

YMCA Camp Coffman Day Camp Checklist

Child's Name: _____

***Mandatory registration is due by the Thursday before your scheduled week**

- _____ Registration Form
- _____ Emergency Contact/Parental Consent Form
- _____ Financial Agreement/Requested Hours of Care
- _____ Child Health Report with proof of immunizations
- _____ Permission Slip/Parent Statement of Understanding

Please provide your email address: _____

Pick up and drop off for Oil City:

YMCA Younger Days or Camp Coffman (7:30-3:30)
316 West 1st ST 4072 Camp Coffman Rd
Oil City, PA 16301 Cranberry, PA 16319

Pick up and drop off for Clarion:

Clarion County YMCA or Camp Coffman (7:30-3:30)
499 Mayfield Road 4072 Camp Coffman Rd
Clarion, PA 16214 Cranberry, PA 16319

How did you hear about Camp Coffman?

- Camp Brochure
- Friend
- Radio Ad
- Website/Facebook
- School Flyer
- Other

YMCA Camp Coffman 2019 Day Camp Registration

Name _____ Phone Number _____
 Address _____ Birth Date _____
 City, State, Zip _____ Member _____ Non-member _____
 Email address: _____

\$30 non-refundable one time registration fee, per family, must accompany registration packet!

“Field Trip Fridays” Every Friday we will be going on field trips. All field trips are included in your weekly tuition except for bigger trips. There will be an extra fee for the bigger field trips.

3 Days: Member \$95/Non-Member \$120
 5 Days: Member \$121/Non-Member \$148

\$10 Discount for 2nd and 3rd child

***** MANDATORY: Registration is due by the Thursday before your selected week! *****

- ___ June 5 Ignite Your Summer
- ___ June 10 Balls, Balls, Balls
- ___ June 17 Disney Vacation
- ___ June 24 Imaginarium
- ___ July 1 Red, White & You
- ___ July 8 Down on the Farm
- ___ July 15 Splatter Week (Waiver Needed for Field Trip)
- ___ July 22 Splashtacular
- ___ July 29 Aaargh Matey
- ___ Aug. 5 Super Slimy
- ___ Aug. 12 Rock Star Extravaganza (Waiver needed for Field Trip)
- ___ Aug. 19 Camp Coffman Spirit Week

M	T	W	Th	F
XXXX	XXXX			\$15
				\$15
			XXXX	
				\$25
				\$20
				\$15
				\$25
				XXXX

Like us on FaceBook @ Camp Coffman Day Camp

******We will post reminders throughout the summer on here along with lots of pics!******

Comments/Concerns:

Financial Agreement

**All payments MUST be accompanied with a
CAMP Payment Slip & payment is due Monday
week of care. Must be enrolled by Thursday!
Transportation, meals and care will be provided.**

YMCA Day Camp Rates

Members:	Non-Members:
3 Days \$95	3 Days \$120
5 Days \$121	5 Days \$148

CAMP PAYMENT SLIP

Camper Name: _____ Arrival time: _____ Departure time: _____

Session: _____ Circle Days Attending: M T W R F 3 day 5 days

Persons Designated by Parent to whom child may be released: See escort sheet

Day Camp Registration Fee \$30 per family due at time of enrollment: \$ _____

Day Camp Enrollment Rate _____

Field Trip Fee: Session 1, 4, 7, 8, 10 & 11 will have an extra fee _____

Session 1-\$15, Session 4-\$15, Session 7-\$25, Session 8-\$20, Session 10-\$15, Session 11-\$25

Field Trip Fees **MUST** be paid prior to field trip!

CCIS Co-Payment _____

Total: _____

I understand that all fees (including co-pays) must be paid BEFORE services are rendered.

(Parent/Guardian Signature/Date)

(Director/Date)



Escort Sheet (who is allowed to pick up your child)

Child's Name _____ Birth Date _____
Address _____
Home Phone _____ Cell Phone _____
Parent/Guardian signature _____

Parent's Name _____ Phone _____
Address _____
Parent/Guardian Signature _____ Date _____

Name _____ Phone _____
Address _____
Parent/Guardian Signature _____ Date _____

Name _____ Phone _____
Address _____
Parent/Guardian Signature _____ Date _____

Name _____ Phone _____
Address _____
Parent/Guardian Signature _____ Date _____

Name _____ Phone _____
Address _____
Parent/Guardian Signature _____ Date _____

Name _____ Phone _____
Address _____
Parent/Guardian Signature _____ Date _____

Name _____ Phone _____
Address _____
Parent/Guardian Signature _____ Date _____

Name _____ Phone _____
Address _____
Parent/Guardian Signature _____ Date _____



OIL CITY YMCA DAY CAMP SWIM RELEASE FORM

Please release _____ from the Oil City YMCA Camp Coffman program to swim at the YMCA and Two Mile Run County Park during scheduled swim times. I understand that the YMCA day camp staff will not be responsible for my child while he/she is swimming and that he/she will be under the supervision of the Oil City or Clarion County YMCA Aquatics staff.

