



WELCOME!

YMCA MISSION STATEMENT

To put Christian principles into practice through programs that build a healthy Spirit, Mind and Body for all.

CHARACTER DEVELOPMENT

For more than 150 years the YMCA has been helping people in all Y programs develop and understand values. Our programs have been designed to deliver what we promise in our mission statement. Values, which are sometimes referred to as character, are the basis of who we are, how we live, and how we treat others. School Age Childcare Programs strive to enrich our children through the following four core values:

Caring=Red	Show a sincere concern for others
Honesty=Blue	Choosing to be truthful
Responsibility=Green	Proving you can be trusted
Respect=Yellow	Treat others the way you want to be treated

Our Staff Cares for Children

Staff for all programs are hired for their care and concern for children. All staff receive training through the YMCA and are certified in CPR and First Aid as well as Child Abuse Prevention. Day Camp is run by a Director experienced in working with youth. Our Day Camp offers a staff to camper ratio of 1:15.

YMCA SUMMER DAY CAMP 2019

Thank you for choosing the YMCA Summer Day Camp Program. We ask that you take a few moments to read over these important policies and procedures. Please do not hesitate to ask our staff about anything you do not understand or if you have any questions or concerns. Day Camp activities and programs are designed for children ages 6 to 12 years old. Our YMCA Day Camp is here to meet your summer childcare needs.

Important Dates

First day of Camp – May 23

Last Day of Camp – August 5

YMCA After School Child Care will begin August 6

All Campers Should Bring...

- All campers must bring a sack lunch every day. Refrigeration is not provided so please bring lunches that won't spoil. Please, no big coolers, glass or items to be warmed. Drinks for lunch only, may be purchased at the front desk. The YMCA provides an afternoon snack.
- Swimsuits, sunscreen, and towels should be brought every day. Please apply sun protection to your child *before* bringing him/her to camp. Camp staff will help children to reapply sun protection throughout the day if provided by the parent.
- Must wear gym shoes everyday. No flip flops allowed.

Please put your child's name on each item they bring to camp.

Sign In and Out

- Y-Day Camp begins at 7:00 am and ends at 6:00 pm
- Please sign in upon arrival and sign out when you pick up your child.
- No children will be accepted prior to 7:00 am. Children CANNOT be dropped off unattended.
- All campers drop-off at North Elementary School. NORTH ENTRY doors. Please ring bell if door is locked. (Monday-Thursday)
- Every Friday is field trip day. All campers are dropped off at the Y on Friday mornings.

Monday through Friday all campers pick-up downstairs at the YMCA no later than 6 pm.

Children must be signed in and out of camp by a parent or authorized adult over the age of 18. Only those adults on your child's Registration 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 another adult at the time of pick-up. This is for the safety and security of your child and your peace of mind.

Hours

Y-Day Camp begins at 7:00 am

Y-Day Camp ends at 6:00 pm

LATE PICK-UPS will be charged \$1 for every minute past 6:00 pm. This charge must be paid in full at the YMCA front desk at the time the child is picked up.

Polices and Procedures

A sick child is to be kept home, for his or her own sake and that of others. Many communicable diseases begin with cold-like symptoms. Though you may think it is just a cold, the child should not attend when:

He/she has an oral temperature of 100 degrees or higher

Vomiting within the past 24 hours

Diarrhea within the past 24 hours

Appearance of acute illness or complaint of severe pain

Parents/Guardians will be contacted if their child shows any of the above symptoms while at camp and the child will need to be picked up as soon as possible. Until the parent arrives the child will be excluded from activities with other children, the child will rest in a "quiet area" away from the main program area. If your child is going to be absent please call and let us know. It is important for us and for the safety of your child that we know of their whereabouts. If you are going on vacation please let us know ahead of time. *There are no refunds for missed days.*

Medication and Sudden Illness Procedures

If medication needs to be administered during camp hours the medication must be delivered directly from the parent/guardian to the Camp Staff.

