



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WINTER CAMP

at the Old Bridge YMCA

December 24—December 31, 2015

HALF-DAY ONLY 12/24, 31

SUMMER FUN WITHOUT THE SUN

Camper Registration
& Parent Handbook

AGES 4-13 YEARS



OLD BRIDGE YMCA
1 Mannino Park Drive
Old Bridge, NJ 08857
(732) 727-0704 ext. 305
kcardullo@ymcanj.org



WELCOME

We welcome your family to Winter Camp at the Old Bridge Y and look forward to a safe and fun-filled week! Our first priority is to see that you and your children feel at home—this is your Y and you belong. Character development is integral to all Y programs. We are guided by four core values: Caring, Honesty, Respect, and Responsibility. In the gym, at day camp, in our homes, in the community, we strive to develop these character values in our members and ourselves.

As we believe that cooperation between parents and staff is essential to the success of our program and your child's enjoyment this week, we ask that you read this Parent Handbook and familiarize yourself with our program. If you have any questions concerning the enclosed information, please call Ken Cardullo at 732-727-0704, ext. 305.

One of our goals at the Y is to not turn anyone away because of an individual's inability to pay. We offer assistance through our Ycare Financial Assistance Program, a confidential financial program that helps those needing support to participate in YMCA programs and services. Please visit www.ymcanj.org for further information and/or an application.

The Y takes the prevention of child abuse very seriously

The Y is committed to taking proactive steps to protect children and is proud to offer support and provide resources to bring awareness to parents, caregivers, and the community. The Y's Child Protection Plan outlines policies within the four elements of screening and hiring, training, supervision, and feedback systems. The Y sees protecting children as a partnership with the family. We are committed to an open dialogue and we expect all parties to be vigilant in protecting children. Please ask to see the Y Child Protection Plan, which is located in the Welcome Center, and view our Employee Code of Conduct at www.ymcanj.org/assets/ymca-code-of-conduct.pdf.

2015 WINTER CAMP FEES

Our Winter Program consists of daily swim instruction, sports instruction, special events, games, arts & crafts, and much more! Winter Camp is open to children from ages 4-13. Families with more than one child are eligible for a 5% discount.

PLEASE NOTE: LUNCH MUST BE BROUGHT EVERY DAY & LABELED!

FULL DAY HOURS: 9:30 AM TO 4:30 PM

HALF DAY HOURS: 9:30 AM TO 1:30 PM

Wed 12/24	Mon 12/28	Tue 12/29	Wed 12/30	Thur 12/31
Member <input type="checkbox"/> Full Day—\$70 <input type="checkbox"/> Half Day—\$50	Member <input type="checkbox"/> Full Day—\$70 <input type="checkbox"/> Half Day—\$50	Member <input type="checkbox"/> Full Day—\$70 <input type="checkbox"/> Half Day—\$50	Member <input type="checkbox"/> Full Day—\$70 <input type="checkbox"/> Half Day—\$50	Member <input type="checkbox"/> Full Day—\$70 <input type="checkbox"/> Half Day—\$50
Non-Member <input type="checkbox"/> Full Day—\$80 <input type="checkbox"/> Half Day—\$60	Non-Member <input type="checkbox"/> Full Day—\$80 <input type="checkbox"/> Half Day—\$60	Non-Member <input type="checkbox"/> Full Day—\$80 <input type="checkbox"/> Half Day—\$60	Non-Member <input type="checkbox"/> Full Day—\$80 <input type="checkbox"/> Half Day—\$60	Non-Member <input type="checkbox"/> Full Day—\$80 <input type="checkbox"/> Half Day—\$60

Extended Care: 7:00 am to 9:30 am and/or 4:30 to 6:30 pm • \$10 per day AM or PM \$15 per day AM and PM

Total Amount Due: \$ _____

I am eligible for 5% discount

REGISTRATION REQUIREMENTS

1. Signed Camp application and completed health forms.

All children must be potty trained prior to the start of camp

2. Full Payment at time of registration.

If you have any questions,
please feel free to contact:

(732) 727-0704

Ken Cardullo
ext. 305

kcardullo@ymcanj.org

The Y reserves the right to modify and/or change any policies, fees, and/or regulations without notice.

