

YDAY CAMP™

We build strong kids, strong families, strong communities.

KISHWAUKEE FAMILY YMCA SUMMER DAY CAMP 2010 REGISTRATION FORM

Child's Name: _____ Today's Date: _____ Birth Date: _____

Address: _____ City _____ ZIP _____

Phone: _____ Alternate Phone: _____ Sex: _____

Age: _____ Grade Entering in Fall: _____ School: _____

Child Lives With: Both Parents Mother Father Other _____

Mother /Guardian: _____

Father /Guardian: _____

Home Address: _____

Home Address: _____

Hm Phone: _____

Hm Phone: _____

Cell: _____

Cell: _____

Place of Employment: _____ Hours: _____

Place of Employment: _____ Hours: _____

Work Phone: _____

Work Phone: _____

Email: _____

Email: _____

Child's Doctor _____ Doctor's Phone #: _____

Insurance Company: _____

Emergency Contacts Other than Parent/Guardian

1. Name: _____ Relation: _____ Phone: _____

2. Name: _____ Relation: _____ Phone: _____

Persons Authorized to Pick up my Child (We assume that all the parents, guardians, and contacts on this sheet are authorized to pick up your child. If they are not, we need a letter explaining any different circumstances)

1. Name: _____ Relation: _____ Phone: _____

2. Name: _____ Relation: _____ Phone: _____

3. Name: _____ Relation: _____ Phone: _____

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Child Health and Medical Information Form

Please indicate in the appropriate area if your child has had or has any of the following: (please supply approximate dates where applicable)

Diseases

Chicken Pox _____
Heart Problems _____
Kidney Problems _____
Other _____

Medical

Ear Infection _____
Seizures _____
Diabetes _____
Other _____

Allergies

Hay Fever _____
Poison Ivy _____
Insects _____
Penicillin _____
Sunscreen _____
Other _____

Needs

Glasses _____
Hearing Aid _____
Wheelchair _____
Communication Device _____
AFO's or Crutches _____
Other _____

Medications Being Taken

Please list ALL medications (Including over-the-counter or non prescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

<input type="checkbox"/> This person takes NO medications on a routine basis OR <input type="checkbox"/> This person takes medications as follows:		
Med #1 _____	Dosage _____	Specific times taken each day _____
Reason for taking _____		
Med #2 _____	Dosage _____	Specific times taken each day _____
Reason for taking _____		
Med #3 _____	Dosage _____	Specific times taken each day _____
Reason for taking _____		
Identify any medications taken during the school year that participant does/may not take during the summer: _____		

Restrictions (The following restrictions apply to this individual)

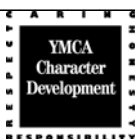
Does not eat:

Red Meat Pork Dairy products Poultry Seafood Eggs Other (describe) _____
Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary)

Please use the space below to further explain any of the above areas (example: My child has a peanut allergy; however, she can touch peanuts and peanutbutter as long as she does not eat peanut products.):

Any Physical Disability or any physical conditions that require special attention so that we can better serve your child (please describe): _____

Any Developmental Disability (please describe): _____



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Please describe your child's interaction with children of the same age: _____

How would you describe your child's personality? _____

Please check your child's swimming ability:

- NON-SWIMMER (my child cannot swim)
- SOME SWIMMING ABILITIES (my child can swim, but is not advanced)
- ADVANCED SWIMMER (my child is a proficient swimmer)

▪ What do you want your child to gain from his or her experience in YMCA Day Camp? *Please check all that apply.*

- | | | |
|---|--|--|
| <input type="checkbox"/> Make new friends | <input type="checkbox"/> Structured summertime | <input type="checkbox"/> Become less shy |
| <input type="checkbox"/> Gain a sense of belonging | <input type="checkbox"/> Experience new things | <input type="checkbox"/> Learn new skills |
| <input type="checkbox"/> Higher self-esteem | <input type="checkbox"/> Become more outgoing | <input type="checkbox"/> Have a lot of fun |
| <input type="checkbox"/> Opportunity for creativity | <input type="checkbox"/> Learn the core values of the YMCA, caring, honesty, respect & responsibility. | <input type="checkbox"/> Learn to get along better with other children |
| <input type="checkbox"/> Good adult role models | | |
| <input type="checkbox"/> Other _____ | | |

Do you have any suggestions or other information regarding your child that you think would be helpful for staff to know?

