



NORWICH FAMILY YMCA DAY CAMP REGISTRATION

CHILD'S NAME _____ DATE OF BIRTH _____ AGE _____
 GENDER _____ GRADE ENTERING (SEPTEMBER 2021) _____ T SHIRT SIZE: _____

Y CAMP AT CAMP THOMPSON (Grades K-8)

Check all that apply:

Monday
 Tuesday
 Wednesday
 Thursday
 Friday

ANTICIPATED START DATE: _____

COUNSELOR-IN-TRAINING (Grades 9 & 10)

Check all that apply:

Monday
 Tuesday
 Wednesday
 Thursday
 Friday

OFFICE USE ONLY:

Date Received: _____ Paid: **Y N** Staff _____

Registered: **Y N** Director _____

Notes:

Withdrawn Date: _____ Director _____



CHILD'S INFORMATION

Child's Name: _____ Gender: **M** **F** Birthdate: ___/___/___

Age: _____ Grade (entering September 2021) _____ School: _____

Primary Address: _____

City: _____ State: _____ Zip: _____

PARENT/GUARDIAN 1 INFORMATION

Relation to Child: _____

Full Name: _____

Address same as child

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____

Cell Home Other

Secondary Phone: _____

Cell Home Other

Email: _____

Employer: _____

Work Phone: _____

PARENT/GUARDIAN 2 INFORMATION

Relation to Child: _____

Full Name: _____

Address same as child

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____

Cell Home Other

Secondary Phone: _____

Cell Home Other

Email: _____

Employer: _____

Work Phone: _____

EMERGENCY CONTACTS AND PERSONS AUTHORIZED TO PICK UP CHILD

In the event of an emergency, YMCA staff will make every attempt to reach a parent/guardian. In the event that a parent/guardian cannot be reached, I authorize the following to be contacted and act on my behalf:

Name: _____ Relationship: _____ Phone: _____

Address: _____ Alternate Phone: _____

Name: _____ Relationship: _____ Phone: _____

Address: _____ Alternate Phone: _____

*Any addition of authorized person to pick up child must be in writing to the YMCA.

Person not authorized to pick up my child: _____ Relationship: _____

*Legal documentation must be on file in order to enforce this authorization.

Office Use: Legal documentation received (date) _____.



HEALTH INFORMATION:

*YOU MUST ATTACH A COPY OF IMMUNIZATION RECORD AND INSURANCE CARDS.

_____ I give permission for my child to apply sunscreen.

_____ I give permission for my child to apply bug spray.

Parent's Name: _____ Signature: _____

Doctor's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Specialist Name: _____ Phone: _____

PLEASE FILL OUT THIS SECTION COMPLETELY-PLACE A CHECKMARK WHERE IT APPLIES.

MISINFORMATION CAN BE REASON FOR NON-ACCEPTANCE INTO THE PROGRAM.

HEALTH

Asthma_____

Convulsions_____

Emotional/

Diabetes_____

Hearing_____

Psychological_____

Special Diet_____

Vision_____

Learning Disabilities_____

Physical_____

Illness_____

ADD/ADHD_____

Restraints_____

Injury_____

Operations_____

Other_____

ALLERGIES

Hay Fever_____

Poison Ivy_____

Insect_____

Medication_____

Food_____

Other_____

Explain any above as necessary _____

Has your child had any operations or serious injuries? _____

Has your child had any chronic or reoccurring illnesses? _____

Is there anything else you feel we need to know in order to meet your child's needs? _____

**Depending on your child's needs, a meeting with the program director may be required prior to attending.*

MEDICATION INFORMATION (Attach physician's orders.)

Is this child currently taking prescribed or over-the-counter medication? · Yes · No

If yes, complete the Prescription and/or Over-The-Counter Medication Information on the next page.



PRESCRIPTION MEDICATION INFORMATION

Start Date: _____ End Date: _____

Medication Name: _____ Storage Instructions: _____

Dosage: _____ Time to Administer: _____

Expiration Date: _____ Directions for Administration: _____

Prescriber's Name: _____

Prescribers License: _____

OVER-THE-COUNTER MEDICATION INFORMATION

Start Date: _____ End Date: _____

Medication Name: _____ Storage Instructions: _____

Dosage: _____ Time to Administer: _____

Expiration Date: _____ Directions for Administration: _____

Prescriber's Name: _____

Prescribers License: _____

PLEASE NOTE: Y CAMP and specific NORWICH YMCA Childcare Programs are the only programs that the YMCA is allowed to ADMINISTER any medication to a child. As such, I authorize the YMCA staff to administer the medication listed below to my child. I understand that Over-the-Counter medication must be in the original container.