OLD BRIDGE Y DAY CAMP
BEFORE & AFTER CARE
Winter Camp
December 24 - December 31

Camper Name: _____

Group: _____

BEFORE CARE ONLY

7:30AM - 9:30AM
 (Circle Days)

Wed 12/24
Monday 12/28
Tuesday 12/29
Wed 12/30
Thursday 12/31

AFTER CARE ONLY

4:30PM-6:30PM
 (Circle Days)

Monday 12/28
Tuesday 12/29
Wed 12/30

BOTH BEFORE & AFTER CARE

(Circle Days)

Monday 12/28
Tuesday 12/29
Wed 12/30

All Before & After Care must be submitted with payment
 (\$10.00 per day or \$15.00 for Both)
 Check payable to : YMCA

of Days _____ X \$10.00 or \$15.00 DUE: _____



Old Bridge YMCA
1 Mannino Park Drive
Old Bridge, NJ 08857
Phone: 732-727-0704 ext. 305
Fax: 732-727-0708
Email: kcardullo@ymcanj.org



Camper Information

Camper Name: _____ Gender: _____ DOB: ____/____/____ Age as of Nov 2015 _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ E-mail (*required*): _____

Parent Information

Parent One: _____ Cell #: _____ Work #: _____
 Parent Two: _____ Cell #: _____ Work #: _____
 Marital Status: _____ Camper lives with: () Mother () Father () Both () Other (indicate) _____

Emergency / Authorized Pick up Information

Name: _____ Phone 1: _____ Phone 2: _____ Relationship: _____
 Name: _____ Phone 1: _____ Phone 2: _____ Relationship: _____
 Name: _____ Phone 1: _____ Phone 2: _____ Relationship: _____

Please notify the camp director in writing if there is someone who should not be allowed to pick-up your child. If a family member is not permitted to pick-up your camper, a court order must be forwarded to the camp Directors attention.

A copy of a court order is enclosed.
 Unauthorized Person(s)

Name: _____ Relationship: _____

Parents Agreement: Please read and initial the following.

Initial:

I am paying in full with this application

In case of a medical emergency, every effort will be made to contact parents/guardians of children. In the event I cannot be reached, I hereby give permission to the YMCA to seek proper medical attention.

I understand that the Old Bridge Y is fully insured and this coverage is secondary to my family's health insurance providers primary coverage for the participant.

I hereby consent and authorize use and reproduction of photographs taken of my child, and to circulate same for advertising and publicity purposes.

I am aware that I must notify the Old Bridge Y to report delays in pick up and that a late charge of \$1.00 per minute after 1:00 pm will be applied for late pick ups.

No refunds will be given. Credits may be issued for illness or injury resulting in three or more consecutive day's absence from camp. A doctor's note must be provided.

I understand that I am financially responsible for all payments from my account including service fees incurred for non-payment or in sufficient funds.

HEALTH HISTORY

Camper Name: _____ Gender: _____ DOB: _____ Age: _____ Grade in Sept: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____
Parent Name: _____ Cell Phone: _____ Work Phone: _____
Parent Name: _____ Cell Phone: _____ Work Phone: _____

Medical History (Required by the New Jersey Department of Health & Safety)

Doctor Name: _____ Phone Number: _____
Insurance Carrier: _____ Policy #: _____

Immunization History: Please record the date (month and year) of the basic immunizations and most recent booster. If you have any questions, check with your doctor. Physician's signature is NOT required unless your child needs to be administered medication. Dates are required either filled in or attached.

