MY Y SUMMER CAMP
Ages 3 – 5 yrs. old
June 22 – August 21

REGISTRATION PACKET
Summer 2020

Please contact:
Katie Rouse, Childcare Director
(732)462-0464 ext. 109
krouse@ymcanj.org

Swim Lessons
Arts & Crafts
Free Swim
Gym Time
Sports
Musical Madness
Science/STEM
FUNtrition
Messy Play
Special Events

FREEHOLD FAMILY YMCA
470 East Freehold Rd.
Freehold, NJ 07728
www.ymcanj.org
My Y Summer Camp – Ages 3–5 and fully potty-trained
(Please inquire about summer childcare for younger children)

<table>
<thead>
<tr>
<th>Weeks</th>
<th>5 Full Days 9:00–4:00 $335</th>
<th>5 Half Days 9:00–1:00 $285</th>
<th>4 Full Days 9:00–4:00 Indicate Days $315</th>
<th>4 Half Days 9:00–1:00 Indicate Days $275</th>
<th>3 Full Days 9:00–4:00 Indicate Days $252</th>
<th>3 Half Days 9:00–1:00 Indicate Days $222</th>
<th>2 Full Days 9:00–4:00 Indicate Days $190</th>
<th>2 Half Days 9:00–1:00 Indicate Days $170</th>
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<td>Week 1</td>
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<tr>
<td>6/29–7/2</td>
<td>N/A</td>
<td>N/A</td>
<td>M T W R</td>
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<td>Week 3</td>
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<td>Week 9</td>
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Please see attached page for payment details.
PAYMENT/PERMISSION INFORMATION
Please read and initial below

☐ The YMCA has my permission to involve my child in photographs and the YMCA website for publicity purposes.

☐ I have read and had the opportunity to ask questions, understand and agree to abide by the camp policies including the Expulsion Policy, and give my child permission to participate.

I understand that a $150 non-refundable deposit is due upon registration. Tuition will be charged two weeks prior to my camper’s attendance. All payments are refundable prior to the date that your camper’s tuition is due. However a $20 change fee will be applied for each week cancelled after the tuition has been charged. Any reduction in weeks attending will result in a credit within the YMCA facilities valid for one year.

☐ I understand that I am financially responsible for all payments from my account. If my monthly amount is not honored by my bank or credit card account for any reason, I agree that I am responsible for the payment plus a $25 service fee applied by the Camp. This is in addition to any service fee that my bank or credit card may charge.

☐ I am aware that no credit will be issued for vacations, incidental absences, withdrawals or dismissals from camp. If my child is absent and a doctor’s note is provided, credit will be issued after the 5th consecutive absence minus the deposit.

☐ I understand that if I make any changes to my child’s camp schedule (i.e. removing weeks, switching days, etc.), there will be a $20 change fee applied to my credit card at time of change. *This does not include adding additional weeks*

A valid credit card must be on file in order to register for camp.

☐ I understand that my credit card will be charged the tuition balance two weeks prior to the camper’s attendance of the enrollment week if payment is not made prior to that date.

☐ I understand that a $150 non-refundable deposit per week will be charged in February 2019 or upon registration date.

☐ I am eligible for a 5% sibling discount on full and half day camp options

☐ I understand that I will be charged a $30 registration fee.

Payment: Visa MasterCard American Express Discover

Name as it appears on Card______________________________________________________________

Credit Card #__________________________ Exp.____________ Security Code____________

By signing, I have read and agree to the terms of payment and understand the refund policy.

Signature: _________________________________ Date: ____________
Lunch Options
$6 per day Lunch (Monday, Wednesday, Thursday). There will be water provided. Pizza lunch is $3.00 on Tuesday and Friday. All lunches are provided by Emilio’s. Please see lunch menu for daily options. Return this form with registration. You may add on additional weeks of lunch, but **ALL CHANGES MUST BE MADE BY THE END OF THE CAMP DAY EVERY WEDNESDAY**. Your credit card on file will be charged accordingly. *No lunches will be refunded*

