



**FIND YOUR FUN.
FIND YOUR Y.**
SUMMER DAY CAMP 2024



**YMCA of the
Greater Tri-Valley**

**Rome, Oneida,
Whitesboro**

For a better us.®

www.ymcatrivalley.org



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

NEED TO KNOW

HOW DO I SIGN UP?

Complete a registration form for each child you are registering.

Check the weeks you are registering your child for on the front of your child's registration form.

Submit your child's registration form to your child's respective YMCA Camp location.

(Whitesboro registrations will be submitted to the Rome Family YMCA)

WHAT DO I BRING?

Backpack to hold all of the camper's belongings (Please label all belongings with child's name).
Bathing suit, towel, and flip flops for the locker rooms and pool deck (where swimming applies),
bag lunch with icepack (as needed), 2 snacks, refillable water-bottle, sunscreen, insect repellent, extra clothes.

Sunscreen and Bug Spray (Labeled with your child's name. Will not apply unless provided).

WHAT DO I WEAR?

Most of our activities involve outdoor play that may include paint, sand, hiking, fishing, and even mud. (fishing at sites where available)

Please send your child in clothing that is appropriate for these types of activities.

Closed-toed shoes or sneakers are worn at all times (except swimming).

Clothing appropriate for outdoor weather (Jacket/pants for cooler days, shorts/t-shirt for high

WHAT DOES MY DAY LOOK LIKE?

Early Care Program 7am

Campers are divided into their age groups

Morning Welcome Circle (Outline of our day, singing camp songs)

Groups rotate between 4 activities (Sports, Nature, Arts & Crafts and Music & Humanities)

Swimming

Groups rotate between 4 activities (Sports, Nature, Arts & Crafts and Music & Humanities)

Closing Circle (Bead Ceremony, Camper of the Day/All Star, Goodbye Camp Songs)

Late Care Program ends 6pm

Camp Journal Writing/ Cool Down Activities



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's Name: _____ Preferred Pronoun: _____

Sex: [M] [F] [Other] Age: _____ Birth date: ____/____/____ Child's School: _____ Grade in the Fall: _____

****ALL PARTICIPANTS MUST BE ENTERING AT LEAST KINDERGARTEN IN FALL OF 2023 TO BE ELIGIBLE TO ATTEND****

PARENT/GUARDIAN INFORMATION:

Person listed as Primary will be the sole person authorized to request changes to information and or cancellation of care.

E-MAIL & ClassDOJo are THE PRIMARY METHOD OF COMMUNICATING CAMP WEEKLY UPDATES AND SCHEDULING CHANGES- PLEASE PROVIDE YOUR UP TO DATE E-MAIL

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

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

Name: _____ Email: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

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

Name: _____ Email: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

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: _____ Phone: _____

Address: _____ City: _____ Zip: _____ relationship _____

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____ relationship _____

WEEKLY REGISTRATION

My child will be attending _____ Oneida Camp _____ Tree House at Trinity Church _____ Rome Gryzic Field (need Immunization records)
_____ Sparrows (4-5yrs.) _____ Falcons (6-7yrs) _____ Hawks (8-9yrs) _____ Eagles (10-12yrs) _____ CIT (13-15yrs)

<u>Weekly Theme</u>	<u>Camp Dates</u>	<u>Payment and Registration Due By</u>
_____ Week 1: Holiday Fun	July 1st—July 5th (no program July 4th)	June 24, 2024
_____ Week 2: Creepy Crawlies	July 8th—12th	July 1st
_____ Week 3: Around the World	July 15th—19th	July 8th
_____ Week 4: Animal Planet	July 22nd—26th	July 15th
_____ Week 5: A Week at the Beach	July 29th—August 2nd	July 22nd
_____ Week 6: Science Fun	August 5th-August 9th	July 29th
_____ Week 7: When I Grow Up	August 12th—16th	August 5th
_____ Week 8: Dinosaurs	August 19th—23rd	August 12th
_____ Week 9: Party at the YMCA	August 26th—30th	August 19th

FOR OFFICE USE ONLY:
Date Received: _____
Entered By: _____
Red Flag ____ Y ____ N
_____ FEE
_____ CHILD CARE ASSIS-
TANCE
F/A
F/A Award Amount