DBT Booster: _____ Tetanus Booster: _____ Polio OPV (Sabin): _____ MMR: _____
Pertussis: _____ HBV: _____ HIB: _____ Varicella: _____
Tuberculin Test: _____ / Result: _____ Date of last medical exam: _____

Food Allergies: _____
Medication Allergies: _____
Does the child carry an asthma inhaler? _____ Will you be sending an EpiPen to camp? _____
Operations or serious injuries (dates): _____
Chronic or recurring illness including seizure: _____
List all medications that your child is currently taking: _____
Please list any additional health history information we should be aware of: _____

Parent Authorization: This health history is correct and complete. The camper described in this form has permission to engage in all camp activities unless otherwise noted. I hereby grant permission to Kamp Snowflake at Old Bridge to provide routine health care, administer prescribed medications and seek emergency treatment if necessary. In the event that I cannot be reached in an emergency, I hereby grant Kamp Snowflake at Old Bridge to secure and administer treatment.

Signature Parent/Guardian: _____ Date: _____

Medication Permission Form:

I hereby request the following medication to be given to my child at the prescribed time and dosage by the camp's Director. This applies to over-the-counter medication. No medication will be given unless the information below is filled out in detail and signed by a licensed physician. All medication is to be brought to camp in the original contained labeled by the pharmacy. Medications must be delivered to the camp office by an adult. All medications will be kept in locked storage area. Medications will be returned only to the parent.

Medication: _____ Dosage: _____ Specific Time: _____ Diagnosis: _____
Medication: _____ Dosage: _____ Specific Time: _____ Diagnosis: _____

A physician is to sign this form if medication will be administered to your camper.

Physician Signature: _____ Printed Name: _____ Date: _____
Parents Signature: _____ Printed Name: _____ Date: _____



BULLYING POLICY AGREEMENT

Winter Camp at Old Bridge

1 Mannino Park Drive
Old Bridge, NJ 08857
(732) 727-0704

As defined by the New Jersey Coalition for Bullying Awareness and Prevention, “Bullying is an act or threat that is unprovoked, repeated, aggressive, intended to cause fear, distress, harm, may be physical, verbal, or psychological in nature or combination, and maybe bias/ prejudice.”

“Acts of bullying may include name-calling, slurs, epithets, put-downs, taunts, teasing, bodily harm, hitting, kicking, tripping, shoving, taking or damaging personal property, saying/ writing inappropriate things, starting rumors, public humiliation, deliberate exclusion, and coerced actions.” (New Jersey Coalition for Bullying Awareness and Prevention.)

Any camper observed bullying another camper or campers will have their parents notified along with the camper or campers being bullied by the YMCA Camp Director. If the problem persists the Old Bridge YMCA may remove the camper who has committed the act or acts of bullying from camp.

We ask that you and your child carefully read over our bullying policy above and sign this agreement with the understanding of the Old Bridge YMCA's policy and its repercussions.

Parent Signature _____

Child Signature _____

Date: _____



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FOR SOCIAL RESPONSIBILITY**



YMCA of Western Monmouth County

Old Bridge Branch, 1 Mannino Park Drive, Old Bridge, NJ 08857

Parent Statement of Understanding

The following information is important for the safety and protection of your child. Please read the information, sign this form, and return the original to the YMCA of Western Monmouth County. A copy will be filed with your child's records.

I understand that YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside the YMCA program.

If a violation is discovered, the YMCA will take immediate disciplinary action toward staff and/or volunteers.

I understand that staff and volunteers are not allowed to initiate contact with members and program participants outside the YMCA, unless necessary in certain limited cases for the smooth operation of a YMCA program. If deemed necessary, contact should be made with the program participant's parent or guardian. Contact includes, but is not limited to, sharing of phone numbers, email addresses, personal websites and/or web logs.

If a violation is discovered, the YMCA will take immediate disciplinary action toward staff and/or volunteers.

I understand that I am not to leave my child* at the YMCA or program site unless a YMCA staff or volunteer is there to receive and supervise my child. I understand that my child must be escorted to and from the program area by me or another person on my authorized list. Children may not just be dropped off at the door.

*Note: The YMCA's policy is that children under the age of 9 may not be alone in our facilities/program sites.