Parent/Legal Guardian Authorizations: This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted.

Parent/Legal Guardian Signature _____ Printed _____ Date _____



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Week and Track Selection and Fees

T-shirt Size (Circle One)

YS YM YL AS AM AL AXL

(Campers will receive camp T-shirts their first week of camp)

My child will be in the following camp:

Camp Kermit (3^{1/2}-5yrs) Camp Cow (Kind. - 3rd)
 Camp Kish (4th - 6th) Camp Woo (7th - 9th)

My child is planning to attend the following weeks: (*please circle*)

Weeks: **1** **2** **3** **4** **5** **6** **7** **8** **9** **10** **11**
 June 7 - June 14 - June 21 - June 28 - July 5 July 12 - July 19 - July 26 - Aug. 2 - Aug. 9- Aug. 16
 June 11 June 18 June 25 July 2 July 9 July 16 July 23 July 30 Aug. 6 Aug. 13 Aug 20

Select Track Preferences (**for first week attending only**): 1st, 2nd and 3rd choices by writing a #1, 2, or 3)

Kishwaukee Family YMCA's unique camp program offers campers the opportunity to customize their camping experience by selecting those activities that interest them the most, we call them camp tracks. Campers will spend a minimum of 3 hours during the week participating in their selected activities. All tracks have limited spaces, so campers will be placed according to preference and availability. Campers can choose a different activity every other week. Please take the time to discuss the choices with your child.

TRACK	DESCRIPTION	Place your choice # 1, 2, or 3
Aquatics Track	This track is designed for the camper that LOVES water. Activities include swimming, water sports and games, slip-n-slide, and pretty much anything wet. If you like to stay dry, stay away from this track when you choose.	
Creative Kids Track	Learn all of the exciting ways to express yourself on paper, with clay or with paint. This creative class will get your imaginative juices flowing and spark your interest in the arts.	
Sports Track	It's your chance to learn a new sport or improve on a sport you already play. The sports include flag football, soccer, basketball, baseball, volleyball and more. This track is for campers who love to move and like organized sports.	
Gymnastics Track	This track introduces children to the principle exercises and skills in gymnastics & tumbling.	
Ninja Power Track	This class is focused on teaching children how to move their bodies to protect themselves from physical threats and using their minds to manage emotional distress. Ninja Power Kids build healthy minds and bodies and learn to avoid potentially dangerous situations.	
Book Nook Track	Do you enjoy reading or being read to? This track is for those who need a little quiet time to enjoy a good book. Together we'll find a nook and enjoy a good book!	
Dance and Drama	This track will bring out the best in fine arts for your children! Campers can expect to do role playing, routines, and other stand up skills.	
Variety Discovery Track	A wide variety of activities take place in this track. Swimming, crafts, silly camp songs, hiking, sports and games. If you are having a hard time making a choice this is the track for you.	
LIT (Leaders in Training)	You're never too old for summer camp! This camp gives older children (ages 11-14) the opportunity to grow as a total person --spirit, mind and body--while still learning new things, making new friends and of course, having fun! Campers spend their track time developing their leadership skills through a variety of character-building projects, hands-on activities and team-building exercises, many of which the campers will decide on themselves. LITs will enhance their leadership skills and gain some real work experience by helping camp counselors and program staff. All LITs are required to complete an application and interview process.	

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Camp Fees: (Includes Field Trips & T-shirt)	\$135.00 per member per week
	\$180.00 per non-member per week

A \$20.00 deposit due at time of registration for each week reserved per child.

