



**2019
SUMMER
CAMP!**



**YMCA OF THE GREATER TRI-VALLEY
JULY 1ST —AUGUST 30TH**



ENROLLMENT FORM

CAMP MIGHTY ARROW— NEW HARTFORD BRANCH

**CAMP MIGHTY ARROW
New Hartford YMCA
25 Oxford Road
New Hartford, NY 13413
(315) 797-4787**



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

NEED TO KNOW

HOW DO I SIGN UP?

1. Complete a registration form for each child you are registering
2. Check the weeks you are registering your child for on the front of your child's registration form
3. Submit your child's registration form to your child's respective YMCA Camp location
4. Pay in full or arrange a weekly Electronic Funds Transfer (EFT)

WHAT DO I BRING?

1. Backpack to hold all of the camper's belongings (all belongings labeled with their name)
2. Snack for morning, snack for afternoon and a bag lunch that requires no preparation or refrigeration
3. Sunscreen and Bug Spray (labeled with your child's name)
4. Extra clothes (including warm clothes for change in weather)
5. Water bottle with your child's name on it

WHAT DO I WEAR?

1. Most of our activities involve outdoor play that may include paint, sand, hiking, fishing and even mud. Please send your child in clothing that is appropriate for these types of activities.
2. Close-toed shoes or sneakers
3. Clothing appropriate for outdoor weather (jacket/pants for cooler days, shorts/t-shirt for high heat days)

WHAT DOES MY DAY LOOK LIKE?

Campers are divided into their age groups
Morning Welcome Circle (Outline of our day, singing camp songs)
Morning Snack
Groups rotate between 3 activities (Sports, Nature, Arts & Crafts)
Lunch
Groups rotate between 3 activities (Sports, Nature, Arts & Crafts)
Closing Circle (Bead Ceremony, Camper of the Day/All Star, Goodbye Camp Songs)
Camp Journal Writing/ Cool Down Activities

WHAT TO BRING TO CAMP



WHAT TO LEAVE AT HOME

All Electronics, Cell Phone and Toys.
The YMCA will not be held responsible
for lost or stolen items.



YMCA OF THE GREATER TRI-VALLEY - 2019 SUMMER DAY CAMP ENROLLMENT FORM

To Comply with State Licensing laws, all sections of this form must be completed before we can accept any child for care.

*** PLEASE PRINT *** PLEASE PRINT *** PLEASE PRINT ***

PARTICIPANT INFORMATION:

Child Name: _____ Sex: [M] [F] Age: _____ Birth date: ____/____/____

Child's School: _____ Grade Attending in Fall 2019: _____

****ALL PARTICIPANTS MUST BE ENTERING AT LEAST KINDERGARTEN IN FALL OF 2019 TO BE ELIGIBLE TO ATTEND****

PARENT/GUARDIAN INFORMATION:

(Person listed as Primary and Secondary Guardians will be the sole persons authorized to request changes to information and or cancellation of care.)

Primary Guardian [Mother] [Father] [Other: _____] Parent DOB: ____/____/____

Name: _____ Email: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ (ext) _____ Cell: _____

Secondary Guardian [Mother] [Father] [Other: _____] Parent DOB: ____/____/____

Name: _____ Email: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ (ext) _____ Cell: _____

*When a parent is NOT authorized to pick-up, we must have a copy of court documentation. Please provide copies of court documentation with registration.

