



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Bloomsburg YMCA 2022 Summer Day Camp Registration

June 13th- August 19th - Camp Hours 9am-4pm Monday – Friday

Please print neatly and fill in all sections of this form that apply.

Child's Name: _____ Age: _____ DOB: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email: _____ Phone: _____

Y Member: Yes or No

Shirt Size: _____

You will be charged on Fridays during Camp. Field Trips are a different fee and have to be paid prior to the trip that week.

Payment Information

Registration Fee: \$25

Camp Tuition: (pick one) Private Pay ELRC Pay

Tuition Payment **must be made** the Friday before the week of service.

Total: \$ _____ Paid: ____/____/____ Check # _____ Staff Initial: ____

Parent/Guardian Signature: _____ Date: ____/____/____

Weekly Payment Method: Credit Card Bank Draft

The payment method on file will be drafted the Friday before the week of camp scheduled.

Bundle Package

5 Days per Week

Member: \$160 | Non-member: \$185

3 Days per Week

Member: \$135 | Non-member: \$160

Before or After Summer Day Camp Hours: Charged an additional \$15/week.

Both before and after Summer Day Camp is an additional \$30/week

Before Summer Day Camp Hours are: 6am-9am

After Summer Day Camp Hours are: 4pm-6pm

Breakfast, lunch, and afternoon snack will be included. Must notify Serena Hampton if you are registering for Before or after care.

Weekly Schedule

Please check the weeks and number of days your child will be attending camp each week. If your child will be attending 3 days a week, please circle the days they will attend.

Any schedule changes MUST be made IN WRITING to Serena Hampton a MINIMUM of two weeks prior to change.

Week	Days Attending	Themes
<input type="checkbox"/> June 13 th – 17	M T W Th F	Summer Kick off week: Rohrbach Farm Market
<input type="checkbox"/> June 20 th – 24	M T W Th F	Wildlife Explore Week: Lake Tobias
<input type="checkbox"/> June 27 th – July 1 st	M T W Th F	Generation Week: Skatetown
<input type="checkbox"/> July 4 th – July 8 th	M T W Th F	Underworld Week: Penns Cave
<input type="checkbox"/> July 11 th – 15 th	M T W Th F	Animal Week: Lehigh Valley Zoo (Mask Required)
<input type="checkbox"/> July 18 th – 22 nd	M T W Th F	Theatre Week: BTE
<input type="checkbox"/> July 25 th – 29 th	M T W Th F	Space Week: NO trips but a space movie will be playing
<input type="checkbox"/> August 1 st - 5 th	M T W Th F	Water Week: No trips
<input type="checkbox"/> August 8 th – 12	M T W Th F	Reptile Week: Reptile Land
<input type="checkbox"/> August 15 th – 19 th	M T W Th F	Underwater Week: Electric city aquarium

Field trips **will take place mostly on Wednesday** of a majority of the weeks. The only trip that will take place on Thursday is June 16th. On the days that we go on field trip you must arrive at the YMCA NO later than 9 am. Sometimes depending on the distance for the field trips we will be arriving back at camp after 4pm on those days AND YOU WILL NOT get charged that additional 15\$ for after care. On water days we will be staying at the ymca; pools at this moment are still to be determined later this summer.

2022 Summer Day Camp - Registration Agreement

I AGREE TO ADHERE TO THE BLOOMSBURG AREA YMCA SUMMER DAY CAMP REGISTRATION POLICIES OUTLINED IN THIS AGREEMENT AND GIVE MY CHILD PERMISSION TO PARTICIPATE FULLY IN THIS PROGRAM.

PLEASE READ EACH AGREEMENT, INITIAL TO THE RIGHT, AND SIGN FULL NAME.

