

Camper Name: _____



Day Camp Enrollment Packet

Welcome to Camp!

We are excited to have you as part of the YMCA family. Our staff are planning amazing and extraordinary summer activities for your camper to experience!

This completed Camper Enrollment Packet must be submitted in its entirety to attend camp. Without this completed step, we are not permitted to accept your child into care.

Once completed, paperwork should be sent to the Child Care Director at the YMCA branch your child will be attending. Michelle Miller, Clarion Child Care Director can be reached at 814-764-5413. The fax number is 814-764-3437 and her email is childcare@clarionymca.net. Jennifer Cooper, Oil City Child Care Director can be reached at 814-670-0594. The fax number is 814-670-0691 and her email address is youngerdays@oilcityymca.net. Paperwork can be dropped of at each location including the YMCA Younger Days Child Care Center located at 316 West 1st Street.

The enrollment packet may be typed but signature boxes do require physical signatures. Due to state regulations, electronic signatures cannot be accepted. **All lines on the Emergency Contact/Parent Consent form must be completed or the packet will be returned for corrections.** If a particular line does not apply, please ensure it is marked N/A. **"Same as above" or "Same" cannot be used on the forms.** All information, including duplicate information, must be filled in per state regulations.

We will be happy to assist you with any questions. You can reach me at 814-670-0594.

We look forward to sharing the best summer ever with you and your camper!

Access this form electronically!

www.campcoffman.com/resources

For a better us.

Camper Name: _____

EMERGENCY CONTACT FORM

Every field in this form is mandatory.
If a field does not apply to your child, you must mark (NA).

Camper Name: _____

School Attending in Fall: _____

T-Shirt Size: YXS YS YM YL YXL
 AS AM AL AXL

Camp Location: _____

CHILD'S NAME		BIRTHDATE	GENDER	ETHNICITY	GRADE IN FALL
STREET ADDRESS		CITY		STATE	ZIP
PARENT/LEGAL GUARDIAN-PRIMARY		BIRTHDATE	GENDER	ETHNICITY	
STREET ADDRESS		CITY		STATE	ZIP
CELL PHONE	HOME PHONE	EMAIL ADDRESS			
EMPLOYER			WORK PHONE		
EMPLOYER'S STREET ADDRESS		CITY		STATE	ZIP
PARENT/LEGAL GUARDIAN-SECONDARY		BIRTHDATE	GENDER	ETHNICITY	
STREET ADDRESS		CITY		STATE	ZIP
CELL PHONE	HOME PHONE	EMAIL ADDRESS			
EMPLOYER			WORK PHONE		
EMPLOYER'S STREET ADDRESS		CITY		STATE	ZIP
EMERGENCY CONTACT PERSON 1		TELEPHONE NUMBER WHEN CHILD IS IN CARE			
EMERGENCY CONTACT PERSON 2		TELEPHONE NUMBER WHEN CHILD IS IN CARE			
EMERGENCY CONTACT PERSON 3		TELEPHONE NUMBER WHEN CHILD IS IN CARE			
PERSON(S) WHOM CHILD MAY BE RELEASED (OTHER THAN PARENT/GUARDIAN ABOVE)			TELEPHONE NUMBER WHEN CHILD IS IN CARE		
STREET ADDRESS		CITY		STATE	ZIP
PERSON(S) WHOM CHILD MAY BE RELEASED (OTHER THAN PARENT/GUARDIAN ABOVE)			TELEPHONE NUMBER WHEN CHILD IS IN CARE		
STREET ADDRESS		CITY		STATE	ZIP
PERSON(S) WHOM CHILD MAY BE RELEASED (OTHER THAN PARENT/GUARDIAN ABOVE)			TELEPHONE NUMBER WHEN CHILD IS IN CARE		
STREET ADDRESS		CITY		STATE	ZIP
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER			PHONE		
STREET ADDRESS		CITY		STATE	ZIP
SPECIAL DISABILITIES, IF ANY		ALLERGIES INCLUDING MEDICAL REACTION		MEDICAL OR DIETARY INFORMATION	
NECESSARY IN AN EMERGENCY SITUATION		MEDICAL, SPECIAL CONDITION MEDICATIONS ADMINISTERED DURING CARE			
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD REQUIRED MEDICATION LOG					
HEALTH INSURANCE OR MEDICAL ASSISTANCE BENEFITS (CHILD)		POLICY NUMBER (REQUIRED)			
PARENT SIGNATURE IS REQUIRED FOR EACH OF THE (6) ITEMS BELOW TO INDICATE PARENTAL CONSENT.					
1. OBTAINING EMERGENCY MEDICAL CARE (SIGNATURE REQUIRED)			4. ADMIN OF MINOR FIRST - AID PROCEDURES (SIGNATURE REQUIRED)		
2. WALKS AND TRIPS (SIGNATURE REQUIRED)			5. SWIMMING (SIGNATURE REQUIRED)		
3. TRANSPORTATION BY THE FACILITY (SIGNATURE REQUIRED)			6. WADING (SIGNATURE REQUIRED)		