EMERGENCY CONTACT/AUTHORIZED PICK-UPS (OTHER THAN PARENTS):

Must list at least one additional emergency contact. No one under the age of 18 is permitted. Full Address must be included. Photo ID will be required for pick-up

Name: _____ Work/Cell Phone: _____ Home Phone: _____ Address: _____
City: _____ Zip: _____

Name: _____ Work/Cell Phone: _____ Home Phone: _____ Address: _____
City: _____ Zip: _____

Name: _____ Work/Cell Phone: _____ Home Phone: _____ Address: _____
City: _____ Zip: _____

WEEKLY REGISTRATION

	<input type="checkbox"/> Sparrows (4-5yrs.)	<input type="checkbox"/> Falcons (6-8yrs)	<input type="checkbox"/> Hawks (9-10yrs)	<input type="checkbox"/> Eagles (11-13yrs)
<u>Weekly Theme</u>	<u>Camp Dates</u>			<u>Payment and Registration Due By</u>
_____ Week 1: Operation Mighty Red, White, & Blue	July 1st—July 5th (No camp on July 4th)			June 24, 2109
_____ Week 2: YMCA INVESTIGATES	July 8th—July 12th			July 1, 2019
_____ Week 3: CAMPING HAIR,DON'T CARE	July 15th– July 19th			July 8, 2019
_____ Week 4: LET'S BE CREATIVE	July 22nd—July 26th			July 15, 2019
_____ Week 5: FROM SEA TO SHINING SEA	July 29th—Aug. 2nd			July 22, 2019
_____ Week 6: WATCH OUT ZOO, HERE WE COME	Aug. 5th—Aug. 9th			July 29, 2019
_____ Week 7: YMCA GIVES BACK	Aug. 12th—Aug.16th			August 5, 2019
_____ Week 8: BRAVE MIGHTY ARROWS	Aug. 19th—Aug. 23rd			August 12, 2019
_____ Week 9: END OF SUMMER CELEBRATION	Aug. 26th—Aug. 30th			August 19, 2019

****Once the weeks are selected above and the registration form is submitted, sponsors are responsible for the payment in full, regardless of the child's actual attendance. Weekly registrations may not be transferred or cancelled.****

Please note: We are not holding Summer Camp on 4th of July or Sept. 2nd—4th. Parents will need to find alternative child care for this period of time.

FOR OFFICE USE ONLY:			
Date Received: _____	Entered By: _____	Red Flag ___ Y ___ N	
___ F/A	___ DSS	___ FEE	F/A Award Amount _____



YMCA OF THE GREATER TRI-VALLEY - 2019 SUMMER DAY CAMP

AUTHORIZATION FOR EMERGENCY MEDICAL CARE/ HEALTH CARE RECORD

Child Name: _____

In the event that I cannot be reached to make arrangements for emergency medical attention, I hereby authorize the YMCA of the Greater Tri-Valley Program staff to administer emergency medical treatment:

Physician: _____ Phone Number: _____ Address: _____

Hospital: _____ Phone Number: _____ Address: _____

(To comply with State Licensing laws, a preferred physician and hospital must be listed)

Parental Consent –Please circle yes or no for the following (if no selection is made, it is assumed that the answer is “yes”):

Yes	No	CONSENT FOR TREATMENT: I give consent for any and all necessary treatment when my child is in the care of this physician or hospital.
Yes	No	AUTHORIZATION: In case of sickness or accident, I hereby give my permission to the medical personnel selected by the YMCA of the Greater Tri-Valley to order and/or perform any medical attention deemed necessary, if I am unable to be contacted. I accept financial responsibility if such treatment is necessary. I further understand that neither the YMCA nor it’s workers can be held responsible in the event of accident or accidental death.
Yes	No	CONSENT FOR SUNSCREEN, BUG SPRAY: I give consent for my child to wear and be assisted by staff to apply as directed: Please Check: ___ Sunscreen ___ Bug Spray I further understand that it is my responsibility to provide these items daily.
Yes	No	CONSENT FOR SWIMMING AND WATER BASED PLAY: I give consent for my child to participate in swimming and water-based activities.