1. Registration must be completed before child may enter day camp and consists of the following:
 - a. Signed agreement form by parent and/or guardian
 - b. Emergency form for each child enrolled
 - c. Health Assessments must be current and are due within 30 days of the date on registration form
2. I agree to pay the weekly fee as stated on the registration form. _____
3. I understand that I must have a valid credit card or bank draft information on file when my child(ren) register for camp. _____
4. I understand that weekly fees will be DRAFTED ON THE FRIDAY DURING WEEK OF SERVICE. Any schedule changes must be made in writing to Serena Hampton one week prior to change. _____
5. In order to ATTEND the field trip, payments must be paid prior to the date of the field trip. _____
6. I understand that childcare services will be terminated if my account is not paid on the Friday prior to service. _____
7. In the event that payment is rejected or not processed, I give the Bloomsburg Area YMCA permission to collect payment in full via the credit card or bank draft on file. _____
8. In the event of inclement weather, I understand that field trips may be cancelled without rescheduling. Any copays will be credited to my account. _____
9. I understand that on field trips I must pack my child lunch in order to go on the field trip. _____
10. I understand that upon registration my child **will** receive one YMCA Day Camp T-shirt that will be worn on EVERY field trip. If t-shirt is lost or forgotten, I understand that I will be charged \$10.00 for a new t-shirt. _____
11. An AUTHORIZED ADULT must sign camper in upon arrival and sign camper out upon departure DAILY. YMCA staff will ONLY assume full responsibility for camper when signed in for the program by this adult. YMCA STAFF WILL CHECK AUTHORIZED PICK UP PERSONS. PLEASE MAKE SURE PICK UP PERSONS HAVE PHOTO ID. _____
12. I understand that, whenever possible, I will be notified prior to medical treatment of my child. If notification is impossible, I understand that I am financially responsible for any medical or transportation expenses incurred on my child's behalf. _____
13. I understand that it is a STATE REQUIREMENT that if my child requires medication that these medications must be in the ORIGINAL BOTTLE, accompanied with doctor's instructions. _____
14. Any form of violence (whether physical or verbal), talking back or inappropriate language is not tolerated at any time. Should my child behave inappropriately, I will be called into a conference and understand that my child may be liable for expulsion from the Camp Program without refund of fees.

15. I am responsible for providing NO RUB SPRAY SUNSCREEN for my child. _____ (***)Please note: Camp counselors are unable to apply sunscreen to the children, so please educate your child on the importance of sun protection and how to apply***)
16. I agree to send my child to YMCA Summer Day Camp suitably dressed (NO OPEN-TOED SHOES, SANDLES, FLIP FLOPS ETC.) Please be aware that the YMCA requires all female campers to wear a ONE PIECE bathing suit if going to the pool. _____
17. In consideration of the Bloomsburg Area YMCA, I waive all claims of any lost, stolen, damaged valuables. Please do not send anything of value to the program with your child. _____

In consideration of the Bloomsburg Area YMCA program listed above, I waive all claims for myself and for the participants listed above, for any injuries or illness, which may result from participation, including any transportation provided by the YMCA, staff or agents. I further state that the above participant is in proper physical condition to participate in this program. In the event that there is a question regarding the physical condition of the participant, a physician will be consulted by parent/guardian to review the situation prior to any participation.

I agree to adhere to the Bloomsburg Area YMCA Registration agreement and policies for the Summer Day Camp Program as outlined and give my permission to participate fully in this program.

Parent/Guardian Signature: _____ Date: ____/____/_____

Allergies/Medication:

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

Or N/A if it doesn't apply

Emergency Contacts / Authorized Adults for Pick-Up

Please be advised that these emergency contacts will also be used in the event of extraordinary circumstances. Photo ID will be REQUIRED to pick up the child.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Is there anyone who is NOT legally authorized to pick up the child?

YES NO

State regulations state that the Bloomsburg Area YMCA must have court documentation of person(s) unauthorized to collect a child.

If a person is NOT legally authorized to pick up your child, court documentation must be attached.

I authorize treatment of my child in a first aid emergency situation at the nearest hospital or by a competent certified individual. I hereby release the Bloomsburg Area YMCA, the YMCA Summer Camp staff, and its volunteers from any claim that may arise as a result of any injury to my child at the Bloomsburg Area YMCA Summer Camp program.

Parent/Guardian Signature: _____ Date: ____/____/____

Emergency Information

Child's Name: _____ Date of Birth: ____/____/____

Age: _____ Grade: _____

Home Address (Where correspondence for child is to be sent)

Street: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____

Camper lives with: Both parents Single Parent/Guardian (List as first below)

Parent/Guardian 1: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Email: _____ Work Hours: _____

Parent Date of Birth: _____

Parent/Guardian 2: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Email: _____ Work Hours: _____

Parents Date of Birth: _____

Medical/Hospital/Insurance Information

Physician: _____ Phone: (____) - _____

Dentist: _____ Phone: (____) - _____

Insurance Provider: _____ Policy #: _____

Allergies/Medical Conditions (and reactions): _____

Medication may be administered by Summer Camp staff: YES NO

(If yes, written instructions from physician must be attached with original bottles.)