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Extended Care AM Only&lt;br&gt;7:00-9:00am&lt;br&gt;$15 per day&lt;br&gt;Indicate Days 2 day minimum required for enrollment</th>
<th>Extended Care PM Only&lt;br&gt;4:00-6:30pm&lt;br&gt;$15 per day&lt;br&gt;Indicate Days 2 day minimum required for enrollment</th>
<th>Extended Care Both AM &amp; PM&lt;br&gt;$25&lt;br&gt;Indicate Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/22-6/26</td>
<td>M T W R F</td>
<td>M T W R F</td>
<td>M T W R F</td>
</tr>
<tr>
<td>Week 2 6/29-7/2</td>
<td>M T W R</td>
<td>M T W R</td>
<td>M T W R</td>
</tr>
<tr>
<td>Week 3 7/6-7/10</td>
<td>M T W R F</td>
<td>M T W R F</td>
<td>M T W R F</td>
</tr>
<tr>
<td>Week 4 7/13-7/17</td>
<td>M T W R F</td>
<td>M T W R F</td>
<td>M T W R F</td>
</tr>
<tr>
<td>Week 5 7/20-7/24</td>
<td>M T W R F</td>
<td>M T W R F</td>
<td>M T W R F</td>
</tr>
<tr>
<td>Week 6 7/27-7/31</td>
<td>M T W R F</td>
<td>M T W R F</td>
<td>M T W R F</td>
</tr>
<tr>
<td>Week 7 8/3-8/7</td>
<td>M T W R F</td>
<td>M T W R F</td>
<td>M T W R F</td>
</tr>
<tr>
<td>Week 8 8/10-8/14</td>
<td>M T W R F</td>
<td>M T W R F</td>
<td>M T W R F</td>
</tr>
<tr>
<td>Week 9 8/17-8/21</td>
<td>M T W R</td>
<td>M T W R F</td>
<td>M T W R F</td>
</tr>
</tbody>
</table>
Dear Parents,

We would like to welcome you to our 2020 My Y Summer Camp. Enclosed you will find a registration packet. Please read the information carefully and fill out all paperwork completely.

The following information must be returned at the time of registration:

1. Signed My Y Summer Camp application. *All children in the 3-5 year old program must be fully potty-trained prior to the start of camp.*
2. Personal Information form.
3. A non-refundable deposit of $150 is due upon registration. Remaining balances will be charged to your credit card two weeks prior to each week of your child’s attendance.
4. Youth Program or Camp Membership is required and must be valid through camp session.
5. Completed health forms, signed by both parent and physician must be submitted by June 1st. If you are registering after the camp program has begun, all forms must be submitted prior to child’s 1st day of camp.

Additional information and your child’s camp group will be sent to you via email one week prior to the start of camp.

If you have any questions concerning the enclosed information, please call Katie Rouse, Child Care Director at 732-462-0464 ext. 109, krouse@ymcanj.org

Thank you and we look forward to a fun and exciting summer!

Sincerely,
Katie Rouse
Child Care Director
The YMCA has my permission to call an ambulance or take my child to a physician in case of an emergency. I understand that the YMCA of Western Monmouth County carries medical insurance and this coverage is secondary to any other valid and collectible insurance by/on behalf of the insured member, covering the same accident.

- I have read and received a copy of the Information to Parent’s statement prepared by the NJ Department of Children and Families and the YMCA Discipline and Expulsion Policies.
- I have received, read, had the opportunity to ask questions, understand and agree to abide by the program policies as outlined in the Parent Information packet and give my child permission to participate in the program.

Signature: ____________________________ Date: __________________

How did you hear about the YMCA My Y Summer Camp 2020?

__________________________________________________________________________

PLEASE SEE REVERSE SIDE FOR PERSONAL INFORMATION
Child’s Name______________________________________________________ Date of Birth______ Age________

Address __________________________________________________________ City__________________________ Zip____________

Phone_______________________________________________________________ Email__________________________

Required Fields:

Is your child potty-trained? YES    NO

1. Who lives at home? (Names and relationship)

_____________________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________

2. Any pets? _______________ Their names______________________________

3. Other adults who are important in your child’s life? (Name and relationship)

_____________________________________________________________________________________________________________________________

4. Does your child know others at camp? ___________________________________________________________________________

5. Briefly describe your child’s eating habits. _________________________________________________

6. Briefly describe your child’s sleeping habits – naps. ________________________________________________

7. How does he/she act when tired? _________________________________________________

8. Any particular routine or special words about toileting? ________________________________________________

9. Any previous experience with babysitters, childcare, or camp? Where and for how long?

_____________________________________________________________________________________________________________________________