Parent Signature _____ Date _____



PARENT STATEMENT OF UNDERSTANDING

- I understand that if there are any changes in attendance, changing or adding new programs, it is my responsibility to contact the appropriate YMCA staff to make the necessary changes for billing and program participation.
- I must notify the YMCA staff immediately of any changes on any enrollment and medical forms.
- It is my responsibility to notify the YMCA staff if my child will be absent from the program at least two hours in advance or I will be charged for the day.
- The YMCA assumes responsibility for my child's well being during the hours of operation in which my child attends the program.
- In the event of an emergency, the YMCA will make every effort to contact me. If I cannot be reached, the YMCA is authorized to act for me according to their best judgment in an emergency requiring medical care or surgery. The physician selected may hospitalize secure proper treatment for, order injection, anesthesia, or surgery for my child.
- I am responsible for the cost of medical treatment and care.
- Medication may only be administered with specific written instructions (Child Care Medical Form), a physician's note, and must be in original container. NOTE: Y CAMP and specific childcare programs are THE ONLY PROGRAMS IN WHICH WE ARE AUTHORIZED TO ADMINISTER MEDICATION TO YOUR CHILD.
- The information provided on all enrollment and medical forms is complete and accurate. I have provided the YMCA with all of the necessary information to properly care for my child's needs.
- The YMCA's responsibility for my child begins when the child has reached the program and is checked in with a YMCA staff member.
- It is my responsibility to arrange for my child to be picked up from the YMCA by the scheduled end time of the program. If one hour has passed from the program closing time and all attempts to contact an authorized person to pick up my child have failed, the YMCA staff will contact Child Protective Services and or police officials for further instructions.
- 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 will have no recourse but to contact the police.
- YMCA staff and volunteers are not allowed to babysit or transport children at anytime outside of the YMCA program.
- The YMCA staff is mandated by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- Program payments are due at the time of registration. Payment is due no later than the 15th of the month. There will be a \$20.00 fee for any returned checks.

Please check each additional box you agree with:

- My child may participate in field trip excursions away from the facility and under the direct supervision of YMCA staff.
- My child may participate in water activities as scheduled and under direct supervision of YMCA staff.
- My child's swimming ability is: Afraid of Water Some Lessons Confident in deep water
- The YMCA has my permission to use photographs of my child in promotional materials such as social media, ads or newspaper releases. I will not be informed or reimbursed for such photographs.

My signature acknowledges my understanding of and agreement to the above information.

Parent's Signature: _____ Date: _____

Child's Name: _____

BEHAVIOR MANAGEMENT POLICY



Rules

It is the goal of Norwich Family YMCA Child Care Program to provide a fun, safe, and secure environment for all participants. The YMCA teaches the core values of **caring, honesty, respect, and responsibility**. Children who attend the program are expected to follow the behavior guidelines and to interact appropriately in a group setting.

Behavior Guidelines

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

Items that are NOT Allowed in program

Video Games Cell Phones Tablets Glass Bottles Weapons (or anything representative)

The YMCA reserves the right to search a child's backpack.

When a participant doesn't follow the behavior guidelines, we will take the following steps:

- Counselor will redirect the child to a more appropriate behavior.
- The child will be reminded of the behavior guidelines and YMCA rules.
- If the behavior persists, the parent will be notified.
- The staff will document the situation. The written document will include what the behavior problem is, what provoked the problem, and the correction action taken.
- The director will speak with parent, so they can determine the appropriate consequences.
- If the problem continues to disrupt the program, Director may suspend the child from the program.
- If a child's behavior at any time threatens the immediate safety of self, other campers, or staff, the parent will be notified and expected to pick up the child immediately.

The following behaviors are not acceptable and will result in suspension of the child:

- Endangering the health and safety of campers or staff
- Stealing or damaging YMCA property
- Continual disruption of the program
- Fighting
- Acting in a lewd manner
- Refusing to follow behavior guidelines or YMCA rules

I understand the above rules and will follow them.

Parent/Guardian Signature: _____

Date: _____

Child's Name: _____

Date: _____