

Camp Funshine Health Information-2020

IMMUNIZATION RECORDS ARE REQUIRED AT THE TIME OF REGISTRATION

Deposits are non-refundable.

Child's Name _____ Sex _____ T-Shirt Size _____

Age _____ Birth date _____ Grade This Fall _____ Youth _____ Adult _____

Address _____ Zip _____

Parent/Guardian Name _____ Email _____

Home Phone # _____ Work Phone # _____ Cell # _____

	6/29-7/10	7/13-7/24	7/27-8/7	8/10-8/21	8/24-8/28 (6-12 year olds only)
EXPLORERS- Ages 3-5 (5's who <i>HAVE NOT</i> entered Kindergarten)	Session 1 _____	Session 2 _____	Session 3 _____	Session 4 _____	TRIP WEEK _____
PIONEERS- Ages 5-8 (5's who <i>HAVE</i> completed Kindergarten)	Session 1 _____	Session 2 _____	Session 3 _____	Session 4 _____	PRE CAMP _____
PRE CAMP	Session 1 _____	Session 2 _____	Session 3 _____	Session 4 _____	POST CAMP _____
POST CAMP	Session 1 _____	Session 2 _____	Session 3 _____	Session 4 _____	
6:45AM- 7:00AM	Session 1 _____	Session 2 _____	Session 3 _____	Session 4 _____	

Authorized Release and Emergency Contacts (Any pick up person will be asked for ID)

It is our policy not to release your child into the custody of any person you do not specify. This includes other family members. Please list all persons that you authorize to pick up your child. These persons will also be contacted if there is any emergency. Please include yourself.

Name _____ Relationship to child _____

Daytime phone # _____ Cell Phone # _____

Name _____ Relationship to child _____

Daytime phone # _____ Cell Phone # _____

Name _____ Relationship to child _____

Daytime phone # _____ Cell Phone # _____

Does your child have any physical limitations? If yes, please specify. _____

Does your child have any allergies? If yes, please specify. _____

Is your child in a special classroom setting? If yes, please describe. _____

Is there anything you would like to disclose that will better help us serve your child? If yes, please describe. _____

Does your child wear glasses or contacts? _____

If your child is currently taking medication, please specify what and why. _____

I hereby enroll my child in the above Middletown YMCA program. In signing this application, I certify that my child is healthy and free of problems that could affect his/her ability to participate. I hereby grant the YMCA and their representative's full authority to take whatever actions they deem necessary regarding my child's health and safety. I fully release the YMCA from any liability in connection therewith. I understand that I am responsible for the cost of any and all medical expenses incurred during program time and that my medical insurance is primary. I understand that my child must comply with all rules and standards of the program. I agree that the YMCA has the right to enforce appropriate standards and that the YMCA may terminate my child's participation if these standards are not maintained. I further give my consent for my child to be photographed or videotaped, and do hereby release those images to be used by the YMCA of Middletown in print or other media. I also give the YMCA of Middletown permission to transport my child when necessary. I understand that all deposits are non-refundable. I acknowledge the YMCA Camp Funshine Handbook is available online.

Signature Parent/Guardian _____ Print Name _____

Relationship to child _____ Date _____



YMCA of Middletown Behavior Policy for Day Camps

One of the goals of our Day Camp program is for each child to develop a sense of respect for themselves and others. We strive to create an environment that encourages children to make positive choices, to enter and exit peer groups with increasing skill and satisfaction and to act respectfully.

Self-discipline is our goal for each camper and is the result of an evolving process occurring within the child. Through appropriate adult/child interaction, anticipatory guidance, well established guidelines for appropriated behavior, and active listening to children's responses, camp staff get to know each child and what additional adjustments might be necessary for them to thrive. Over time, our expectation is that children establish a pattern of self-control, and reasoning when adults treat them with dignity and use behavior techniques such as:

- Guiding children by setting clear and consistent limits and policies
- Visualizing mistakes as learning opportunities
- Listening to children when they voice their frustrations and feelings
- Guiding children to resolve conflict and model skills to help them problem solve
- Reminding and reinforcing the guidelines, yet listening to their rationale

When a problem arises, steps toward reaching these goals will include:

1. Day camp staff will work with the child, discussing the problem, suggesting and supporting behavior changes, explaining and redirecting.

2. If a pattern of negative behavior persists, the day camp staff will speak with the parent(s)/guardian(s) in order to obtain assistance and suggestions for developing effective approaches with the child. Requested mediation and a behavior plan may be initiated.

3. If all reasonable approaches are exhausted, but the pattern of negative behavior continues, and/or the child's actions are a threat to the well-being and safety of other children, staff or even harmful to oneself, parent/guardian will be required to remove their child from camp.

Depending on the severity of the behavior, a child may be placed on a suspension step plan as follows: 1-day, 2-day, 5-day and if necessary, dismissal. Suspension steps, including dismissal can be immediate, if behavior warrants such action. Behaviors that may warrant suspension include physical violence, or the threat of physical violence, biting, bullying or swearing, constant disregard of staff direction and guidance, verbal harassment of peers or staff and unauthorized departure from the program (flight risk). In some instances, if the behavior problem is very serious, no warnings will be issued and an immediate suspension or permanent dismissal will be enforced.