Parent/guardian signature _____ Date _____





YMCA Camp Coffman

Permission Slip & Statement of Understanding

Parent/Guardian Initials are required for each item below to indicate Parental Consent.

- _____ Obtaining Medical Care
- _____ Administering Minor First Aid Care
- _____ Take Part in any camp activity under supervision of camp counselors
- _____ Walk and Trips
- _____ Attend field trips
- _____ Ride on YMCA bus driven by a properly licensed operator over the age of 21.
- _____ Ride in the YMCA van driven by a properly licensed operator over the age of 18.
- _____ Archery
- _____ Horseback Riding and taking care of the horses
- _____ Have child's picture taken and used in publicity materials on or off the internet.
- _____ Zipline/Rockwall/Freefall

1. I understand that all fees **MUST** be paid before my child attends Day Camp.
2. I understand that a complete physical must be completed before my child attends Day Camp.
3. I understand that I may be asked to show my ID when picking up my child.
4. 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 must be listed on the escort sheet or other arrangements must be made by calling the YMCA Child Care Center to inform them of the changes.
5. I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, staff may have no recourse but to contact the police for the child's safety.
6. I understand that state law mandates the YMCA to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
7. I understand that if my child becomes a threat to themselves or others, they may be asked to leave the program.

Signature of Parent/Guardian _____ Date _____



YMCA Camp Coffman

Day Camp 2019

If you ever need to reach the Day Camp staff, call the Camp Director, Jennifer Cooper, directly at 814-670-0594.

YMCA Mission

To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.

What to bring to camp:

Campers should bring the following items on a daily basis:

1. Backpack
2. Swim suit
3. Towel
4. Water shoes (or old sneakers for walking through the creek)*
5. Sneakers (NO flip flops)
6. Water bottle (Label with child's name)
7. Sunscreen (Label with child's name)
8. Bug Spray (Label with child's name)

*Water shoes or old sneakers **MUST** be worn when walking through the creek. Campers are not permitted to enter the creek barefoot.

What NOT to bring to camp:

1. Cell Phones, iPods, Tablets, Kindles, iPads
2. Valuables
3. Video Games
4. Money

Extended Care Hours for Day camp

Day Camp is between the hours of 6AM and 6PM. There are no longer extra fees for extra hours. A counselor will only be available for before care from 6:00-7:00AM if it is requested. Extended care is not offered at the Camp Coffman location. Children must be picked up by 3:30 at camp. Extended care is only available at the Oil City YMCA, Oil City YMCA Child Care Center & Clarion County YMCA. The centers close at 6:00pm and you will be charged \$1 per minute after 6:00pm per child.

Pick -Up/Drop Off Procedures

Drop off time is between 7:00 and 8:00 am if you need care before this time we will have a counselor arrive any time after 6:00 am but it needs to be requested. If you are dropping your child off at Camp, hours available are from 7:30-3:30 only. If you arrive at 8:01 or later, **your child is not guaranteed a ride to camp!** We will arrive back from Camp Coffman at 4:00.

- When a child arrives, parents **MUST** sign in with a staff member

- An ADULT must bring the child into the building upon arrival and also enter the building to sign the child out at the end of the day.
- Children should NEVER be dropped off outside the building and left to go inside without an adult.

Your child will only be released to the persons designated on the escort sheet. Be sure that all designated people, including parents, are prepared to show ID upon request.

ONLY Authorized Individuals May Pick Up Children

For your protection, only persons authorized on the escort sheet is to pick up your child. Of someone other than those persons authorized on the escort sheet is to pick up your child, please notify the camp counselor or director. In an emergency, you may call the director to authorize an oral release designation. We will call you back at a home or work number listed on file to confirm.

Delay Release of Children

The day camp staff reserves the right to delay the release of a child to a parent or another adult if they have reasonable cause to believe the adult is impaired by alcohol or drugs, or is any way incapable of assuming responsibility for the child.

Payments

It is essential that the arrangements of the financial agreement be followed and payment made on time. Failure to pay will result in a camper being denied enrollment. Payments must be accompanied by the Camp Payment Slip.

Financial Agreement

The Financial Agreement is to ensure that your child is being credited for the correct week(s) and that the money is being designated where you want it to go. This MUST accompany all payments.

Items on a Financial Agreement:

- Camper Name
 - ❖ List child's name
- Session
 - ❖ Which week are you paying for?
- Circle days attending: 3 days or 5 days
 - ❖ If 3 days, mark the days attending.
- \$30 Day Camp Registration Paid
- Field Trip
 - ❖ Field Trip added cost
- CCIS Co-Payment
 - ❖ If you receive CCIS and have a co-payment, list it here when paying.

Scholarships and other Financial Aid

CCIS - Child Care Information Services: Contact 814-518-5226 for more information. If you qualify for CCIS, they will fund your child's enrollment fees all or in part depending on your application through them.