****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.****



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 and authorize emergency medical treatment:

Physician: _____ Phone _____ Address: _____

Hospital: _____ Phone _____ Address: _____

Insurance Carrier: _____ Policy Holder: _____ Policy #: _____

(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, LOTION AND LIP BALM: I give consent for my child to wear and be assisted by staff to apply. As directed. NYS Requires this authorization for your child to attend camp.
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

Hay Fever _____ Poison Ivy _____ Bleeding / Clotting _____

Asthma _____ Food Sensitivity _____ Hypertension _____

Insect Bite Reactions _____ Heart Disease / Defect _____ Mononucleosis _____

Physician-Diagnosed Allergies: _____ Convulsions _____ Fainting _____

_____ Diabetes _____ Menstruation (female) _____

Will need OCFS-6029 completed by health care provider before attendance. _____ Epilepsy _____ Other _____

Current Medications: _____

Does your child have any medical condition that may require additional accommodations not listed above?

Will your child need to take medications during program? ____ Y ____ N

____ Yes, I understand that if my child needs medication during the YCare Summer Day Camp program, I will be required to provide additional medication consent forms completed by both myself and my child's health care provider.

____ (Rome campers) I have attached a copy of my child's up to date immunization form and understand it must be provided prior to start date

****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 YCare Summer Day Camp Programs****

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

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



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-

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 engaged in challenging behaviors towards or with other children or staff?	YES	SOMETIMES	NO
Does your child independently remain with a group at all times?	YES	SOMETIMES	NO
Does the child attempt to hide?	YES	SOMETIMES	NO
Does the child need assistance participating in activities?	YES	SOMETIMES	NO
Does your child have an IEP, Behavioral, or other Educational Plan? Please submit a copy	YES		NO

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

Is your child excited / cautious about attending the program? _____
 What is your child's personality? (strengths, interests) _____
 Does your child have any fears/phobias? _____
 What is one goal you have for your child? (areas of growth you'd like to see) _____
 What can we do to ensure your child has a fun experience? _____
 Please list ANY challenging behaviors (i.e.: hitting, kicking, biting, tantrums, screaming) _____
 Are there situations in which the child is more likely to engage in the above behavior? _____
 What is the most effective response to these behaviors at school or home? _____
 Child's motivating rewards or rein-forcers : _____
 Additional information you feel may be helpful to YMCA Staff: _____

PARENT AND PARTICIPANT STATEMENT OF AGREEMENT

- I understand that I may not leave my child at the YMCA locations 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 the YMCA staff are not responsible for any issues that occur on the bus prior to the release of the children to the YMCA staff or after the YMCA staff has released care to the transportation company. The issues must be brought to the transportation company's attention.
- 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 G or PG rated film - Participate in activities (including field trips and outdoor hiking excursions)

YMCA CHILD BEHAVIOR CONTRACT: 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."

X _____ parent signature _____ date



SUMMER DAY CAMP

FEES AND PAYMENT GUIDELINES / BANKING INFORMATION

Child's Name: _____

REGISTRATION AND PAYMENT INFORMATION

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. **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. NO EXCEPTIONS WILL BE MADE.**

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.

For families applying for Financial Assistance towards their costs, all applications are due by June 20th to qualify. **Sponsor Initial** _____

- Returned EFT payments or non-sufficient funds returns will be imposed a \$25.00 fee
- Any payments not received in full by the YMCA are subject to being submitted to collections after 90 days.
- 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.

FOR COUNTY CHILD CARE ASSISTANCE PARTICIPANTS

- Complete a registration form for each child you are registering.
- Check the weeks you are registering your child for on the front of your child's registration form.
- If the YMCA *is* your current approved child care center, submit your registration form to the YMCA Front Desk. (Rome camp need a signed Part B)
- If the YMCA is *not* a currently approved child care center, contact your Case Worker to have the YMCA approved.
- 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.
- All Parent Fees are due by the payment and registration deadlines and are subject to late fees if not paid by designated deadlines.
- **The YMCA will only accept FULL TIME participants in the program (approved for Monday-Friday, full day, participation**
- **Rome Camp CHILD CARE ASSISTANCE** participants requires all CCAP/CHILD CARE ASSISTANCE participants to complete the Part B form and submit to county, failure to do so before camp week attending will result in full program fee being charged to parent.