There are no refunds or credits for days a child is suspended or dismissed from camp.

In signing this document, as parent/guardian, I knowledge that I have been made aware of the YMCA of Middletown Behavior Policy and will abide to its enforcement.

Childs' Name: _____

Parent/Guardian Signature: _____ Date: _____



YMCA OF MIDDLETOWN
SUMMER DAY CAMPS
PERMISSION TO ADMINISTER MEDICATION

I _____ give the YMCA of Middletow Parent or
Guardian's Full Name (Please PRINT) permission to administer to my
child _____

Child's Full Name (Please PRINT)

the medication(s) designated below. I understand that any medication must be in its original vial. Prescriptions must have the child's name and dosage instructions on the label. Any over the counter medication will only be given if it is in an original package and is deemed age appropriate, unless we are provided written administration directions from a physician. No medication will be given if it is out of date or has been tampered with in any way.

MEDICATION TO BE ADMINISTERED

Medication(s) _____

Reason for Medication(s)? _____

Dosage(s) _____

Time(s) _____

Date(s) to be given _____

Any special instructions? _____

Parent or Guardian's Signature



YMCA OF MIDDLETOWN CAMPS TOPICAL OINTMENT & ANTISEPTIC FORM

In an effort to protect your child's safety, we ask you to review the information below and initial all that is applicable to your child.

I _____ give, the YMCA of Middletown camp
Parent or Guardian Name (Please PRINT)
staff, permission to apply the following on my child, whenever they deem necessary.

Please initial all that apply. Please write NO (on each line) for any items that you do not want us to utilize on your child.

- Sun Screen _____
- Bacitracin Cream _____
- Antibacterial Soap _____
- Antibacterial Wipe _____
- Hydrogen Peroxide _____
- Hydrocortisone Cream _____
- Bug Spray _____

In initialing the above, I give permission to have these items applied on my child

_____, whenever it is deemed necessary.

Please Print Child's Name

Parent or Guardian Signature

Date



CAMP PAYMENT AUTHORIZATION FORM

Camp balances are due at least 2 weeks prior to the first day of each session. You have the option to pay (cash, credit card or check) in person, have an agency pay (if applicable) or set up an automatic draft.

Any returned draft will incur a return fee of \$25.00.

Please understand that deposits are non-refundable.

Session 1: June 29th -July 10th	Payment Due: June 15th
Session 2: July 13th -July 24th	Payment Due: June 29th
Session 3: July 27th -August 7th	Payment Due: July 13th
Session 4: August 10th -August 21st	Payment Due: July 27th
Session 5/Trip Week: August 24th -August 28th	Payment Due: June 1st

PLEASE PUT A CHECK NEXT TO YOUR CHOICE ON HOW YOU WILL BE MAKING PAYMENTS

I will be making payments in person at the YMCA of Middletown located at 81 Highland Avenue, Middletown, NY or the South Orange Family YMCA located at 45 Gilbert Street Extension, Monroe, NY. I understand that payments cannot be mailed and are due no later than the date listed in the above payment schedule.

Attached is the Department of Social Services (or other agency) approval letter.

I authorize the YMCA of Middletown to draft each camp payment in full, two weeks before the first day of the session. I understand that unless I contact the YMCA, charges will be made as stated in the above payment schedule. I will provide my complete credit card information below.

The parent/guardian who enrolls his/her child in camp is responsible for seeing that payment is made to the YMCA. The YMCA will not become involved in the collection of fees from non-custodial parents/guardians or others, and cannot allow delays in payments due to delays in child support or other funding.

AUTOMATIC DRAFT AUTHORIZATION

Please circle the camp that your child will be attending:

DISCOVERY FUNSHINE SUMMER SQUAD ROBBINS

Camper's Name (Please print) _____

Parent/Guardian First & Last Name (Please print) _____ Parent/Guardian Signature _____ Phone Number _____

Please circle credit card type:

VISA AMERICAN EXPRESS MASTERCARD DISCOVER

Credit/Debit Card Number

Expiration Date

Cardholder's Name

Billing Zip Code



Camp Funshine

Late Pick Up Policy

Our regular day camp ends at 4:15pm and our Post Camp ends at 6:00pm. If your child is not enrolled in post camp, your child/children **MUST** be picked up by 4:15pm. When your child is enrolled in post camp, your child **MUST** be picked up by 6:00pm. Failure to pick up your child by your designated pick up time will result in a late fee of \$1.00 per minute for every minute that you are late.

You must make payment no later than the following morning in order for your child to participate in camp the next day. If you pick up your child late on a Friday, you must pay the late fee by Monday morning in order for your child to participate in camp. You can pay when you drop your child off in the morning at the Y or at camp.

While we understand that you may be late on a rare occasion, the design of our program is for parents/guardians who can pick up their child/children or send a designee by the designated pick up time. Please note that multiple late pickups will result in your child being unable to participate in camp. Thank you.

In signing this document, as parent/guardian, I knowledge that I have been made aware of the YMCA of Middletown Late Pick-Up Policy and will abide to its enforcement.

Childs' Name: _____

Parent/Guardian Signature: _____ Date: _____