OEO - We have received a grant from the Office of Economic Opportunity for low-income families to send their child(ren) to camp at no cost to the family. This is only available for families residing in Venango County. Please contact the Camp Director for more information.

YMCA Scholarship - If your family does not qualify for an OEO scholarship, you may apply for a scholarship through the Oil City YMCA or Clarion County YMCA. Scholarship applications are available at the front desk and take at least 2 weeks to process. Please note that a YMCA scholarship for camp will not exceed more than 50% of the weekly enrollment costs.

Physicals (Child Health Report)

The parent/guardian is responsible for obtaining a physical from the child's doctor before attending Day Camp. Admission into the Day Camp Program may be denied if this is not completed. (Contact Camp Director) if you are unable to get a physical completed before camp starts.

Illnesses

If a child has any of the following signs or symptoms of illness, he/she shall be immediately isolated and discharged to their parent or guardian:

- Temperature of 101 degrees, when in combination with any other signs of illness.
- Diarrhea (3 times)
- Untreated infected skin patches (rash)
- Vomiting (once)
- Evidence of lice, scabies, or other parasitic infestation
- Communicable and contagious diseases such as chicken pox, measles, mumps, pink eye, etc.

Emergency Procedures

In case of a severe emergency or accident, we will:

- Administer First Aid/CPR
- Call emergency medical transportation or transport to nearest hospital.
- Contact parents
- Contact YMCA

Nutrition

We will serve breakfast and lunch daily, EXCEPT on field trip Fridays. Lunches must be provided by the parent/guardian on field trips unless otherwise specified.

Discipline Policy

Explanation and re-direction is the standard method of discipline.

There will be a three strike system.

- Strike 1 - warning
- Strike 2 - time out
- Strike 3 - time out (at counselor's discretion), talk with Camp Director, and a phone call home to parent/guardian.

- If problem persists, the child will be removed from our program.

Removal from Program

The YMCA reserves the right to remove a child from our program for the following reasons:

- Failure of a parent or guardian to pay camp fees
- The child is a threat to themselves, other children, or the staff.
 - ❖ This includes behaviors such as fighting, striking others, and wandering away from the program.

In the event of repeated inappropriate behavior by a child, the following actions will be taken:

- Parents will be notified immediately
- Possible removal from the program

Our intent is to work together with the parent or guardian for the best care for each child. Working together as a team is a necessary step to correct repeated inappropriate behavior. Your patience, support, and follow-through are not only appreciated, but necessary.

Photography

Photographs of the children participating in our program may be taken and may appear in newspapers, magazines, brochures, our website facebook, or other publicity material. Your permission for photographs including your child to be used without compensation is a part of this agreement unless otherwise stated.

Horses

Horse Camp will be held every day throughout the week (weather permitting). Sneakers/boots are required. Children will be unable to participate if the proper footwear is not worn. Helmets are available and **MUST** be worn.

Field Trips

Field Trips are considered an important part of the educational program and will be taken every Friday. There will be an added cost for six of the trips this year and is noted on the financial agreement. The added cost is to cover the cost of the venue and to help defer the cost of renting a larger bus for the day. Spending money is optional and we ask that you put your camper's money in an envelope with their name on it and give it to one of the counselors to hold onto for them. A brown bag packed lunch is required for all field trip days unless otherwise noted on the schedules. There is no added cost for smaller trips, but a **packed lunch is necessary**.

**Don't forget to like us on Facebook @
CAMP COFFMAN DAY CAMP to view pictures of your children's
day and for helpful reminders.**

Oil City YMCA Younger Days
316 West First St. Oil City, PA 16301
P 814-670-0594 F 814-670-0691



EMERGENCY CONTACT / PARENTAL CONSENT FORM

65 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182, 3280.124 (a)(b), 3280.181 & 182 3290.124 (a)(b), 3290.181 & 182

CHILD'S NAME		BIRTHDATE
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
EMERGENCY CONTACT PERSON(S)	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE
PERSON(S) TO WHOM CHILD MAY BE RELEASED	NAME	ADDRESS
		TELEPHONE NUMBER WHEN CHILD IS IN CARE
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)		ALLERGIES (INCLUDING MEDICATION REACTION)
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION		MEDICATION, SPECIAL CONDITIONS
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE		ADMIN. OF MINOR FIRST - AID PROCEDURES
WALKS AND TRIPS		SWIMMING
TRANSPORTATION BY THE FACILITY		WADING

PERIODIC REVIEW

SIGNATURE OF PARENT or GUARDIAN

DATE

SIGNATURE OF PARENT or GUARDIAN

DATE

(814) 670-0691

CHILD HEALTH REPORT

(85 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

DO NOT OMIT ANY INFORMATION

This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):
 NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.
 NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):
 NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.
 NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?
 YES NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG) <input type="checkbox"/> YES <input type="checkbox"/> NO	NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.	
	VISION (subjective until age 3)	
	HEARING (subjective until age 4)	
	LEAD	

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER:
	DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.