Please indicate any prescription medications that your child is currently taking:

Special comments/suggestions: _____

Activities to be encouraged or restricted: _____

Conduct Policy

It is the intent of the Bloomsburg Area YMCA that each camper enjoys the activities planned by understanding that he/she is responsible for his/her actions. With prior knowledge of our basic rules of safety and good conduct, each child is made aware of how to exercise self-discipline, and that the YMCA is here to help campers and to know that we want him/her to succeed. As in any group activity, the inappropriate behavior of a few children can spoil the experience for the entire group. Therefore, the following conduct policies apply directly to each child and will be used in determining his/her eligibility to continue as a participant in the YMCA Day Camp Program. In accordance with the severity of the infraction and the number of times the infraction occurs, a child may (A) be suspended or (B) be terminated from the program for:

1. Repeatedly using foul language and/or being rude and discourteous to staff and/or peers.
2. Defacing YMCA property.
3. Bringing or using illegal substances: alcohol, drugs, weapons (as deemed by staff of the YMCA) or unsafe personal sports equipment.
4. Stealing or defacing the property of others.
5. Refusing to remain with his/her group, intentionally and repeatedly leaving his/her group activity.
6. Inappropriate physical contact: repeated hitting, biting, other physical altercations.
7. Intentionally or repeatedly going to unauthorized areas of the facility or leaving the premises without permission will result in the following actions: a search of the premises will be conducted; if the camper is not found the police and parent/guardian will be notified and the child will not be allowed to return to camp. No refund will be given.

In the event that a camper has proven that he/she is unwilling to follow these policies, the parent/guardian will be notified and must meet the Director of Youth Development in order to discuss the situation. The Director will consider a possible suspension or termination. NO REFUNDS will be given. It is our daily desire that every camper enjoys his/her YMCA experience. It is for this reason that we have initiated policies we feel are fair, easily complied with, and are of benefit to everyone involved.

Parent /Guardian Signature: _____ Date: ____/____/____

Permission Agreements

Please read and initial the following permission statements indicating your agreement.

Movies

_____ My child has permission to view G and PG rated movies at Bloomsburg Area YMCA. I understand that under no circumstances will a movie rated other than G or PG be shown during YMCA Summer Camp Program.

Transportation

_____ My child has permission to be transported by bus, and to participate in field trips with YMCA Summer Camp. **I understand that if my child chooses not to participate in a field trip that I must find alternative childcare services.**

Photograph, Video, and Narrative Release

_____ I authorize the reproduction and use, for promotional purposes, of any photographic images, video or audio recordings, or narrative accounts taken of me and/or my child by the YMCA of Bloomsburg, Pennsylvania. I understand that I will not receive any compensation, monetary or otherwise, for the professional use of said materials.

Informed Consent

_____ I am aware that the YMCA Day Camp may be involved in some of the following activities: swimming, running, sports, using YMCA facilities, off area trips such as: walking to the town park or going to other facilities in Bloomsburg.

I understand, accept, and agree with the above statements. As proof of my understanding, acceptance and agreement, I have signed below.

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: ____/____/____



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Dear Parents,

Please make sure your child's physician completes this form in its entirety, especially all screenings, signatures and dates. This health assessment needs to be complete and returned within 30 days of enrollment in the Summer Day Camp. If we do not receive the health assessment by that date, then your child will be suspended from the program until the assessment is received.

Thank You,

Serena Hampton

Director of Youth Development
& Family Engagement

Dear Health Care Provider,

This child is currently enrolled in our child care facility which is licensed and inspected by the Pennsylvania Bureau of Child Day Care Services. State regulations require enrolled children to have age appropriate health appraisals, including immunizations and health screenings according to the recommendations of the American Academy of Pediatrics.

Please help us to maintain compliance with these health regulations by completing the attached form according to AAP standards. Please be sure to sign and date the form as required by state regulations.

Should you have any questions, please call the PA Chapter of AAP at 800-24-ECELS.

Thank you for your cooperation.

This note must remain attached to this health assessment.

Bloomsburg Area YMCA, 30 East 7th Street, Bloomsburg, PA 17815-2728

Phone: (570) 784-0188 / Fax: (570) 784-4303

A United Way Agency

Child Health Assessment

Parents & Child Care Providers fill-in this part.

Child's Name: (Last)	(First)	Parent/Guardian:
Date of Birth:	Home Phone:	Address:
Child Care Facility Name:		
Facility Phone:	County:	Work Phone:

To Parents: Submission of this form to the child care provider implies consent for the child care provider to discuss the child's health with the child's clinician.

PA child care providers must document that enrolled children have received age appropriate health services and immunizations that meet the current schedule of the American Academy of Pediatrics 141 Northwest Point Blvd., Elk Grove Village, IL 60007. The schedule is available at <www.aap.org> or Faxback 847/758-0391 (document #9535 and #9807). Print copies provided by DPW have the schedule on the back of the form.

Health history and medical information pertinent to routine child care and emergencies (describe, if any): <input type="checkbox"/> NONE	Date of most recent well-child exam:
Allergies to food or medicine (describe, if any): <input type="checkbox"/> NONE	Do not omit any information. This form may be updated by health professional. (Initial and date new data.) Child care facility needs 2 copies.