Medication must be in the original container with written instructions.

A completed Medication Request form must accompany the medication and will be kept on file at the Y. (Forms are available upon request.) Only daily doses will be accepted.

Medication container must be signed in and signed out daily. Y staff is only allowed to **administer basic First Aid -cleansing, band-aids, water, etc. If your child falls ill during program times, the Camp Director will follow these steps:**

Attempt to contact parent or guardian Attempt to contact persons listed as emergency contacts. If necessary, contact ambulance or paramedic If necessary, transport child to an emergency care facility in the company of another staff member. Communicable Illness -Parents will be called and immediate arrangements must be made to pick up your child Lice -Outbreaks occur seasonally. The Y has a nit free policy. Staff members at the

camp directors request may give random lice checks. If it is determined that your child has lice, he/she must be picked up immediately. Each child must have a doctor's signed immunization record on file by the first day of camp attendance. Page 11

Daily Camp Procedures at North Elementary

Upon arrival, we put personal belongings in designated area. He/she may sit and talk quietly or play a game while waiting for other campers to arrive. Be respectful to games and **supplies. Later, we split up into groups with assigned counselors for group activities. We walk to the Y by 11 am. Lunch is at 11 :30am at the Y. We swim at the Y. Twice a week we walk to the City Pool. Fridays are field trip days. Drop off at the Y on Friday morning only. Pick up is at the YMCA every day.**

Swimming Procedures

All campers are expected to follow pool and camp rules! (Y & City Pool)

Each camper will take a swim test to determine his or her swimming ability .

Parents should alert camp staff to any specific swim precautions or limitations of their children. If camper chooses not to swim, he/she will sit with counselor at poolside. (This also applies to those who lose their pool time.)

If camper gets out of pool early, he/she must sit with counselor until everyone gets out of the pool before changing clothes

Field Day Procedures

Field trips will be every Friday. We ask that campers wear their camp shirt on field trip days. For the safety of our campers nametags are NEVER worn on field trips.

Bus conduct -Remain seated, facing forward at all times, and talk quietly. Keep hands inside the bus and to yourself.

Save lunch for lunchtime! No eating on the bus! Stay with your assigned counselor at all times! Always use your BEST behavior. You represent the whole camp and the YMCA.

Throw all trash in appropriate containers. Leave an area as you found it or better!

No more than \$5.00 allowed on each trip. Child is responsible for his/her own money. We recommend a plastic baggie with child's name and amount given. Loose money (change) should not be kept in their pockets.

Counselors are not responsible for holding onto a child's money.

Miscellaneous

NO cell phones, tablets, music players, iPods, iPads, Nintendo DS etc. are allowed at Day Camp. A weekly schedule of activities will be available to parents. The discipline policy will be enforced. Campers wishing to Boulder (rock climbing) MUST have a parent signed Waiver and Release of Liability on file. Payments must be made the Friday before the week of attendance.

YMCA DAY CAMP Discipline Policy

Each camper is regarded as a unique individual, who needs to be understood, guided, encouraged and appreciated. Our goal is to help campers develop physically, mentally, and spiritually. We strive to help campers develop character... *Caring, Honesty, Responsibility & Respect*. To this end, Camp Counselors use role modeling, encouragement and positive reinforcement. When needed consequences for unacceptable behavior are issued immediately, following the inappropriate camper behavior. Consequences may include loss of privileges or time out.

Parents/guardians will receive verbal notices and/or an "Unacceptable Behavior Notification" to inform them of situations concerning their child's unacceptable behavior.