HEALTH HISTORY – PLEASE INDICATE IF YOUR CHILD HAS A HISTORY OF ANY OF THE FOLLOWING: YES/NO/DESCRIPTION

Asthma _____	Poison Ivy _____	Bleeding / Clotting _____
Whooping Cough _____	Food Sensitivity _____	Hypertension _____
Bronchitis _____	Penicillin _____	Mononucleosis _____
Sore Throats _____	Other Drugs _____	Fainting _____
Sinus Infections _____	Heart Disease / Defect _____	Menstruation (female) _____
Ear Infections _____	Convulsions _____	Allergies _____
Epilepsy _____	Diabetes _____	Other _____

Current Medications: _____

Will Your Child Need to Take Medications During Summer Day Camp? ___ Y ___ N

___ Yes, I understand that if my child needs medication during the Summer Day Camp program, I will be required to provide additional medication consent forms completed by both myself and my child’s physician.

****Participants with a history of medical conditions may be required to have additional medical action plans completed by their physician before attending to ensure proper medical care during summer day camp.****

****All medications (including over-the-counter medications, epi-pens and inhalers) administered during summer camp must be authorized by the child’s physician prior to being administered at Summer Day Camp. If you have indicated your child requires medication during the Summer Day Camp Program, the Camp Director will provide you with the required forms and a copy of the YMCA’s Medication Administration Policy along with your Camp Welcome Letter.****

*****ALL MEDICATIONS ARE TO BE STORED BY CAMP MEDICAL STAFF (INCLUDING EMERGENCY INHALERS AND EPI-PENS). PARTICIPANTS ARE NOT ABLE TO CARRY THEIR OWN MEDICATIONS FOR ANY REASON*****

Waiver, release, Indemnification and Hold Harmless Agreement: I acknowledge and understand that participating in the YMCA of the Greater Tri-Valley activities involves physical activity and inherent risk of bodily injury or damage to my property, and I do hereby agree, to the fullest extent permitted by law, to release, protect, indemnify, hold harmless, and covenant not to sue, the YMCA of the Greater Tri-Valley, it’s organizers, employees, volunteers, officers, representatives and agents, from and against any and all losses, injuries, harm, claims, and damage, including attorneys’ fees and court costs, causes of action or suits in equity of whatsoever kind or nature, arising out of, predicated up, or in any way resulting from participating in YMCA of the Greater Tri-Valley activities, other use or occupancy of the YMCA of the Greater Tri-Valley facilities and equipment, or while traveling to off-site activities, whether caused directly or indirectly by the YMCA of the Greater Tri-Valley, it’s organizers, employees, volunteers, officers, representatives and agents, acts or omissions, including but not limited to the YMCA of the Greater Tri-Valley’s own negligence or gross negligence, I expressly assume all such dangers, risks and hazards to me and all the minors in my care.

I HAVE READ AND AGREE TO THE ABOVE WAIVER, RELEASE, IDEMNIFICATION, AND HOLD HARMLESS AND PARTICIPATION AGREEMENT.

LARGE GROUP FORMAT: I understand that due to large group format of our program, we are unable to provide one-on one care for any child except on a intermittent basis. Such instances include: injuries, immediate disciplinary issues, and certain personal care needs customarily provided to other children. I UNDERSTAND THAT I WILL RECEIVE A WRITTEN COPY OF THE YMCA PARENT HANDBOOK ON OR BEFORE THE FIRST DAY OF MY CHILD’S ENROLLMENT. THIS INFORMATION IS ALSO AVAILABLE AT www.ymcatrivalley.org.

NOTE: Failure to sign this parent agreement does not nullify this agreement.