10. How did your child enjoy that experience? (Likes and dislikes)________________________________________

11. Any special fears? _____________________________________________________________________________

12. What special problems or characteristics should we be aware of in your child? ______________________

_____________________________________________________________________________________________________________________________

13. Recommendations in terms of handling your child’s behavior ___________________________________________

_____________________________________________________________________________________________________________________________

14. What do you want your child to gain most from his/her experience here? _____________________________

_____________________________________________________________________________________________________________________________

15. Grouping requests (Please limit to no more than 2 friends and they must have no more than 6 month age difference. If we are able to accommodate the grouping request submitted, the older child will be placed in the younger child’s camp group. The request must be made from both families.)

1. __________________________________________________________________________

2. __________________________________________________________________________

*We will do our best to accommodate all grouping requests, but cannot ensure any guarantees*

Additional Comments _______________________________________________________________

_____________________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________
***MEDICAL ALERT***

In consideration of our youngsters who have
SEVERE, LIFE THREATENING ALLERGIES
we are a
NUT FREE YMCA CHILDCARE CENTER
Please refrain from sending your child with any foods containing nuts or
nut products (this includes Nutella).
We also ask that if you or your child has eaten or come into contact with
any of the above foods, you thoroughly wash both your hands and face as
any contact can cause a severe reaction in our children.
The safety and well-being of all of our children is of primary
importance to us all.
Thank you for your understanding and cooperation.
Please sign and return this form with your application.
I have received, read, had the opportunity to ask questions,
understand and agree to abide by the
NUT FREE YMCA CHILDCARE CENTER POLICY.

Child’s Name:_________________________________________________________
Parent’s Name:________________________________________________________
Parent’s Signature:_____________________________________________________
Date:_________________________________________________________________
**UNIVERSAL CHILD HEALTH RECORD**

**SECTION I - TO BE COMPLETED BY PARENT(S)**

<table>
<thead>
<tr>
<th>Child's Name (Last)</th>
<th>Gender</th>
<th>Date of Birth</th>
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</thead>
<tbody>
<tr>
<td>(First)</td>
<td>Male</td>
<td>/</td>
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<tr>
<td></td>
<td>Female</td>
<td>/</td>
</tr>
</tbody>
</table>

- Does Child Have Health Insurance?  
  - Yes  
  - No

- If Yes, Name of Child's Health Insurance Carrier

<table>
<thead>
<tr>
<th>Parent/Guardian Name</th>
<th>Home Telephone Number</th>
<th>Work Telephone/Cell Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian Name</td>
<td>Home Telephone Number</td>
<td>Work Telephone/Cell Phone Number</td>
</tr>
</tbody>
</table>

_I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form._

| Signature/Date | This form may be released to WIC.  
|---------------|-----------------|
|               | Yes  
|               | No             |

**SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER**

<table>
<thead>
<tr>
<th>Date of Physical Examination</th>
<th>Results of physical examination normal?</th>
</tr>
</thead>
</table>
|                              | Yes  
|                              | No |

<table>
<thead>
<tr>
<th>Abnormalities Noted</th>
<th>Weight (must be taken within 30 days for WIC)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Height (must be taken within 30 days for WIC)</td>
</tr>
<tr>
<td></td>
<td>Head Circumference (if &lt;2 Years)</td>
</tr>
<tr>
<td></td>
<td>Blood Pressure (if ≥3 Years)</td>
</tr>
</tbody>
</table>

**IMMUNIZATIONS**

- Immunization Record Attached
- Date Next Immunization Due

**MEDICAL CONDITIONS**

- Chronic Medical Conditions/Related Surgeries
  - List medical conditions/ongoing surgical concerns:
    - None
    - Special Care Plan Attached
  - Comments

- Medications/Treatments
  - List medications/treatments:
    - None
    - Special Care Plan Attached
  - Comments

- Limitations to Physical Activity
  - List limitations/special considerations:
    - None
    - Special Care Plan Attached
  - Comments

- Special Equipment Needs
  - List items necessary for daily activities:
    - None
    - Special Care Plan Attached
  - Comments