The following policy is generally used for unacceptable behavior: Behavior forms will be **used for the 1st, 2nd, and 3rd incidents; if the unacceptable behavior continues, a 24-hour suspension will result; and if the unacceptable behavior continues after that, permanent removal from the program will result. Notwithstanding the above, if the unacceptable behavior endangers self or another's safety, immediate suspension may result.**

2019 YMCA SUMMER DAY CAMP PAYMENT POLICY

Fee Policy

Payments are due on the Friday **BEFORE** the week of care. All payments should be made at the YMCA front desk. ***A \$20.00 non-refundable deposit and the first week's payment are due at the time of registration. All future payments are due the Friday BEFORE the week of care.***

Late Pick-up Fee

Any child picked up after 6:00 PM will be charged \$1.00 for every minute late.

Weekly Rates:	5 days (Monday thru Friday)
	<u>Member</u> - 1st child - \$90 weekly.
	Additional children in the same family - \$80 weekly.
	<u>Non-Member</u> - 1st child - \$105 weekly.
	Additional children in the same family - \$95 weekly.
	3 days (Monday thru Friday)
	<u>Member</u> - 1 st child - \$69 weekly.
	Additional children in the same family - \$63 weekly.
	<u>Non-Member</u> - 1 st child - \$81 weekly
	Additional children in the same family - \$75 weekly

Credit Days

We cannot deduct missed days from your fee. Your fee pays ONLY for the direct operating costs such as staff, snacks, materials, etc. All of these things must be available to your child. When you enroll, you are reserving the time, space, staffing and provisions for your child whether or not your child attends.

Withdrawing From The Program

Parents must provide written notice to the YMCA staff ***at least one week in advance*** of withdrawing from the program or they will be charged.

Change In Child's Schedule

Parents must notify Camp Staff at least 1 week in advance of a change in their child's schedule or they will be charged. (Example: changing from 5 days a week to 3 days a week). Please remember this must be in writing and we will not accept verbal messages

Parent's Responsibilities

Parents and families have the responsibility to:

- Make timely payments -Payments are due the Friday prior to the week of service.
- Let the staff know if their child will NOT be attending for the day.
- Observe the rules of the Y Day (amp program as set forth in this manual and in any other policy statement(s).
- To share their concerns with the staff members if the program is not meeting their child's needs.
- Listen to concerns that staff members have about their child's behavior and to work through an agreeable solution to any problems that might occur.
- Know about any changes in policy and procedures.
- Know the discipline procedure of the camp as set forth in this manual.
- Inform staff if child has been exposed to a contagious illness.
- Pick children up on time.
- Replace any damaged equipment that their child is directly responsible for due to misuse/abuse.
- To keep their child's information up to date with changes in phone numbers, addresses, etc.

Parent's Rights

Parents and families have the right to:

- Know their children are in a safe environment where they are free to select from a variety of activities.
- Know what types of programs and activities are being planned, and to be offered feedback on their child's participation.
- Know if their child does not report to the program intended.
- Know if their child is misbehaving and to spend time talking with staff concerning a solution.
- Know when their child will be going any place other than where the program is usually held.
- Voice special concerns and considerations not covered in this manual and to discuss special cases where occasional exceptions may be needed from the rules as set forth in this manual.



TO ENROLL YOUR CHILD IN THE YMCA SUMMER DAY CAMP PROGRAM

**COMPLETE THE FOLLOWING ENROLLMENT FORMS AND
RETURN TO THE YMCA FRONT DESK
ALONG WITH:**

- ✓ **REGISTRATION FEE (\$20)**
- ✓ **FIRST WEEK'S PAYMENT (SEE PAYMENT POLICY)**
- ✓ **IMMUNIZATION RECORD FORM - ATTACHED**
- ✓ **T-SHIRT PAYMENT OF \$6.50 (NOTE: To get the best prices, our camp t-shirts are ordered in advance of camp. Shirts will be distributed on a first come basis. In the event additional shirts or special sizes are required the cost may be slightly higher.) Shirts run small. They are 100% cotton and sometimes shrink.**

Confidential CHILD INFORMATION

Child's Name _____
Date of Enrollment _____ **Y-Member?** **Yes** **No**
Address _____
City _____ **State** _____ **Zip** _____
Child's Birth Date _____ **Age** _____
Preferred Name _____
Name of School Child Attends _____
School Grade in the Fall _____