I understand children should not receive excessive gifts (e.g., toys, video games, jewelry) from YMCA staff or volunteers, and I should report this to a supervisor if they do.

I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child, including relatives, must be listed with the YMCA and must be of the age required by this YMCA. Any other alternate pick-up arrangements must be made in writing by a parent/guardian. Phone notification of an alternate pick-up arrangement is only accepted in an emergency.

I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police.

Please do not put staff in a position where they have to make this judgment call.

I understand that I can help ensure my child's safety by taking an active interest in his or her YMCA experience. I too will monitor volunteer and staff interactions with my child and ask my child specific questions about program activities and volunteer or staff relationships with my child.

I understand that the YMCA is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

Parent or Guardian Signature

Parent or Guardian Name (Please Print)

Program Participant's Name

Program Participant's Name

Program Participant's Name

Program Participant's Name

Date _____



YMCA OF WESTERN MONMOUTH COUNTY
PROGRAM MEMBERSHIP APPLICATION

Y of Old Bridge
 1 Mannino Park Drive
 Old Bridge NJ 08857
 732.727.0704

NAME					
Title (Mr., Mrs., Ms., Dr.)	First	MI	Last	Sex	Date of Birth

RESIDENCE				PROGRAM MEMBERSHIP	
Street	City	State	Zip Code	<input type="checkbox"/> OLD BRIDGE <input type="checkbox"/> MIDDLESEX <input type="checkbox"/> NON RESIDENT <input type="checkbox"/> SUMMER	
Home Phone	Cell Phone	Work Phone			
Email Address		Mailing List: <input type="checkbox"/> Yes <input type="checkbox"/> No			

EMERGENCY CONTACTS		GUARDIAN FOR YOUTH MEMBERSHIP	
NAME _____	PHONE _____	Name _____	
NAME _____	PHONE _____	Relationship _____	

CODE OF CONDUCT

The Y is committed to providing a safe and welcoming environment for all its members and staff. To promote the safety and comfort of everyone, all individuals are asked to act appropriately at all times when in our facilities or participating in a program.

We expect persons using the Y to act maturely, to be responsible and respect the rights and dignity of others. Our code of conduct outlines prohibited actions, but the actions listed are not an all inclusive list of behaviors considered inappropriate in our facilities or programs.

- Smoking is not permitted. The Y and its property are a smoke – free environment.
- Using or possessing alcohol or illegal chemicals on Y property, in Y vehicles or at a Y sponsored program
- Inappropriate, immodest or sexually revealing attire. Vulgar or profane language or images on clothing.
- Harassment or intimidation by words, gestures, body language, or any menacing behaviors.
- Theft or behavior that results in destruction or loss of property.
- Physical contact with another person in an angry, aggressive or threatening manner.
- Inappropriate use of electronic devices equipped with photographic capabilities.
- Absolutely no cell phone use in the locker rooms.
- Verbally abusive behavior, including angry or vulgar language, swearing, name calling and shouting.
- Sexually explicit conversation or behavior, any sexual contact with another person.
- Loitering within or on the grounds of the Y.
- Carrying or concealing a weapon or any device or object that may be used as a weapon.

Members and guests are encouraged to be responsible for their personal comfort and safety, and to ask any person whose behavior threatens their comfort, to refrain from doing so. If a member or guest feels uncomfortable confronting the person directly, they should report the behavior to a staff person or Director. YMCA staff is eager to be of assistance. Members and guests should not hesitate to notify a staff member if assistance is needed. In order to carry out these policies, we ask that members and guests identify themselves to staff when asked. The YMCA will investigate all reported incidents. Suspension or termination of membership and/or guest privileges may result from a determination by the YMCA Executive Staff if, in their discretion, a violation of the YMCA Code of Conduct has occurred.