- Allergies/Sensitivities
  - List allergies:
    - None
    - Special Care Plan Attached
  - Comments

- Special Diet/Vitamin & Mineral Supplements
  - List dietary specifications:
    - None
    - Special Care Plan Attached
  - Comments

- Behavioral Issues/Mental Health Diagnosis
  - List behavioral/mental health issues/concerns:
    - None
    - Special Care Plan Attached
  - Comments

- Emergency Plans
  - List emergency plan that might be needed and the signs/symptoms to watch for:
    - None
    - Special Care Plan Attached
  - Comments

**PREVENTIVE HEALTH SCREENINGS**

<table>
<thead>
<tr>
<th>Type Screening</th>
<th>Date Performed</th>
<th>Record Value</th>
<th>Type Screening</th>
<th>Date Performed</th>
<th>Note if Abnormal</th>
</tr>
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<tbody>
<tr>
<td>Hgb/Hct</td>
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<td></td>
<td>Hearing</td>
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<tr>
<td>Vision</td>
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<td>Dental</td>
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<td>TB (mm of Induration)</td>
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<td></td>
<td>Developmental</td>
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<tr>
<td>Other: Scoliosis</td>
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_I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above._

<table>
<thead>
<tr>
<th>Name of Health Care Provider (Print)</th>
<th>Health Care Provider Stamp:</th>
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<th>Signature/Date</th>
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Instructions for Completing the Universal Child Health Record (CH-14)

Section 1 - Parent

Please have the parent/guardian complete the top section and sign the consent for the child care provider/school nurse to discuss any information on this form with the health care provider.

The WIC box needs to be checked only if this form is being sent to the WIC office. WIC is a supplemental nutrition program for Women, Infants and Children that provides nutritious foods, nutrition counseling, health care referrals and breast feeding support to income eligible families. For more information about WIC in your area call 1-800-328-3838.

Section 2 - Health Care Provider

1. Please enter the date of the physical exam that is being used to complete the form. Note significant abnormalities especially if the child needs treatment for that abnormality (e.g. creams for eczema; asthma medications for wheezing etc.)
   - **Weight** - Please note pounds vs. kilograms. If the form is being used for WIC, the weight must have been taken within the last 30 days.
   - **Height** - Please note inches vs. centimeters. If the form is being used for WIC, the height must have been taken within the last 30 days.
   - **Head Circumference** - Only enter if the child is less than 2 years.
   - **Blood Pressure** - Only enter if the child is 3 years or older.

2. Immunization - A copy of an immunization record may be copied and attached. If you need a blank form on which to enter the immunization dates, you can request a supply of Personal Immunization Record (IMM-9) cards from the New Jersey Department of Health, Vaccine Preventable Diseases Program at 609-826-4860.
   - The Immunization record must be attached for the form to be valid.
   - “Date next immunization is due” is optional but helps child care providers to assure that children in their care are up-to-date with immunizations.

3. Medical Conditions - Please list any ongoing medical conditions that might impact the child’s health and well being in the child care or school setting.
   a. Note any significant medical conditions or major surgical history. If the child has a complex medical condition, a special care plan should be completed and attached for any of the medical issues blocks that follow. A generic care plan (CH-15) can be downloaded at www.nj.gov/health/forms/ch-15.dot or pdf. Hard copies of the CH-15 can be requested from the Division of Family Health Services at 609-292-5666.
   b. Medications - List any ongoing medications. Include any medications given at home if they might impact the child’s health while in child care (seizure, cardiac or asthma medications, etc.). Short-term medications such as antibiotics do not need to be listed on this form. Long-term antibiotics such as antibiotics for urinary tract infections or sickle cell prophylaxis should be included.
   PRN Medications are medications given only as needed and should have guidelines as to specific factors that should trigger medication administration.

