ever been hospitalized? ☐ Yes ☐ No
4. Ever had surgery? ☐ Yes ☐ No
5. Have frequent headaches? ☐ Yes ☐ No
6. Ever had a head injury? ☐ Yes ☐ No
7. Ever been knocked unconscious? ☐ Yes ☐ No
8. Wear glasses, contacts or protective eye wear? ☐ Yes ☐ No
9. Ever had frequent ear infections? ☐ Yes ☐ No
10. Ever passed out during or after exercise? ☐ Yes ☐ No
11. Ever been dizzy during or after exercise? ☐ Yes ☐ No
12. Ever had seizures? ☐ Yes ☐ No
13. Ever had chest pain during or after exercise? ☐ Yes ☐ No
14. Ever had high blood pressure? ☐ Yes ☐ No

Has / does the participant:

Yes No

16. Ever had back problems? ☐ Yes ☐ No
17. Ever had problems with joints (e.g., knees, ankles)? ☐ Yes ☐ No
18. Have an orthodontic appliance being brought to camp? ☐ Yes ☐ No
19. Have any skin problems (e.g., itching, rash, acne)? ☐ Yes ☐ No
20. Have diabetes? ☐ Yes ☐ No
21. Have asthma? ☐ Yes ☐ No
22. Had mononucleosis in the past 12 months? ☐ Yes ☐ No
23. Had problems with diarrhea / constipation? ☐ Yes ☐ No
24. Have problems with sleepwalking? ☐ Yes ☐ No
25. If female, have an abnormal menstrual history? ☐ Yes ☐ No
26. Have a history of bed-wetting? ☐ Yes ☐ No
27. Ever had an eating disorder? ☐ Yes ☐ No
28. Ever had emotional difficulties for which professional help was sought? ☐ Yes ☐ No

Please explain any "yes" answers, noting the number of the questions.

Which of the following has the participant had?

- ☐ Measles
- ☐ Chicken pox
- ☐ German measles
- ☐ Mumps
- ☐ Hepatitis A
- ☐ Hepatitis B
- ☐ Hepatitis C

Please give all dates of immunization for:

Vaccine: Dates: Mo/Yr Mo/Yr Mo/Yr Mo/Yr Mo/Yr Mo/Yr

DTP _____

TD (tetanus/diphtheria) _____

Tetanus _____

Polio _____

MMR _____

or Measles _____

or Mumps _____

or Rubella _____

TB Mantoux Test

Haemophilus influenza B _____

Date of last test _____

Hepatitis B _____

Result: ☐ Positive ☐ Negative

Varicella (chicken pox) _____

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about

which the camp should be aware. _____

Parent / Guardian Authorizations: This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted.

I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation for me / my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent or guardian _____



Medication & Release form for Children & Youth Attending Camps

Page 3 of 3 Please Continue

Medications Being Taken

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging / bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

☐ This person takes NO medications on a routine basis. OR ☐ This person takes medications as follows:

Med #1 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Attach additional pages for more medications.

Identify any medications taken during the school year that participant does / may not take during the summer: _____

I understand that medications must be brought to camp in their original container and given to the Camp Director when my child arrives. In addition, I understand that all medication must be accompanied with written note from physician. I authorize the Richmond YMCA to administer the above medication to my child while he / she attends the camp program.

Signature of parent or guardian or adult camper / staffer _____

Printed name _____ Date _____

Liability Wavier and Release

I also understand and agree to abide by any restrictions placed on my participation in camp activities.

Signature of minor or adult camper / staffer _____ Date _____

I hereby accept any and all responsibility for, and assume the risk if any and all injury or damage to my person or dependent children which might arise directly or indirectly as a result, and or participation in a YMCA program. I hereby expressly release, discharge and hold harmless from any liability whatsoever the Richmond Family YMCA, and all employees and volunteers in their capacities as representatives of the YMCA, except for injuries caused intentionally or by willful misconduct. I certify that I am familiar with the contents of this release, that I have read and understand the same and that is my intention by signing this release that the same be binding not only to me, but my heirs, administrators, executors, successors and assigns.