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.
3. A written medical excuse is provided with specific dates of absence from your medical provider

All requests must be received within 60 days of payment. No exceptions.

PAYMENT 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, Mastercard and American Express.

Debit/Credit Card Number or Checking/Savings Account Number

Checking/Savings Routing Number

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 payments or insufficient funds drafts will result in a \$25 fee.

Signature of Account Holder

Date

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 _____



**SUMMER DAY CAMP
PHOTO RELEASE AUTHORIZATION FOR CAMPERS**

Child's Name: _____

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:

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

If you do **not** approve the above release please check here _____ initial & date here _____.

THE YMCA OF THE GREATER TRI-VALLEY Additional Permissions FORM

I hereby grant the YMCA OF THE GREATER TRI-VALLEY permission to:

_____ Speak with my child's health care provider in regards to written medication forms or allergy and anaphylaxis forms

_____ Speak with my child's health care provider in regards to immunization forms (Rome Camp)

(Initial and write yes or no on each line)

I understand and agree with the above statements and have indicated my agreement to those statements I feel are necessary to assist my child. I understand that I can revoke permissions with a written statement at any time.

I also understand that the YMCA of the Greater Tri-Valley staff will hold all information obtained confidential and only those persons in the need to know will be notified of any relevant information.

I HAVE READ AND UNDERSTAND THE ABOVE RELEASE. I AFFIRM THAT I AM GIVING CONSENT FOR MY CHILD

BY SIGNING BELOW:

Parent's Signature: _____ Date: _____



SUMMER DAY CAMP ACKNOWLEDGEMENT NON-PATIENT SPECIFIC EPINEPHRINE POLICY

Child's Name: _____

THE YMCA OF THE GREATER TRI-VALLEY ACKNOWLEDGEMENT

The YMCA of the Greater Tri-Valley is participating in the non-patient specific emergency epinephrine program for children without a documented allergy. See parent handbook for details.

If in the event your child develops signs and symptoms of anaphylaxis (sever allergic reaction-difficulty breathing, not breathing, swelling of face, lips, throat, hives)

We will administer non-patient specific epinephrine to your child, have them rest comfortably as we call 911 and care for them until EMS arrives, you will be notified and if not available we will use your child's emergency contacts, in extreme cases if your child stops breathing CPR will be performed

***I have read, or been read, and understand the above statement. I know where to find or how to obtain a printed copy of the YMCA of the Greater Tri-Valley Parent Handbook for further details. I will also provide my child's weight to the YMCA to ensure the correct epinephrine dosage is administered. If I am unable to provide my child's weight I agree to allow my child to be weighed by the YMCA staff.**

Parent Signature: _____ Date: _____

Child's weight in pounds: _____

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.

_____ YES, I UNDERSTAND HOW TO OBTAIN A WRITTEN COPY OF THE YMCA PARENT HANDBOOK BY EMAIL, IN PERSON, OR BY VISITING THE YMCA WEBSITE (www.ymcatrivalley.org). NOTE: Failure to sign this parent agreement does not nullify this agreement.

Parent Signature: _____ Date: _____

The YMCA of the Greater Tri-Valley uses ClassDoJo (downloadable mobile app) and email as the primary forms of communication for scheduling changes, announcements and other need to know information. If you are not already on the YMCA ClassDoJo you will be emailed an invitation to join our classroom. This is a free service and is for communication purposes only. Families are able to connect via ClassDoJO with each other and YCare Camp staff. As with all electronic messaging proper etiquette is necessary. All communications should be polite, use appropriate language, be bully free and age appropriate. See ClassDoJo app for use specifics. The app also has activities/games that children are able to use. If you have concerns please contact staff directly via phone or email.

I understand and acknowledge the use of ClassDoJo for communication with camp staff. I further acknowledge that I will use it for its intended purpose only. I also acknowledge that my access to the classroom/camp can be removed if I do not follow the ClassDoJo guidelines set forth by ClassDoJo or the YMCA,

Parent signature _____ Date _____