LENGTH/HEIGHT	WEIGHT	HEAD CIRCUMFERENCE	BLOOD PRESSURE
_____ IN/CM % ILE _____	_____ LB/KG % ILE _____	(Birth to Age 2) _____ IN/CM % ILE _____	(Beginning at age 3) _____ / _____

PHYSICAL EXAMINATION	<input checked="" type="checkbox"/> = NORMAL	If ABNORMAL - COMMENTS
Head/Ears/Eyes/Nose/Throat		
Teeth		
Cardiorespiratory		
Abdomen/GI		
Genitalia/Breasts		
Extremities/Joints/Back/Chest		
Skin/Lymph Nodes		
Neurologic & Developmental		

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
DTaP/DTP/Td						
POLIO						
HIB						
HEP B						
MMR						
VARICELLA						
PNEUMOCOCCAL						
OTHER						

SCREENING TESTS	DATE TEST DONE	NOTE HERE IF RESULTS ARE PENDING OR ABNORMAL
LEAD		
ANEMIA (HGB/HCT)		
URINALYSIS (UA) (at age 5)		
HEARING (subjective until age 4)		
VISION (subjective until age 3)		
PROFESSIONAL DENTAL EXAM		

Health Problems or Special Needs, Recommended Treatment/Medications/Special Care (attach additional sheets if necessary)

NONE

Medical care Provider: Address:	NEXT APPOINTMENT - MONTH/YEAR: Signature of Physician or CPNP:
	Phone:
	License Number:
	Date Form Signed:

Parents may write immunization dates, health professionals should verify and complete all data.

Individualized Education Plans (IEP) & Individualized Family Service Plans (IFSP) Information Sheet

Because of the diverse set of needs of the children in our program, it is important to gather as much information about the best ways to educate each child. IEP's and IFSP's are created by service providers working with children with special needs and include this information. The Keystone STARS Performance Standards therefore require each early learning provider to request copies of IEP's and IFSP's for the children in their care. Because of the importance of the IEP/IFSP to a child's learning, the program should have a copy before the child begins to attend, if possible.

The information found on an IEP/IFSP is protected by privacy laws including the Health Insurance Portability and Accountability Act (HIPAA).

Parent Sign-off Sheet

Child's Name: _____

Your child's growth and development is measured with developmental assessments. If your child currently has an IEP/IFSP, it would be beneficial to share a copy of this plan with us so we can work together to ensure that the guidelines are put into practice. You do not have to provide this information if you do not wish to do so.

- I am providing a copy of my child's IEP or IFSP.
- I am not providing a copy of my child's IEP or IFSP and/or this is not applicable to my child.

Printed Name: _____

Signature: _____ Date: ____/____/____



YMCA PHOTO/AUDIO VISUAL/NARRATIVE RELEASE

I am 18 years of age or older and, if not, my parent or legal guardian has also provided their consent by signing below.

Consent & License. For my participation in activities to be conducted by the National Council of Young Men’s Christian Associations of the United States of America (“YMCA of the USA”) or any of its chartered member associations in the United States (collectively “the Y”), and collaborating third parties, I consent, now and for all time, to the making, reproduction, editing, broadcasting or rebroadcasting of:

- video film or footage of me,
- sound track recordings of me
- photo reproductions of me
- any narrative account of my experience

My consent includes a perpetual license to the Y and collaborating third-parties for the use of the above materials for publication, display, sale or exhibition in promotions, advertising, education and commercial uses. Use includes reproductions in any form and media currently existing or later conceived, adaptations and/or revisions, throughout the world in perpetuity.

I understand and agree there may be no additional compensation for this license, and I will not make any claim for payment of any kind from the Y or collaborating third-parties. I may, or may not be, identified in such licensed uses; however, my name will not be used to endorse any particular products or services.

Ownership, Confidentiality, and Shared Use. With respect to any of the above uses, I further agree:

- All works shall belong to YMCA of the USA;
- The Y has no duty of confidentiality regarding any licensed uses;
- YMCA of the USA shall exclusively own all known or later existing rights to the uses throughout the world;
- The Y and collaborating third-parties may use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account for any purpose without additional compensation to me.

Release from Liability. I agree that my consent is irrevocable. I hereby release and discharge The Y and collaborating third-parties, from any and all claims, actions, lawsuits or demands of any kind arising out of my consent, license grants, uses, or the shared uses of any works or materials referenced herein.

Signature: _____ Printed Name: _____

Date: _____ Age: _____

Address: _____

I am the parent or legal guardian of (child’s name). I hereby consent and grant the licenses detailed in the foregoing on behalf of my minor child.

Signature of parent or legal guardian: _____

Printed name: _____