Signature of parent or guardian or adult camper / staffer _____ Date _____



Richmond Family YMCA

Conduct Policy

As in any activity, inappropriate behavior of a few campers can have a dramatic impact on the experience of the entire group. Therefore, the following conduct policies apply directly to each individual camper and will be used in determining the camper's eligibility to continue as a participant in the camp program. Infractions are documented in an incident/discipline report. Please make certain that both you and your child are familiar with these conduct policies.

A camper may be suspended or released from camp, without refund, for the following behavior while participating in the program or while being transported:

- Leaving the YMCA campsite without permission or going into unauthorized areas
- Using foul language, fighting, being rude or discourteous to staff and other campers
- Verbal or written threats to staff or other campers
- Defacing Y or school property or field facilities or any property visited
- Bringing or using any illegal substances and/or weapons
- Public displays of affection
- Stealing or defacing another campers property
- Refusing to remain with the group while at camp and during outings
- Refusing to follow check in and out procedures or refusing to follow basic rules of safety
- Refusing to participate in daily camp activities
- Not remaining seated at all times while being transported
- Having any body part out of the window, defacing the vehicle and/or being rude and discourteous to the driver or to other drivers on the road while being transported

I have read and understand the Conduct Policy. I have also discussed the policy with my child.

Parent/Guardian Signature

Date

**Richmond Family YMCA
Discipline/Guidance Policy**

Provider Name: Richmond Family YMCA

It is very important a child's development is nurtured through caring, patience and understanding. However, while caring for your children, we may have to respond to your child's misbehavior. Hitting, kicking, spitting, hostile verbal behavior and other behaviors which will hurt another child are not permitted.

In response to these behaviors, we will not use:

- Threats or bribes
- Physical punishment, even if requested by the parent
- Deprive your child of food or other basic needs
- Humiliation or isolation

In response to misbehavior, we will:

- Respect your child
- Establish clear rules
- Be consistent in enforcing rules
- Use positive language to explain desired behavior
- Speak calmly while bending down to your child's eye level
- Give clear choices
- Redirect your child to a new activity
- Move your child to a time-out chair for no longer than one minute per year of your child's age, if necessary

If your child's behavior is very disruptive or harmful to himself or other children, we will discuss the issue with you privately. If the situation can be resolved, the child may remain enrolled. If we are unable to resolve the issue, you may be asked to make other child care arrangements.

As a parent, you may have some concerns or wish to offer suggestions. Using the lines below, we may modify the above plan with agreed upon suggestions.

Child's Name

Date of Birth

Additional techniques to be used with my child:

Parent/Guardian Signature _____

Date _____

THIS IS A REQUIRED FORM

Day Care Provider Name _____

Child Immunization Record

Child's Name _____ Date of Birth _____

Parent's Name _____ Phone _____

Address _____
Street Address City State Zip***Record Date of Immunization***

	1	2	3	4	5
Hep B					
DtaP / DTP / Td					
Hib					
MMR					
IPV					
Varicella					
PCV / Prevnar					

Child has documented history of Varicella Disease _____ No _____ Yes If yes, age _____

Please check the appropriate response.

- ☐ Child has received complete age-appropriate immunizations.
☐ Child is currently in the process of receiving complete age-appropriate immunizations.

ONE BOX ABOVE MUST BE CHECKED BY THE HEALTH CARE PROVIDER**Comments: (Please list immunizations excluded for medical reasons)**

Parent comments: (Please indicate religious objection, if any)

Signature _____ Date _____
(Health Care Provider's Signature and Date is **Required**.)Printed Name and Title _____
(Printed Name and Title is **Required**)**This form must be updated annually.**

2015 Summer Day Camp

Parent Handbook



Camp Director-Erykah Carter

962-7504

erykahc@richmondfamilyymca.org



MISSION

"To put Christian principles into practice through programs that build healthy spirit, mind, and body for all." Everyone is welcome.