<p>PROGRAM CANCELLATIONS & CHANGES The Y reserves the right to cancel a class and to make schedule changes and fee changes when necessary.</p> <p>SWITCHING CLASSES After a member has registered for a specific class and wishes to switch classes, please contact the Program Director for approval. There is a \$10 switch fee. Limit 1 change per session.</p> <p>CREDITS/REFUNDS No refunds will be issued after classes start. Credits will be issued after classes start only when accompanied by a doctor's note. The Y reserves the right to cancel programs; credits or refunds will be issued accordingly. If credit is requested prior to the start of a class, full credit will be given toward a later program. Credits are valid for one year from date of issue.</p>	<p>The YMCA offers financial assistance for memberships and programs to qualified applicants. Inquire within.</p> <hr/> <p>How did you hear about our YMCA? _____</p>
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I hereby, for myself, my family, heirs, executors and administrators, waive and release any and all claims and damages I may have against the YMCA of Western Monmouth County and their respective agents, representatives, successors, and assigns, for any and all injuries which may be suffered by me or my family in connection with participation in YMCA activities and programs. I also grant full permission to the YMCA to use any photographs or video recordings taken of my family or me. I agree to comply with YMCA policies and procedures and understand that my membership can be revoked without refund for exhibiting inappropriate behavior or abuse toward the YMCA staff and/or facilities. I acknowledge that I have received a copy of this agreement for my records.

SIGNATURE _____ **DATE** _____

Parent or Legal Guardian must sign if applicant is under 18 years of age

REQUIRED PARENT INFORMATION

We encourage you to review the following and discuss with the Director any questions or concerns you may have about the policies and procedures of the Y. It is the goal of the Y to keep our children safe and healthy.

Anyone who has reasonable cause to believe that an enrolled child has been or is being subject to any form of hitting, corporal punishment, abusive language, ridicule, harsh humiliation or frightening treatment or any other kind of child abuse, neglect or exploitation by any adult, whether working at the Y or not, is required by State law to report such allegations immediately to the Division of Youth and Family Services Office of Child Abuse Control toll free at 1-877-NJ-Abuse (1-877-652-2873) or to any District Office such reports may be made anonymously. Parent(s) may secure information about child abuse and neglect by contacting: County Education Office, Division of Youth and Family Services, CN 717, Trenton, New Jersey 08625-0717.

For your review, we have included the following policies: Release of Children Policy, Expulsion Policy, and Management of Communicable Diseases.

RELEASE OF CHILDREN POLICY

Each child may be released only to the child's parent(s) or person(s) authorized by the parent(s) to take the child from the Y and to assume responsibility for the child in an emergency if the parent(s) cannot be reached. Any person(s) authorized to pick up a child must be 18 yrs. of age or older. If a non-custodial parent has been denied access, or granted limited access, to a child by a court order, the Y shall secure documentation to that effect, maintain a copy on file, and comply with the terms of the court order. If the parent(s) or person(s) authorized by the parent(s) fails to pick-up a child at the time of the Center's daily closing, the Y shall ensure that:

- 1.) The child is supervised at all times;
- 2.) Staff members attempt to contact the parent(s) or person(s) authorized by the parent(s); and
- 3.) An hour or more after closing time, and provided that other arrangements for releasing the child to his/her parent(s) or person(s) authorized by the parent(s), have failed and the staff member(s) cannot continue to supervise the child at the Y, the staff member shall call the Division's 24-hour Child Abuse Hotline 1-877-NJ-Abuse (1-877-652-2873) to seek assistance in caring for the child until the parent(s) or person(s) authorized by the child's parent(s) is able to pick-up the child; and
- 4.) If the parent(s) or person(s) authorized by the parent(s) appears to be physically and/or emotionally impaired to the extent that, in the judgment of the Director and/or staff member, the child would be placed at risk of harm if released to such an individual, the Y shall ensure that:
 - a.) The child may not be released to such an impaired individual;
 - b.) Staff members attempt to contact the child's other parent or an alternative person(s) authorized by the parent(s); and
 - c.) If the Y is unable to make alternative arrangements, a staff member shall call the Division's 24-hour Child Abuse Hotline 1-877-NJ-Abuse (1-877-652-2873) to seek assistance in caring for the child.