   Please be specific about what over-the-counter (OTC) medications you recommend, and include information for the parent and child care provider as to dosage, route, frequency, and possible side effects. Many child care providers may require separate permission slips for prescription and OTC medications.

   c. Limitations to physical activity - Please be as specific as possible and include dates of limitation as appropriate. Any limitation to field trips should be noted. Note any special considerations such as avoiding sun exposure or exposure to allergens. Potential severe reaction to insect stings should be noted. Special considerations such as back-only sleeping for infants should be noted.

d. Special Equipment – Enter if the child wears glasses, orthodontic devices, orthotics, or other special equipment. Children with complex equipment needs should have a care plan.

e. Allergies/Sensitivities - Children with life-threatening allergies should have a special care plan. Severe allergic reactions to animals or foods (wheezing etc.) should be noted. Pediatric asthma action plans can be obtained from The Pediatric Asthma Coalition of New Jersey at www.pacnj.org or by phone at 908-887-9340.

f. Special Diets - Any special diet and/or supplements that are medically indicated should be included. Exclusive breastfeeding should be noted.

   g. Behavioral/Mental Health issues – Please note any significant behavioral problems or mental health diagnoses such as autism, breath holding, or ADHD.

h. Emergency Plans - May require a special care plan if interventions are complex. Be specific about signs and symptoms to watch for. Use simple language and avoid the use of complex medical terms.

4. Screening - This section is required for school, WIC, Head Start, child care settings, and some other programs. This section can provide valuable data for public health personnel to track children’s health. Please enter the date that the test was performed. Note if the test was abnormal or place an “N” if it was normal.
   - For lead screening state if the blood sample was capillary or venous and the value of the test performed.
   - For PPD enter millimeters of induration, and the date listed should be the date read. If a chest x-ray was done, record results.
   - Scoliosis screenings are done biennially in the public schools beginning at age 10.

This form may be used for clearance for sports or physical education. As such, please check the box above the signature line and make any appropriate notations in the Limitation to Physical Activities block.

5. Please sign and date the form with the date the form was completed (note the date of the exam, if different)
   - Print the health care provider’s name.
   - Stamp with health care site’s name, address and phone number.
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 Greater 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:________________________________________
IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs and next of kin, hereby acknowledged, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment of participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUITHE YMCA, its directors, officers, employees and agents (hereinafter referred to as “releasees”) from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA of participating in any program affiliated with the YMCA without respect to location.

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence or releasees or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

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

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

Date __________________ Signature (parent/guardian if under 18) __________________ Print Name __________________

Participant’s Name (Child)
YMCA OF GREATER MONMOUTH COUNTY

HEALTH REGULATIONS

All participants and staff in our Childcare programs must have a physical examination by their doctor within thirty (30) days of enrollment or employment. Current immunization records for DPT, Polio, Measles, Mumps, Rubella, Pneumococcal and Hib must be on file in the Center on all children. All staff must submit to the Center written proof of the results of Mantoux Tuberculin Skin Test.

Any or all of the following symptoms are indications of illness serious enough to warrant keeping children home until symptom free for twenty-four (24) hours.

- Difficult or rapid breathing
- Elevated temperature
- Vomiting or diarrhea
- Serious congestion, sore throat, or severe coughing
- Unexplained rashes
- Severe pain, swollen joints, or stiff neck
- Yellow eyes or jaundiced skin
- Red eyes with discharge
- Weeping or bleeding skin lesions or infected, untreated skin patches

Children who exhibit any of these symptoms will be isolated and the parent or emergency contact will be called immediately to take the child home.

Preventive or follow-up medication will be administered at lunchtime and only under the following guidelines:

- Doctor’s prescription.
- Medication labeled with the child’s name, date, and dosage (with medicine spoon, if needed, attached to the container).
- Parent must hand medication to teacher or supervisor in its original container.
- Date, child’s name, child’s condition, type of medication, and dosage must be entered on medication permission form and initialed by parent.
- Time of administering medication and any adverse reactions must be entered in medical log and initialed by teacher.

I give my written consent below for administration of emergency medical treatment, if necessary.

YMCA OF GREATER MONMOUTH COUNTY

COMMUNICABLE AND REPORTABLE DISEASES

Children or staff members with reportable diseases will not be allowed to remain at, or be re-admitted to our Childcare programs, until a signed note from a licensed physician is received, stating that the child or staff member presents no risk of infecting others.

Children or staff members with communicable diseases will not be allowed to remain at, or be re-admitted into our Childcare programs until the child or staff member is no longer contagious.

Parents will be notified in writing if any outbreak of either a communicable or a reportable disease has been diagnosed within our programs.

What is a reportable disease?