X _____
Signature of Parent/Guardian Date



YMCA OF THE GREATER TRI-VALLEY - 2019 SUMMER DAY CAMP

GETTING TO KNOW YOUR CHILD

Self help skills: () Dresses independently () Needs partial assistance () Needs total assistance

Toileting: () Uses toilet independently () Needs toileting assistance () Wears diapers/ pull- ups

**** Please note under NYS OCFS regulations Camp staff is prohibited from diapering children****

Can the child be included in 1:10 ratio?	YES	SOMETIMES	NO
Does the child require 1:1 care?	YES	SOMETIMES	NO
Has the child ever required physical restraints?	YES	SOMETIMES	NO
Has the child become aggressive towards others?	YES	SOMETIMES	NO
Does the child run away from groups?	YES	SOMETIMES	NO
Does the child attempt to hide?	YES	SOMETIMES	NO

THE MORE INFORMATION YOU SHARE, THE MORE WE CAN HELP PROVIDE APPROPRIATE ACCOMMODATIONS FOR YOUR CHILD

Is your child excited / cautious about attending camp? _____

Does your child have any fears/phobias? _____

What is one goal you have for your child this summer? _____

What is one goal your child has for themselves this summer? _____

What can we do to ensure your child has a fun camp experience? _____

Please list ANY challenging behaviors (i.e.: hitting, kicking, biting, tantrums, screaming, etc.) _____

Are there situations in which the child is more likely to engage in the above behavior? _____

What is the response to these behaviors at school or home? _____

Child's motivating rewards or reinforces: _____

What is your child's swimming experience? _____

What is your child's familiarity with outdoor play/hiking? _____

How does your child respond to play that may be messy, such as dirt, mud, water, sand, etc? _____

How does your child respond to crafting activities that may last for a 40 minute time span? _____

How does your child respond to team play during sports games? _____

PARENT AND PARTICIPANT STATEMENT OF AGREEMENT

- I understand that I may not leave my child at the camp location unless there is a YMCA staff member present.
- I understand that my child will not be allowed to leave the program with an unauthorized person or staff member. Only adults with valid photo ID and who are over the age of 18 can be authorized to pick up my child.
- I understand that the YMCA staff may not baby-sit, transport, or care for children other than during YMCA program hours.
- I understand that my child may be removed from the YMCA program for any of the following reasons:
 - 1) Failure to pay program fees by designated deadlines.
 - 2) Inappropriate behavior of a child/parent that compromises the YMCA's core values or endangers anyone involved with the YMCA.
 - 3) Failure to observe any of the conditions listed in the Parent Handbook.
- I authorize for my child to participate in the following activities while enrolled in YMCA Programs:

- Swimming / Water Activities	- Travel on YMCA arranged transportation	- Participate in photos or videos for the YMCA publications
- View a PG rated film	- Participate in camp activities (including field trips and outdoor hiking excursions)	

YMCA CHILD BEHAVIOR CONTRACT: Good behavior is important to everyone in daily life. Certain behaviors are expected from children involved in the YMCA Programs, and following rules promotes a good learning experience that is safe and secure. When a child ignores or disregards rules, everyone's experience is diminished. A Behavior Contract is the first formal step to help solve rule violations. The Behavior Contract involves parents, child and staff and it requires the participation of all parties. If your child's behavior becomes an ongoing problem, then the Behavior Contract will be issued. A sample contract is available in the program office. Failure to correct behavior may result in suspension or dismissal. *"Not all of these steps of the Behavior Contract will be taken every time a child breaks a YMCA rule. Disciplinary action will be determined for each child based on the severity of the action. Violence or issues which compromise the safety of YMCA staff or participants will not be tolerated and can result in immediate suspension or expulsion from the program."*

Parent/Guardian Signature

Date



YMCA OF THE GREATER TRI-VALLEY – 2019 SUMMER DAY CAMP FEES AND PAYMENT GUIDELINES / PARENT AGREEMENT STATEMENT

Child's Name: _____

(Person responsible for payment)