PROGRAM OVERVIEW

Y Summer Camp provides youth entering grades K-6 with supervised activities that teach core values, conflict resolution and leadership skills. Campers have fun while making new friends, building self-confidence, appreciating teamwork and growing in self-reliance. The typical camp program includes a variety of activities such as group games, crafts, science, swimming, physical activity, reading enrichment programs, and field trips. Some activities require that specific waivers be completed prior to camper participation. All camp activities that are geared for their developmental level.

Our staff members are prepared for rainy days with many back up plan options including music, skits, games and additional activities. Even the rain will not stop the fun at Y Summer Camp.

Caring and competent staff offer positive reinforcement, safe surroundings, values (caring, honesty, respect, and responsibility), fun and laughter which, in turn, help bring these characteristics out in our campers.

MONTHS/HOURS OF OPERATION

YMCA Summer Day Camp is offered during the day, Monday-Friday from June 1 to July 31. Hours are 7:30 am to 5:30 pm. **If you pick your child up after 5:30 pm, you will be charged a late fee of \$10.00 for the first five minutes and \$1.00 for each minute thereafter.** We are closed for the 4th of July holiday.

Y STAFF TRAINING AND RATIOS

All staff are required to attend different training sessions before working camp. These training hours are spent on CPR, First Aid, character development, age appropriate activities, bullying prevention, camper abuse awareness, and a variety of other topics to ensure your children have a safe and fun experience at camp. The Y maintains a 1:15 staff to camper ratio. Background checks are conducted on all staff members. This includes a criminal records background check, central registry check, reference checks, drug test, and a driver's license record check.

CONFIDENTIALITY

All matters concerning enrolled children are considered to be confidential. The Richmond Family YMCA will seek parental permission before discussing confidential information about your child with anyone.

REGISTRATION AND ENROLLMENT PROCEDURES

Children must be enrolled in kindergarten-6th grades to be accepted in the camp program. Registration fees must be paid at the time of enrollment. Enrollment is not complete until payments have been received and all paperwork has been signed and submitted to the Richmond Family YMCA. **Paperwork will not be accepted without payment.**

The following items are needed to enroll:

- Registration form
- Medical form
- Shot record form signed by doctor
- Registration fee (if applicable)
- First week of camp payment
- Discipline/Guidance Policy

ACCOUNTING POLICIES AND PROCEDURES

Camp fees are due the first day of the week in which the child attends camp, otherwise, the child may not attend camp. No refunds or credits will be issued to anyone withdrawing once the session has started. Registration fees are non-refundable.

ARRIVAL, DEPARTURE AND RELEASE PROCEDURES

All parents/guardians must sign their camper in and out each day. The staff members use this sheet to determine which children are in the program at any given time. We cannot be held responsible for your child unless that child is signed in and out properly.

Your camper will only be released to the persons listed on the authorized pick up section of the registration form. This person will be requested to show proper ID. Please note to bring your ID to the camp site. Only those designated on our enrollment form will be allowed to modify your information. All changes must be made with the program director.

In cases concerning a custody clause or dispute, court documents must be provided. These policies are in accordance with The Richmond Family YMCA.

FIELD TRIPS

Parents are required to purchase a camp shirt for \$5.00. Your child must wear his/her camp shirt on field trip days in order to attend the field trips. This is a safety precaution that helps staff members keep up with all children in their group.

Every week we will plan different trips/events to add something special to your camper's experience. Special activities may include programs, treasure hunts, speakers and field trips. These will take place during the regular camp day and give your camper the total experience of Summer Camp. Field trips are fun and exciting outings that enhance your child's experience. Fees for field trips are included in the cost of camp.

SWIMMING AND WATER ACTIVITIES

Campers will need appropriate swimwear, a towel and sunscreen. Spray sunscreen and swim shoes are recommended. All campers will be tested daily to determine their swimming ability.