A reportable disease is an illness that the Department of Health wants to know about to keep others from catching it. If a staff member or an enrolled child has a reportable disease, you must call the local Health Department and the Bureau of Licensing by the next working day.

The following reportable diseases are commonly seen in children:

- German Measles
- Hemophilus Influenza
- Measles
- Meningococcus
- Mumps
- Tuberculosis
- Whooping Cough
- Giardia Lamblia
- Hepatitis A
- Salmonella
- Shingella

What is a communicable disease?

A communicable disease is an illness that can be caught from other people.

All of the reportable diseases listed above are communicable. Other communicable diseases commonly seen in children are:

- Chicken Pox
- Strep Throat
- Impetigo
- Lice
- Scabies
YMCA OF GREATER MONMOUTH COUNTY

DISCIPLINE POLICY

MISSION AND PHILOSOPHY

Each child has the right to develop his/her potential to the fullest extent possible emotionally, physically, and mentally. Positive methods of guidance and discipline will assist each child in developing a healthy respect and concern for himself/herself and those around him. Learning to be responsible for oneself and one’s own actions is a basic need of all children. Understanding and practicing the concept of the Golden Rule are primary tools in the functioning in YMCA Childcare programs.

INDIVIDUAL CORRECTION

The YMCA believes that we should always be positive with our children. Children respond and cooperate when they feel good about themselves. Learning to be responsible for oneself and one’s own actions is a basic need of all children. Positive discipline is a process of teaching children how to behave appropriately. Positive discipline respects the rights of the individual, the group, and the adult.

If inappropriate behavior develops, staff will encourage the child to verbalize his/her feelings and help develop an understanding of why certain behavior is not appropriate. If inappropriate behavior continues, we will try to re-direct the child to a new activity to change the focus. If the behavior still continues, the child will be seated in a brief "time out" as a cooling off period.

If the disruptive, inappropriate, or dangerous behavior still continues a parent conference will be scheduled. Continued inappropriate behavior will result in a conduct report. If a serious situation occurs, that child may be sent home for the remainder of the day. If there are repeated episodes, that child may be asked to leave the program.

Under no circumstances will we use any form of hitting, corporal punishment, abusive language, ridicule, humiliating or frightening treatment in our programs. Our aim is to help each child develop self-control and self-esteem while learning independence and respect for themselves and others.

STANDARDS OF DISCIPLINE

New Jersey State regulations require that the following standards be met:

1. The method of guidance and discipline used shall be positive, consistent with the full knowledge and understanding of the parent(s).
2. There shall be no use of hitting, corporal punishment, abusive language, ridicule, harsh, humiliating or frightening treatment, or any other kind of child abuse/neglect/exploitation.
3. Discipline shall not be associated with the behavior of children in regard to rest, toilet training, or food.
4. Children shall not be isolated without supervision.
5. Discipline shall not be associated with the withholding of emotional responses or stimulation and shall not require the child to remain silent for long periods of time.

CHILD ABUSE REPORTING

Anyone who has reasonable cause to believe that an enrolled child has been or is being subjected to any form of hitting, corporal punishment, abusive language, ridicule, harsh, humiliating, or frightening treatment, or any other kind of child abuse, neglect, or exploitation by any person, whether working at the Center or not, is required by State Law to report the concern to the Child Protection and Permanency, Toll-Free at 1-800-392-9511. Such reports may be made anonymously.

YMCA OF GREATER MONMOUTH COUNTY

POLICY ON THE RELEASE OF CHILDREN

All children must be signed in or out by an authorized adult who is at least 18 years of age. Children will only be released to the authorized adults listed on your registration form. If alternate arrangements need to be made, please notify your child’s teacher in advance, in writing. Always be prepared to present identification if requested to do so by our childcare staff. It is for your child’s protection.

Children will not be released to anyone who appears to be under the influence of drugs or alcohol or who, in the judgment of the director, would place the child at risk.

If you anticipate being late picking up your child, please call to let us know your alternate arrangements. There will be a $15 late fee charged per 15-minute interval beyond your scheduled program hours. Fees are payable at time of pick-up. While we understand that emergencies do arise, arrangements must be made in a timely manner.

