

2010 Day Camp Information

What do I need to register for camp?

A 2010 Day Camp Registration Packet and \$25 deposit (non-refundable & non-transferable) for each camp week per child. We accept Visa, Mastercard, Discover, American Express, checks and cash for the deposits only. A 2010 Day Camp Registration Packet can be picked up at your local branch, or downloaded from www.gmvymca.org/programs.cfm?core=9.

For the safety of your child the 2010 Day Camp Registration Packet must be completed in it's entirety to confirm your child's space in the camp.

Registration will continue throughout the summer according to the availability of each camp.

How do I pay my balance?

Camp balance must be made through credit card automatic draft. Your authorization form is in the registration packet. The charge for camp will occur every Friday for the following week's camp fees. We accept Visa, Mastercard, Discover and American Express. Refunds will not be made once this automatic draft has occurred.

Is there financial assistance?

Financial assistance is available through Butler County Dept. of Job & Family Services at 513-887-4000, Warren County Dept of Job & Family Services at 513-695-1447 or through our Y Care Fund for those that qualify.

Cancellation Policy?

The Great Miami Valley YMCA reserves the right to cancel a camp due to low enrollment. A full refund will be made if this occurs.

When is the Camper & Parent Orientation?

Date and time for your branch will be located at www.gmvymca.org under the branch "Member Hot Button".

We will provide a tour of camp, meet some counselors and additional information about what to bring to camp.

How do I sign in and sign out my child from camp?

Campers must be signed in and out of camp by a parent or authorized adult over the age of 18. Only those adults listed on your child's Enrollment Form will be permitted to sign them out of camp, unless written permission is provided for another adult to pick up your child. A picture ID must be presented by the adult picking up the child. This is for the safety and security of your child.

If you child is registered for the Before and After Camp Care from 7-9am and 4-6pm, you will be required to sign in and out at that program location. Campers attending the 9am-4pm or 9am to Noon camps only must have an adult sign them in and out at that program location.

What should my child bring to camp?

Each day the camper should bring with them 2 snacks, non-refrigerated lunch with drink (no soda), water bottle, towel, bathing suit, sun protection/insect repellent and plenty of energy to have a great time. We require that all toys, games, money, cell phones, electronics and other items from home do not come to camp. Campers will be required to wear closed toe shoes at camp. Please label your child's belongings. We cannot be held responsible for damaged, lost or stolen items.

What if I'm not sure of my child's swimming abilities?

All campers will be required to take a swim test to determine their swimming ability and wear an appropriate colored band for their current swimming skills.

If my child needs to take prescription medication while at camp, what do I need to do?

If you child is required to take a prescription medication, a parent or guardian must complete a Medication Authorization and Health Care Form (available from camp director). According to state requirements, the medication must be kept in its original container with the original label and clearly state the following information: Child's name, current date, the exact dosage to be given and the means of administration.

Non-prescription medications will not be allowed at camp.

Ohio Department of Job and Family Services
**CHILD ENROLLMENT AND HEALTH INFORMATION
 FOR CHILD CARE CENTERS AND TYPE A HOMES**

This form shall be completed prior to the child's first day of attendance and updated annually and as needed.

Child's Name		Date of Birth		First Day at Center	
Home Address				City	
State	Zip Code	Home Telephone Number			
Parent/Guardian Name			Relationship to Child		
Home Address					
City		State		Zip	
Home Telephone Number			Cell Phone		
Work/School Telephone Number			Work/School Name		
Work/School Address				City	
Please indicate if this name should be included on a parent roster <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, please indicate which number above to list on the roster <input type="checkbox"/> Work number <input type="checkbox"/> Cell number <input type="checkbox"/> Home number					
Where can you be reached while your child is in this program?					
Parent/Guardian Name			Relationship to Child		
Home Address					
City		State		Zip	
Home Telephone Number			Cell Phone		
Work/School Telephone Number			Work/School Name		
Work/School Address				City	
Please indicate if this name should be included on a parent roster <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, please indicate which number above to list on the roster <input type="checkbox"/> work number <input type="checkbox"/> cell number <input type="checkbox"/> home number					
Where can you be reached while your child is in this program?					
Emergency Contacts: Parents cannot be listed as emergency contacts. List the name of <u>at least one person</u> who can be contacted in the event of an emergency or illness if you cannot be reached . Any person listed should be able to assist in contacting you and at least one person listed must be within one hour of the center/home and able to take responsibility for the child in case you cannot be contacted.					
Name			Name		
City		State	City		State
Telephone Number		Relationship to Child	Telephone Number		Relationship to Child
Other numbers where emergency contact can be reached (if applicable)			Other numbers where emergency contact can be reached (if applicable)		
Name of Physician or Clinic/Hospital					
Street Address					
City		State		Telephone Number	

Child's Name

Allergies, Special Health or Medical Conditions, and Food Supplements

Fill in this section accurately and completely. Please note that if your child has a **current** health or medical condition requiring child care staff to monitor the condition, provide treatment, care, or to give medication, the JFS 01236 "Medical/Physical Care Plan" or equivalent form and/or the JFS 01217 "Request for Administration of Medication" must be completed and be kept on file at the center or type A home.