DAILY CAMPER NEEDS:

- Water bottle
- Towel
- **Spray** sunscreen
- Comfortable play clothes
- Bug spray
- Swimwear
- Close-toes/close-heeled shoes
- Good attitude

CAMPERS DO NOT NEED:

- Cell phone/Ipod/tablets/iPad
- Make up
- Electronic devices
- Mp3 players
- Toys/stuffed animals
- Bad attitude
- Money
- Weapons
- Trading cards
- Jewelry

All necessary personal items that come to camp should be labeled with the camper's name. Items that are lost will be placed in a lost and found area. Due to our limited storage space, if items are not claimed by the end of the camp session, they will be donated to local charities.

Please remember, we are not responsible for lost or stolen items.

MEALS

We will serve breakfast at 8:00 am. If your child arrives after 8:30 am, please be sure they have had breakfast before they are dropped off at camp. Lunch is served at 11:00 am. We will also serve an afternoon snack. Times will vary with snack, depending on the afternoon activities. If your child has any special food needs or food allergies, please discuss this with the program director.

Any meals given to campers will be healthy and meet licensing requirements. Water will be the primary beverage. No sugar drinks or juices will be served.

DRESS CODE

All campers must wear athletic shoes (no open-toed or open-heeled shoes), pants/shorts and short sleeve shirts/appropriate tank tops. Spaghetti strap tanks are not permitted at camp. If girls wear skirts/dresses, it is required that they wear shorts under their outfit. All clothing must be appropriate for camp activities.

TRANSPORTATION

If your child is attending one of our programs that requires transportation, we ask that you speak with your child regarding proper safety guidelines. All campers must stay seated. Safety is our primary goal when transporting campers. The Y reserves the right to suspend or dismiss a student if safety policies are not followed.

BUS RULES AND REGULATIONS

While campers are on a bus, they are under the direct supervision of the driver and must obey him or her. The bus driver and staff have the authority to assign seats to campers for safety or disciplinary reasons. Failure to follow the driver's rules at any time will be considered an act of disobedience and will result in disciplinary action.

For the child's own protection, hands, head, arms, and feet must be kept inside of the bus. Feet and bags must be kept clear of the aisle.

Conversation containing offensive language is not allowed. Campers should avoid any unnecessary or disruptive talking.

Fighting or horseplay is not permitted and will not be tolerated. General regulations pertaining to the use of tobacco, knives, or other weapons, use of profanity and obscene gestures apply to all campers riding the bus.

Help keep the bus clean, sanitary and orderly. Do not throw paper or other debris on the floor of the bus or at the other students. Do not throw articles out of the bus windows or doors.

Damage to seats or other bus equipment must be paid for by camper's parents/guardians. Restitution or immediate arrangement thereof must be made before the child's bus riding privileges are restored.

Tampering with emergency doors or other controls on the bus is not allowed. Opening or closing the front door is prohibited by anyone other than the driver.

No electronic devices are allowed on the bus. The bus driver and staff have the right to and will confiscate these articles brought onto the bus.

DISCIPLINE AND GUIDANCE PROCEDURES

Self-management skills and positive social interactions among campers and adults are encouraged and maximize everyone's enjoyment of camp. Programs use positive guidance methods including reminders, distraction, logical consequences and redirection. Self-management skills are taught according to the following guidelines:

- Consistent rules are clearly stated. Campers are expected to work and play within known limits.
- Behavior expected of campers is age appropriate and according to development level.
- An atmosphere of trust is established in order for campers to know that they will not be hurt nor allowed to hurt others.
- Staff members strive to help campers become acquainted with themselves and their feelings. This will help them learn to cope with their feelings and control them responsibly.

Camper safety is the most important concern of the program; therefore, campers whose behavior is dangerous or repeatedly disruptive must be immediately picked up from the program by someone designated through the departure and release procedures. Repeatedly disruptive or dangerous behavior will be discussed with the camper's parent/guardian and will result in loss of privileges or activities, suspension or termination from the program.