Primary Caregiver _____
Address _____
City _____ **State** _____ **Zip** _____
phone # _____ **Cell** _____
place of employment _____ **phone #** _____
Which # should we call first _____

Secondary Caregiver _____
Address _____
City _____ **State** _____ **Zip** _____
phone # _____ **Cell** _____
place of employment _____ **phone #** _____
Which # should we call first _____

Scheduled- Drop off & Pick up Times

**The first day my
 child will attend
 Camp is**

Month/Day/Year

Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Who is responsible for payment _____

EMERGENCY INFORMATION

Child's Physician _____

Physician's Address _____

City _____ State _____ Zip _____

Physician's phone # _____

May we call another physician if unable to contact the above? _____

OTHER PERSONS AUTHORIZED TO PICK UP CHILD:

Name _____ Name _____

Phone # _____ Phone # _____

Name _____ Name _____

Phone # _____ Phone # _____

Is there any person or persons NOT authorized to pick up child?

LIST ALL ALLERGIES(Food/Indoor/Outdoor):

1. _____
2. _____
3. _____
4. _____
5. _____

LIST ALL MEDICAL CONDITIONS(or diagnosis ie. ADHD):

1. _____
2. _____
3. _____
4. _____
5. _____

 The Attached "CHILD IMMUNIZATION RECORD"

MUST be completed!

Child Immunization Record

Child's Name _____ Date of Birth _____

Parent's Name _____ Phone _____

Address _____
Street Address
City
State
Zip

Record the Date of Immunization

	1	2	3	4	5
Hep B				XXXXXX	XXXXXX
DtaP / DTP / Td					
Hib					XXXXXX
MMR			XXXXXX	XXXXXX	XXXXXX
OPV					XXXXXX
Varicella		XXXXXX	XXXXXX	XXXXXX	XXXXXX
PCV / Prevanar					XXXXXX

Child has documented history of varicella disease ___ No ___ Yes If yes, age _____
***Please note varicella or documented immunity (chicken pox) are required for participation in the CCDF program. PCV/Prevanar is also required when age appropriate.**

Please check the appropriate response
 ___ Child has received complete age-appropriate immunizations.
 ___ Child is currently in the process of receiving complete age-appropriate

Comments: *(Please list immunizations excluded for medical reasons)* _____

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

Signed, _____ Date _____
Health Care Provider's Signature

Printed Name and Title _____

This form shall be updated annually

PARENT PERMISSION PAGE

(All Sections need to be signed)

Section 1

I have read and understand the YMCA DAY CAMP Discipline Policy and Procedures and have discussed it with my child. Any disruptive behaviors (requiring a “write up”) and resulting discipline will be discussed with parent/guardian.

Parent/Guardian Signature _____

Date _____

Section 2

As parent or guardian of _____

I give permission for pictures of my child to be taken and used in the newspaper, photo collection and/or other publicity/public relations media in regard to the YMCA.

Parent /Guardian Signature _____

Date _____

Section 3

I give permission for my child _____

to watch “PG” rated movies.

Parent/Guardian Signature _____

Date _____

Section 4

I give permission for my child _____

to participate in all YMCA SUMMER DAY CAMP field trips. I realize my child may be transported via school bus, or by walking. Parents will receive advance notice of all field trips.

Parent/Guardian Signature _____

Date _____

Section 5

I understand my child _____

will not bring his/her cell phone, tablet, music player, iPod, iPad, Nintendo DS, or any other device.

Parent/Guardian Signature _____

Date _____

Section 6

Would you like to receive text notifications about important information for camp?