EXPULSION POLICY

In certain circumstances, it may be necessary for the Director to decide to discontinue a child’s attendance. Such a decision would be based on whether it is in the best interest of that child, the other children in the class, and the overall operation of the center to terminate enrollment. Every effort will be made to correct a problematic situation before the final decision is made. Termination of enrollment may be the result of the following:

- Non-payment of tuition (immediate termination)
- Abuse of children, staff or property
- Disruptive or dangerous behavior
- The center’s inability to meet the child’s needs
- Continued violation of YMCA policies by student or parents

Whenever possible, written notification of one week will be provided to the parent in the event of termination of enrollment.
Department of Children and Families
Office of Licensing
INFORMATION TO PARENTS

Under provisions of the Manual of Requirements for Child Care Centers (N.J.A.C. 10:122), every licensed child care center in New Jersey must provide to parents of enrolled children written information on parent visitation rights, State licensing requirements, child abuse/neglect reporting requirements and other child care matters. The center must comply with this requirement by reproducing and distributing to parents this written statement, prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families (DCF). In keeping with this requirement, the center must secure every parent’s signature attesting to his/her receipt of the information.

Our center is required by the State Child Care center Licensing law to be licensed by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families (DCF). A copy of our current license must be posted in a prominent location at our center. Look for it when you’re in the center.

To be licensed, our center must comply with the Manual of Requirements for Child Care Centers (the official licensing regulations). The regulations cover such areas as: physical environment/life-safety; staff qualifications, supervision, and staff/child ratios; program activities and equipment; health, food and nutrition; rest and sleep requirements; parent/community participation; administration and record keeping requirements; and others. Our center must have on the premises a copy of the Manual of Requirements for Child Care Centers and make it available to interested parents for review. If you would like to review our copy, just ask any staff member. Parents may secure a copy of the Manual of Requirements by sending a check or money order for $5 made payable to the “Treasurer, State of New Jersey”, and mailing it to: NJ Department of Children and Families, Office of Licensing, Publication Fees, PO Box 657, Trenton, NJ 08646-0657.

We encourage parents to discuss with us any questions or concerns about the policies and program of the center or the meaning, application or alleged violations of the Manual of Requirements for Child Care Centers. We will be happy to arrange a convenient opportunity for you to review and discuss these matters with us. If you suspect our center may be in violation of licensing requirements, you are entitled to report them to the Office of Licensing toll free at 1 (877) 667-9845. Of course, we would appreciate your bringing these concerns to our attention too.

Our center must have a policy concerning the release of children to parents or people authorized by parents to be responsible for the child. Please discuss with us your plans for your child’s departure from the center.

Our center must have a policy about administering medicine and health care procedures and the management of communicable diseases. Please talk to us about these policies so we can work together to keep our children healthy.

Our center must have a policy concerning the expulsion of children from our enrollment at the center. Please review this policy so we can work together to keep your child in our center.

I have read and understand the HEALTH REGULATIONS, COMMUNICABLE AND REPORTABLE DISEASES, DISCIPLINE POLICY, and INFORMATION TO PARENTS.

Parent Signature ___________________________ Date ___________________________
2020 My Y Camp Lunch Menu Schedule
Monday–Thursday lunch is $6.00, Friday Pizza is $3.00 (Lunch provided by Emilio’s)
All lunches include water.

Menu coming soon....

What to Bring Each Day

• Come to camp in bathing suit with sneakers and sunscreen applied.
• Sunscreen will be reapplied throughout day. You will sign a form with your camper’s counselor giving permission to reapply sunscreen. *Campers may not share sunscreen. Please label with your child’s name
• 2 towels, Please label with your child’s name
• Extra bathing suit for 2nd swim of day, Please label with your child’s name
• Swim shoes: Crocs, flip flops, water shoes, etc.
• SEPARATE lunch in a reusable or disposable bag. Please label your camper’s name on EVERYTHING. **Nothing can be heated and anything with nuts is not permitted.
• SEPERATE Snack in a reusable or disposable bag that is labeled.
• Water bottles (plastic or reusable) We have water cooler stations where campers can refill their water bottles throughout the day. Please label with your child’s name.
• 2 extra changes of clothes: shorts, shirt, underwear and socks
  Please label with your child’s name.
• You can send hat, goggles, and sunglasses if needed. Please label with your child’s name.
• PLEASE LABEL EVERYTHING!