Deposits are non-transferable and non-refundable

Total weeks _____ x \$20 deposit + \$25 registration fee (*April 1st*) = _____ Due at time of registration

You may sign up for more weeks at a later time if space is available. Payments in full per week are due two weeks (14 days) in advance of each week. Cancellations of any weeks reserved must be done at least two weeks in advance, or you will be responsible for paying the full camp fee for the week. Deposits are always non-transferable and non-refundable.

Agreement and Release of Liability Statement

I/We certify to the best of my/our knowledge that everything on this health form is correct and the child herein is in good health and not carrying any communicable diseases. He/She has no physical ailments that will prevent normal participation unless specified on this form. He/She has my/our permission to participate in the Kishwaukee Family YMCA activities. I/We realize failure to disclose could result in termination of services. I/We also understand that it is my child's responsibility to bring and apply their own sunscreen. In the event of an emergency, I/We give permission to the Kishwaukee Family YMCA to obtain medical treatment for my child if I/We cannot be reached. I assume all risks and hazards incidental to the conduct of the Kishwaukee Family YMCA Summer Camp Program. As of this date, I have received and read the YMCA Day Camp Parent Policy Manual including the Behavior Management Policy. I understand and agree to abide by the policies stated herein. I also give permission for the use of photographs of my child in YMCA brochures and photo collections. My child has permission to leave the property for scheduled field trips and activities.

Mother/Father/Guardian's Signature: _____ Date: _____

Mother/Father/Guardian's Signature: _____ Date: _____



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Behavior Management Procedures

It is the goal of the Kishwaukee Family YMCA to provide a healthy, safe and secure environment for the child care participants. The YMCA teaches the core values of caring, respect, responsibility, faith and honesty. Children who attend the program are expected to follow the behavior guidelines and interact appropriately in a group setting.

Behavior Guidelines:

- ◆ People are **responsible** for their actions.
- ◆ We **respect** each other and the environment.
- ◆ **Honesty** will be the basis for all relationships and interactions.
- ◆ We will **care** for ourselves and those around us.

When a child does not follow the behavior guidelines, we will take the following steps:

1. The counselor will redirect the child to a more appropriate behavior.
2. The child will be reminded of the behavior guidelines and the Y rules and a discussion will take place.
3. If the behavior persists after the discussion with the counselor, the Head Camp Director will discuss the situation with the child. The parent will receive a phone call or a written note about the situation.
4. The staff will document the situation. This written document will include what the behavior problem is, what provoked the problem and the corrective action taken.
5. If the problem occurs a third time, staff will schedule a conference that will include the parent, camper, counselor, and Head Day Camp Director.
6. If a problem is on going and the child continues to disrupt the program, the Kishwaukee Family YMCA reserves the right to suspend the child from the program. Expulsion from the program will be considered in extreme situations.
7. If a child's behavior at any time threatens the immediate safety of that child, other children or staff the parent may be notified and expected to pick up the child immediately.

The following behaviors are not acceptable and may result in the immediate suspension of the campers for the remainder of the current day and the next day.

- ◆ Endangering the health and safety of the children and/or staff, members, and volunteers.
- ◆ Stealing or damaging YMCA or personal property
- ◆ Leaving the program without permission
- ◆ Continuing to disrupt the program
- ◆ Refusing to follow the behavior guidelines or Y rules
- ◆ Using profanity, vulgarity or obscenity
- ◆ Acting in a lewd manner

If any of these behaviors persist, staff may suspend the camper a second time before expulsion.

Immediate expulsion may occur if a camper is in possession of and/or using tobacco, alcohol, illegal drugs, firecrackers, firearms, or explosives.

PARENT SIGNATURE REQUIRED:

I have reviewed with my child the Behavior Management Procedure. I understand and agree to all the terms presented in this document.

Parent's Signature

Date

Camper's Signature

Date