Does your child have any food, medication or environmental allergies? *(check all that apply)*

- No
 Yes - check all that apply Food Medication Environmental Please list and explain:

Does your child's allergy/allergies require child care staff to monitor child for symptoms, take action if a reaction occurs, or give emergency medication to your child? *(check one)*

- No
 Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Does your child have a special health or medical condition? *(check one)*

- No
 Yes - please explain

Does the special health or medical condition require child care staff to perform a procedure, monitor your child for symptoms or administer medication during child care hours? *(check one)*

- No
 Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Is your child currently using any medication, food supplement or medical food (such as electrolyte solution)? *(check one)*

- No
 Yes - please explain

If yes, does this medication, food supplement, or medical food need to be administered at the child care center/type A home?

- No
 Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication, food supplement or medical food.
 N/A - program does not administer any medications.

Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? *(check one)*

- No
 Yes - please explain

Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group?

- No
 Yes - written instructions from the child's health care provider must be on the JFS 01217 "Request for Administration of Medication."
 N/A - child does not attend a full time program.

Child's Name

List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff or **medical personnel** in an emergency situation.

List any additional information about your child that would be useful for staff to know, such as fears, eating or sleeping habits, or special routines. This information should not be medical or health related, as that information should be included on the previous page.

Diapering Statement

Is your child toilet trained? Yes (If yes, skip to Emergency Transportation Authorization section) No

The program's policy is to check diapers every ____ hours. Please indicate if you want your child's diaper checked according to the center/type A home's policy or another:

I agree with the program's schedule I do not agree, please check my child's diaper every ____ hours.

Emergency Transportation Authorization

Give <u>Permission</u> to Transport		OR Do not sign both	<u>Do Not Give Permission</u> to Transport	
Center or Type A Home Name			Center or Type A Home Name	
has permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.			does not have permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:	
Parent's Signature	Date		Parent's Signature	Date

Acknowledgement of Policies and Procedures

I have reviewed and received a copy of the center's or type A home's policies and procedures/handbook.

Parent/Guardian Signature	Date
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Signatures

This form, after being completed and signed by the parent/guardian, must be reviewed for completeness and signed by the administrator/designee prior to the child receiving care. The administrator shall have the parent/guardian review and initial the form when any changes/updates are made and at least annually. The parent/guardian and the administrator or designee shall initial and date the form to indicate the date reviewed.

Parent/Guardian Signature(s)		Date	
Administrator/Designee Signature		Date	
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review

Note: This is a prescribed form which must be used by centers and type A homes to meet the requirements of rules 5101:2-12-37 and 5101:2-13-37. This form must be on file at the center or type A home on or before the child's first day of attendance and thereafter while the child is enrolled.

Camper Name: _____

SWIM PERMISSION

My child has permission to participate in the swim time provided by the GMV YMCA Summer Day Camp program at all swimming pools visited during the course of the summer. YES NO

My child is a swimmer YES _____ NO _____ Comments _____

Signature of Parent *Date*

PLAYGROUND PERMISSION

My child has permission to use all the playground equipment and participate in all activities provided in this GMV YMCA Summer Day Camp program YES NO.

Signature of Parent *Date*

CLIMBING WALL/SPORTS FIELDS PERMISSION

My child has permission to use the climbing wall and/or participate in all sports field activities provided by the GMV YMCA Summer Day Camp program. YES NO

Signature of Parent *Date*

PHOTOGRAPHY/VIDEO PERMISSION

My child has permission to be photographed or videotaped for use connected with the GMV YMCA Summer Day Camp program. YES NO

Signature of Parent *Date*

AUTHORIZATION TO RELEASE CHILD TO THE CUSTODY OF THE FOLLOWING INDIVIDUALS:

Name	Address	Phone	Relationship to Child

Signature of Parent *Date*

We welcome all campers regardless of race, color, national origin, religion, sex, handicap, or age to participate in our programs.

GREAT MIAMI VALLEY YMCA
RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releasees or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or **any facilities or equipment thereon or participating** in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Ohio and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I I HAVE READ THIS RELEASE

Parent/Guardian Signature _____ Date _____

AUTHORIZATION FOR CREDIT CARD AUTOMATIC DRAFT



CARD HOLDER NAME	
MEMBER NAME	MEMBER I.D.
CARD HOLDER MAILING ADDRESS (STREET, CITY, STATE, AND ZIP CODE)	
CREDIT CARD NUMBER	EXPIRATION DATE
FIRST DATE TO CHARGE:	(Please circle) MC VISA DISC AM EX

Charge will occur every Friday for the following week's camp fees.

SIGNATURE OF CREDIT CARD HOLDER _____

DEPOSIT \$ _____

Office Use Only: PT Voucher to FT \$ _____

Fill in amount of all camps that your child/children will be attending

Jun 7-11	Jun 14-18	Jun 21-25	Jun 28-Jul 2	Jul 5-9	Jul 12-16	Jul 19-23	Jul 26-30	Aug 26	Aug 9-13	Aug 16-20
\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

As a convenience to me, I hereby request and authorize the Great Miami Valley YMCA to charge my credit card account for the **weekly** amount of the YMCA day camp fees. The authority is to remain in effect while the child/children is registered for YMCA camp. Should I decide to cancel camp for my child/children for which they are registered, I will be required to submit a written notice which will stop further charges. I agree that should any child care credit card automatic draft not be honored for any reason, I am still responsible for the payment.