REGISTRATION AND PAYMENT INFORMATION

1. Checking the weeks you are registering your child for on the front of your child's registration form secures your child's space in the program for that week.
2. Once the weeks are selected and the registration form is submitted, sponsors are responsible for the payment in full, regardless of the child's actual attendance.
3. Your weekly camp fee is payable in two options (Payments are no longer accepted weekly at the Front Desk):
 1. In full at the time of registration
 - OR
 2. By Electronic Funds Transfer (EFT) the Monday before each week attending. This is an automatic draft through a checking, credit card or debit card account. (The YMCA does not accept American Express.)
4. For families applying for Financial Assistance towards their costs, all applications are due by June 14th to qualify.
 - Returned EFT payments or non-sufficient funds returns will be imposed a \$35.00 fee
 - Any payments not received in full by the YMCA are subject to being submitted to collections after 90 days.
 - Children will not be allowed to attend camp unless payment for camp session has been received in full
 - If someone other than the primary caregiver is legally responsible for a portion of child care costs, court documents must be submitted along with their registration form.

Sponsor Initial

FOR COUNTY DSS PARTICIPANTS

1. Complete a registration form for each child you are registering
2. Check the weeks you are registering your child for on the front of your child's registration form
3. If the YMCA *is* your current approved child care center, submit your registration form to the YMCA Front Desk.
4. If the YMCA is *not* a currently approved child care center, contact your Case Worker to have the YMCA approved.
5. Once the YMCA receives a written approval letter for the County, you are able to submit your child's registration form to the YMCA of the Greater Tri-Valley location where your child is attending program.
6. All Parent Fees are due by the payment and registration deadlines and are subject to late fees if not paid by designated deadlines. These payments are eligible to be paid in person at the Front Desk.

YMCA CREDIT/REFUND POLICY

The YMCA of the Greater Tri-Valley does not issue credits or refunds in the event of a child's non-attendance for weeks registered. **Payments are non-transferable to different weeks of camp.** Credits and refunds are only issued under the following conditions:

1. A program is cancelled by the YMCA
2. A payment error is made by the YMCA

CHARGE PERMISSION FORM

To participate in the weekly EFT payment plan for the Summer Day Camp Program, please fill out the bottom section.
We accept Visa, Discover, and Mastercard. (Please note that the YMCA no longer accepts American Express)
For checking account drafts, please attach a voided check.

Account # _____

Expiration Date _____

Name Printed _____

Type of Card _____

I authorize the YMCA of the Greater Tri-Valley to charge my account above on each Monday prior to my child's attendance at Summer Day Camp in the amount of \$ _____ each week.

I understand that any returned or insufficient funds drafts will result in a \$35 fee.

Signature of Account Holder _____

Date _____

***ANY CHANGES TO YOUR DRAFT ACCOUNT MUST BE MADE AT LEAST ONE WEEK PRIOR TO YOUR NEXT DRAFT BY COMPLETING A NEW CHARGE PERMISSION FORM. THESE FORMS ARE ATTAINABLE FROM YOUR CHILD'S CAMP DIRECTOR.**

My signature verifies that I have read and received a copy of the Fees and Payments Guidelines and agree to all as described above.

x _____
Signature of Sponsor

_____ Date

_____ % Responsible For

My signature verifies that I have read and received a copy of the Fees and Payments Guidelines and agree to all as described above.

x _____
Signature of Sponsor

_____ Date

_____ % Responsible For



**YMCA OF THE GREATER TRI-VALLEY - 2019 SUMMER DAY CAMP
PHOTO RELEASE AUTHORIZATION FOR CAMPERS**

THE YMCA OF THE GREATER TRI-VALLEY PHOTO RELEASE FORM

I hereby grant the YMCA OF THE GREATER TRI-VALLEY permission to use my child's likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration.

I understand and agree that all photos will become the property of the YMCA OF THE GREATER TRI-VALLEY and will not be returned.

I hereby irrevocably authorize the YMCA OF THE GREATER TRI-VALLEY to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I hereby hold harmless, release, and forever discharge the YMCA OF THE GREATER TRI-VALLEY from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM GIVING CONSENT FOR MY CHILD BY SIGNING BELOW:

Print Child's Name: _____

Parent's Signature: _____ Date: ___ / ___ / ___