



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# FALL CAMP

at the Old Bridge YMCA

November 6, 8 & 9, 2018

SCHOOL'S OUT  
CAMP IS IN!

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

REGISTER ONLINE AT

[HTTP://YMCAOFWMC.CAMPBRAINREGISTRATION.COM](http://YMCAOFWMC.CAMPBRAINREGISTRATION.COM)

# WELCOME

We welcome your family to Fall 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](http://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](http://www.ymcanj.org/assets/ymca-code-of-conduct.pdf).

# 2018 FALL CAMP FEES

Our Camp Program consists of daily swim instruction, sports instruction, special events, games, arts & crafts, and much more! Fall 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**

## PLEASE INDICATE DESIRED SCHEDULE

	3 DAYS	2 DAYS	1 DAYS
<b>FULL DAY</b> 9:30-4:30	<b>\$194</b> <input type="checkbox"/> Check for all days TUE. NOV 6    THU. NOV 8    FRI. NOV 9	<b>\$143</b> Circle Desired Days TUE. NOV 6    THU. NOV 8    FRI. NOV 9	<b>\$99</b> Circle Desired Day TUE. NOV 6    THU. NOV 8    FRI. NOV 9
<b>HALF DAY</b> 9:30-1:30	<b>\$132</b> <input type="checkbox"/> Check for all days TUE. NOV 6    THU. NOV 8    FRI. NOV 9	<b>\$101</b> Circle Desired Days TUE. NOV 6    THU. NOV 8    FRI. NOV 9	<b>\$55</b> Circle Desired Day TUE. NOV 6    THU. NOV 8    FRI. NOV 9

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% sibling 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:

**Ken Cardullo—Camp Director**  
**(732) 727-0704**  
ext. 305  
[kcardullo@ymcanj.org](mailto: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

### Fall Break Camp

November 6, 8 & 9

Camper Name: \_\_\_\_\_

#### BEFORE CARE ONLY

7:00AM - 9:30AM  
(Circle Days)

Tuesday 11/6
Wed 11/8
Thursday 11/9

#### AFTER CARE ONLY

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

Tuesday 11/6
Wed 11/8
Thursday 11/9

#### BOTH BEFORE & AFTER CARE

(Circle Days)

Tuesday 11/6
Wed 11/8
Thursday 11/9

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



**Camper Information**

Camper Name: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Grade: \_\_\_\_\_  
 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: \_\_\_\_\_

**Membership**

I have a valid membership for the YMCA of Freehold/Old Bridge  
 Expiration Date: \_\_\_\_\_

I need a YMCA membership.  
 (\$27 Old Bridge Resident, \$32 Middlesex County,  
 \$37 Non-Resident)

**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 provider's 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. Please note these photos will <b>not</b> include your child's name.	
I am aware that I must notify the Old Bridge Y to report delays in pick up and that I will be subject to a late charge of \$1.00 per minute after pick-up time (1:30 pm, 4:30 pm, 6:30 pm)	
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: \_\_\_\_\_ CURRENT GRADE: \_\_\_\_\_  
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: \_\_\_\_\_

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### 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: \_\_\_\_\_



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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# 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* \_\_\_\_\_

# 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)