Phone #1 _____ Phone #2 _____

**YMCA SUMMER DAY CAMP AGREEMENT AND RELEASE
OF LIABILITY STATEMENT**

I hereby state that my child is physically and mentally capable of safe participation in the YMCA Summer Day Camp Program. I assume all risks and hazards incidental to the conduct of this program. I also authorize Daviess County Family YMCA staff to obtain medical treatment for my child in the event the parent(s), guardian or emergency contact cannot be reached. This includes permission for YMCA staff to transport child in personal vehicle for emergency medical treatment.

Parent or Guardian Signature_____

Date_____

Comments:_____

YMCA DAY CAMP FINANCIAL AGREEMENT

I have read the YMCA SUMMER DAY CAMP PAYMENT POLICY and I hereby agree to pay the YMCA the following charges for my child's participation in the Daviess County Family YMCA SUMMER DAY CAMP Program:

I understand that all weekly payments are due on the Friday BEFORE the week of care. I further understand that payments made after said Friday are subject to a \$5 Late Fee.

CHILD'S NAME _____

Member Status please circle: Member Non-Member

Days child will be attending (minimum of 3 days per week) Please Circle:
M T W R F

There are no refunds or credits for missed days.

Payment per week \$ _____

Payment Status: Self _____ CCDF (voucher) _____ Other _____

Parent's/Guardian's Name *(please print)* _____

Parent/Guardian Signature _____

Date _____

Financial Assistance Policy:

Financial Assistance scholarships in the form of a waiver or reduction of fees are available subject to qualification of personal need, enrollment limitations and financial resources of our YMCA.

WAIVER & RELEASE OF LIABILITY FOR BOULDERING WALL USE

Climber's First Name	Middle Initial	Last Name	() Phone Number	Date of Birth	Age
Address		City	State	Zip	Gender: M ___ F ___
Do you have any medical conditions or are you allergic to any medications? Yes No Please List _____					
Emergency Contact Name	Relationship to Participant		() Emergency Contact Phone Number		

Bouldering Room Rules (Subject to change without notice)

1. Everyone must check in at the front desk upon arrival for each visit. Please keep us informed of any address/phone changes!
2. Participants under the age of 8 years, must be accompanied by a parent/guardian.
3. Participants under 18 yrs of age MUST have this "Waiver of Release of Liability" signed by a parent or legal guardian.
4. All climbers must be safety approved by YMCA staff prior to climbing / bouldering.
5. The YMCA is a drug, tobacco, and alcohol free environment.
6. The YMCA is not responsible for lost or stolen or damaged items.
7. Foul language, horseplay, tumbling on landing surface, running, unruly conduct, are NOT allowed.
8. Food and drinks are NOT allowed in the Climbing/Bouldering area.
9. Management has the right to suspend or terminate any participant's membership or pass for violation of any Bouldering Room rules or for any conduct deemed inappropriate, disruptive or unsafe by staff. No refunds will be given for such suspension or termination.
10. No bouldering above designated limit! While bouldering, all participants must use spotters. **Participants Initials** _____

RELEASE AND ASSUMPTION OF RISK: In consideration of being permitted to use the facilities of the Daviess County Family YMCA indoor climbing/ bouldering wall, and mindful of the significant risks involved with the activities incidental thereto, I, for myself, my heirs, my estate and personal representative, do hereby release and discharge Daviess County Family YMCA (hereinafter referred to as "YMCA") from any and all liability for injury that may result from my use of YMCA facilities, and I do hereby waive and relinquish any and all actions or causes of action for personal injury, property damage, or wrongful death occurring to myself arising as a result of the use of the facilities at the YMCA or any activities incidental thereto, wherever or however such personal injury, property damage or wrongful death may occur, whether foreseen or unforeseen, and for whatever period said activities may continue. I agree that under no circumstances will I, my heirs, my estate or my personal representative present any claim for personal injury, property damage or wrongful death against the YMCA or its employees, members, directors, officers, agents or assigns for any said causes of actions, whether said causes of action shall arise by the negligence of any said person or otherwise.