CONDUCT POLICIES

Please make certain that both you and your child are completely familiar with these conduct policies. As in any activity, inappropriate behavior of a few campers can have a dramatic impact on the experience of the entire group. Therefore, the following conduct policies apply directly to each individual camper and will be used in determining the camper's eligibility to continue as a participant in the camp program. Infractions are documented in an incident/discipline report.

A camper may be suspended or released from camp, without refund, for the following behavior while participating in the program or while being transported:

- Leaving the YMCA camp site without permission or going into unauthorized areas
- Using foul language, fighting, being rude or discourteous to staff and other campers

- Verbal or written threats to staff or other campers
- Defacing Y or school property or field facilities or any property visited
- Bringing or using any illegal substances and/or weapons
- Public displays of affection
- Stealing or defacing another campers property
- Refusing to remain with the group while at camp and during outings
- Refusing to follow check in and out procedures or refusing to follow basic rules of safety
- Refusing to participate in daily camp activities
- Not remaining seated at all times while being transported
- Having any body part out of the window, defacing the vehicle and/or being rude and discourteous to the driver or to other drivers on the road while being transported

Disciplinary procedure:

First incident–Disciplinary write up/parent notification

Second incident–Disciplinary write up and/or suspension

Third incident–Removal from program

The safety of a child is the highest priority for setting behavior management procedures. When a child has a serious discipline problem (on any ONE occasion) the parent may be called by a staff and asked to pick up the child within one hour of the call. (Hitting or injuring another child or staff member, spitting, running away from staff and refusing to follow rules are all considered a serious discipline problem.)

GENERAL HEALTH PRACTICES

- Campers with colds or illness will not be admitted. Please do not put us in the position of refusing your child.
- Campers with head lice will not be allowed to attend camp. If lice are detected while attending camp, we will ask you to pick them up IMMEDIATELY.
- All campers are required to have current immunization record information on file.
- Please let us know immediately if your child has a communicable illness or infection. This will allow us to notify the parents of children attending our program. Campers with a communicable conditions may not return to camp without a note from their physician.
- Children with a fever of 100.5 degrees or more will be sent home IMMEDIATELY.
- Prescription medications and over the counter medications will not be administered unless a “Medication Authorization Form” has been filled out. All medication must be in original container and a medication form must be completed.
- No camper may attend the program barefoot. All campers must wear close-toed and close heeled shoes at all times. Flip flops and sandals are not safe in a camp environment. Campers will be sent home if this policy is not followed.

- A camper will only be released to those persons listed on the authorized pick up list section on the registration form.
- All camp staff are required to check identification of anyone whom they do not know. This includes parents, relatives and friends.
- Staff will not be permitted to transport any camper.
- Anyone working with children is required by law to report any suspected child abuse. This includes physical, mental, sexual, emotional and neglect.
- Staff are not permitted to babysit or participate in non Y organized activities with participants in the program.

MINOR INJURIES

Minor injuries will be treated as needed, including cleansing, applying Band-Aids or icepacks. A daily log is kept of all minor injuries by staff, and will notify the parent/guardian upon pick up.

MAJOR INJURIES

In the event of a major injury the program director and/or the site supervisor will make the emergency contacts as necessary. If parents cannot be reached, the director has the authority to seek medical attention at the parent's expense. The camp director will call 911 immediately. The parents/guardians will assume fees for the emergency transportation.

SCHOLARSHIP INFORMATION

The Y is community based and believes that its programs and services should be available to everyone regardless of age, background, ability or income. The Y offers scholarships to its participants that are designed to fit your individual financial situation. Limited financial assistance is available to individuals and families who substantiate a need.

PARENTAL COMMUNICATION/PARENT ENGAGEMENT

Open communication is very important to the success of your child's Y camp experience. Parents are welcomed visitors to our programs. We welcome your feedback regarding our program at any time. You may direct suggestions, concerns, compliments and complaints to the program director or the Executive Director.

Parents are welcome to participate with their children in a variety of activities. Parents and volunteers need to have cleared a criminal and/or FBI background check based on licensing and YMCA requirements in order to volunteer in a Y camp program. Parents and volunteers are never left alone with a group of children.