EXPULSION POLICY

Unfortunately, sometimes there are reasons we have to expel a child from our program either on a short term or permanent basis. We want you to know we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced. The following are reasons we may have to terminate or suspend a child from the program:

- Parents failure to pay/habitual lateness in payments
- Uncontrollable tantrums or angry outbursts
- Ongoing physical or verbal abuse to staff or other children
- Excessive biting
- Parents failure to complete required forms, including child's immunization record
- Parents habitual tardiness when picking up child/children
- Parents physical or verbal abuse to staff
- Failure of child to adjust after a reasonable amount of time

PROACTIVE ACTIONS THAT WILL BE TAKEN IN ORDER TO PREVENT EXPULSION:

- Staff will try to redirect child from negative behavior
- Child may lose certain privileges
- Child's disruptive behavior will be documented and maintained in confidentiality
- Staff will always use positive methods and language disciplining children
- Parent/guardian will be notified verbally

REQUIRED PARENT INFORMATION

PROACTIVE ACTIONS THAT WILL BE TAKEN IN ORDER TO PREVENT EXPULSION: (continued)

- Staff will praise appropriate behavior
- Staff will consistently apply consequences for rules
- A brief time out will be given so that the child can regain control
- Child will be given verbal warnings
- Parent/guardian will be given written copies of the disruptive behaviors that might lead to suspension and potential expulsion
- The Director, head counselor and parent/guardian will have a conference to discuss how to promote positive behaviors

MANAGEMENT OF COMMUNICABLE DISEASES

The following provisions relate to illness and/or symptoms of illness: 1. The Y serving well children shall not permit a child who has any of the illnesses or symptoms of illness specified below to be admitted to the Y on a given day unless medical diagnosis from a health care provider, which has been communicated to the Y in writing, or verbally with a written follow-up, indicated that the child poses no serious health risk to himself or herself or to other children. Such illnesses or symptoms of illness shall include, but not be limited to, any of the following:

- Severe pain or discomfort;
- Acute diarrhea, characterized as twice the child's usual frequency of bowel movements with a change to a looser consistency within a period of 24 hours, or bloody diarrhea;
- Two or more episodes of acute vomiting within a period of 24 hours;
- Elevated oral temperature of 101.5 degrees Fahrenheit or over, or auxiliary temperature of 100.5 degrees Fahrenheit or over in conjunction with behavior changes;
- Lethargy that is more than expected tiredness;
- Yellow eyes or jaundice skin;
- Red eyes with discharge;
- Infected, untreated skin patches;
- Difficult rapid breathing or severe coughing;
- Skin rashes in conjunction with fever or behavior changes;
- Weeping or bleeding skin lesions that have not been treated by a health care provider;
- Mouth sores with drooling; or
- Stiff neck

Once the child is symptom free, or a health care provider indicates that the child poses no serious health risk to himself or herself or to other children, the child may return to the Y. The Y shall not permit a child or staff member with a communicable disease, as specified in the table below, to be admitted to or remain at the Y, until:

- A note from the child's or staff member's health care provider states that the child or staff member, respectively, has been diagnosed and presents no risk to himself, herself, or to others;
- The Y has contacted the Communicable Disease Program in the State Dept. of Health and Senior Services, or the Middlesex County Public Health Dept., and is told the child or staff member poses no health risk to others.

TABLE OF COMMUNICABLE DISEASES

Respiratory Illnesses

Chicken Pox
German Measles*
Hemophilus Influenza*
Measles*
Meningococcus*
Mumps*
Strep Throat
Tuberculosis*
Whooping Cough*

Gastro-Intestinal Illnesses

Campylobacter*
Escherichia coli*
Giardia Lamblia*
Hepatitis A*
Salmonella*
Shigella*

Contact Illnesses

Impetigo
Lice
Scabies
Shingles

*Reportable diseases, as required by N.J.A.C. 10:122-7.10(a)