It is the intention of the undersigned individual to exempt and relieve Daviess County Family YMCA and its employees, members, directors, officers, agents and assigns from liability for any personal injury, property damage or wrongful death caused by negligence. This contract shall be legally binding upon me, my heirs, my estate, and my personal representative, as well as upon any and all other persons authorized to act for me or on my behalf or on behalf of my heirs, my estate, or my personal representative.

ACKNOWLEDGMENT: I, the undersigned acknowledge that I understand that there are significant elements of risk associated with the sport of rock climbing, including those activities that take place indoors. In addition I realize these risks also pertain to related activities such as bouldering, incidental weight training, team building and fitness training regiments and equipment utilized at the YMCA. I realize that those risks may include, but are not limited to, injuries resulting from falls, equipment failures, falling or dropped items, or the negligence of other climbers, participants, spotters, employees or other users of the facilities. I acknowledge that I understand that the above list is not inclusive of all possible risks associated with rock climbing/bouldering or the use of YMCA facilities and that other unknown and unanticipated risks may result in injury, illness, paralysis or death.

MEDICAL AUTHORIZATION: I agree, on behalf of myself and on behalf of any minor children for which I am responsible, to authorize any medical treatment deemed necessary in the event of any injury or illness while participating in the use of the YMCA climbing/bouldering facility and equipment. I agree, on behalf of myself and on behalf of any minor children, for which I am responsible, to pay all costs of any rescue and/or medical services as my be incurred on my/our behalf.

Promotional Authorization: I agree, on behalf of myself and on behalf of any minor children for which I am responsible, that any film or photographs of me/us, as users of the YMCA climbing/ bouldering facility taken by YMCA staff, photographers, and/or videographers utilized by the YMCA, become the property of the YMCA, and my be used for promotional or commercial purposes.

I, THE UNDERSIGNED, ACKNOWLEDGE THAT I HAVE CAREFULLY READ THE ABOVE RELEASE OF LIABILITY AND FULLY UNDERSTAND ITS CONTENTS AND THAT I FULLY AGREE WITH ITS TERMS AND CONDITIONS. I UNDERSTAND THAT BY SIGNING THIS RELEASE OF LIABILITY I AM KNOWINGLY AND WILLINGLY AGREEING TO RELEASE THE DAVIESS COUNTY FAMILY YMCA AND ITS EMPLOYEES, MEMBERS, DIRECTORS, OFFICERS, AGENTS AND ASSIGNS OF THEIR LIABILITY FOR ANY PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY THE NEGLIGENCE OF ANY SAID PERSON OR OTHERWISE.

Participant's Signature: _____ **Date Signed** _____

FOR PARENTS/GUARDIANS OF PARTICIPANTS UNDER 18 YEARS OF AGE

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above, all the Releasees, and for myself, my heirs, assign, and next of kin, I release and agree to indemnify and hold harmless the Releasees from all liabilities incident to my minor child's involvement or participation in these programs as provided above. EVEN IF ARISING FROM THE NEGLIGENCE OF RELEASEES, to the fullest extent of the law.

Parent/Guardian Signature: _____ **Print Name:** _____ **Date:** _____

The cost of a Camp T-Shirt is \$6.50

A camp shirt or one of like color and style is required for all campers and must be worn on Field Trip days!

To order, please fill in the information below and return this form with \$6.50 payment.

Shirts may be ordered prior to camp registration.

(To get the best prices our shirts are ordered in advance.

Shirts are distributed on a first come basis. Additional orders at a later date or special sizes may cost slightly more.)

Child's Name _____

Please check correct size, if in doubt order next size larger. (Once ordered, T-shirts cannot be exchanged for a different size unless we have an over- abundance of size needed)

_____ **Child Small (6-8)**

_____ **Adult Small**

_____ **Child Medium (10-12)**

_____ **Adult Medium**

_____ **Child Large (14-16)**

_____ **Adult Large**

Adult X-Large

Parent/Guardian Signature _____

Date _____