SIGNATURE OF PARENT OR GUARDIAN

DATE

6 MONTH REVIEW - SIGNATURE OF PARENT OR GUARDIAN

DATE

Camper Name: _____

CAMP HEALTH REPORT

Camper Name: _____

CAMPER NAME		PARENT GUARDIAN	
DATE OF BIRTH	HOME PHONE	ADDRESS	
CAMP NAME			
CAMP PHONE	COUNTY	WORK PHONE	
<input type="checkbox"/> I authorize the camper care staff and my child's health professional to communicate directly if needed to clarify information on this form about my camper.			
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

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.						
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">VISION (Subjective until age 3)</td> <td></td> </tr> <tr> <td>HEARING (Subjective until age 4)</td> <td></td> </tr> <tr> <td>LEAD</td> <td></td> </tr> </table>	VISION (Subjective until age 3)		HEARING (Subjective until age 4)		LEAD	
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 FOR SIGNED

Sunscreen Permission Form

I, _____ the parent/guardian of _____

YES NO I give the Scenic Rivers YMCA permission to apply sunscreen to my child. I understand that the sunscreen I provide must be labeled with my child's name and kept out of reach of campers by the YMCA when not in use.

YES NO I give my child permission to apply sunscreen to himself or herself, PA DHS Regulation 3270.113 Child Medication.

Siblings and campers may help each other apply sunscreen. Staff members do NOT apply sunscreen on your child without permission given above. Staff remind campers to reapply their sunscreen during the day.

Individualized Education Program (IEP) Assessment or 504 Plan

Your child's growth and development is measured with development assessments. If your child currently has an IEP at school, sharing a copy of this plan with us would be beneficial. We can work together to speak to the members of the child's camp team. Professional development regarding privacy issues, and HIPAA in particular, is highly recommended.

- Yes, I am providing the Individualized Education Program (IEP) Assessment or 504 plan.
- No, I am not providing the IEP or 504.
- No, my child does not have an IEP or 504.

Swim Release

Please release my child, _____ from the Oil City YMCA Camp Coffman program to swim at the YMCA and Two Mile Run County Park during 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.

Photo Release

I hereby give the Oil City YMCA the absolute and irrevocable right and permission, with respect to the photographs/videos that have been taken of _____ (my child) or by which he/she may be included with others:

1. To copyright the same in YMCA's name or any other name that the YMCA may choose,
2. To use, re-use, publish and re-publish the same in whole or in part, individually or in conjunction with other photographs, in any medium and for any purpose whatsoever, including (but not by way of limitation) illustration, promotion and advertising and trade, television and multimedia, and
3. To use my child's name in conjunction therewith if YMCA chooses.

I hereby release and discharge YMCA from any and all claims and demands arising out of or in connection with the use of the photographs, including all claims of libel. This authorization and release shall ensure the benefit of the legal representatives, licenses and assigns of the YMCA.

Signature of Parent or Guardian

Date



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Parent Statement of Understanding

- I understand that my child will take part in any camp activity under supervision of camp counselors. Including but not limited to archery, horseback riding and taking care of horses, zipline, rockwall and the free fall.
- I understand that all fees must be paid before my child attends day camp.
- I understand that a complete physical must be completed before my child attends day camp.
- I understand that I will be asked to show my ID when picking up my child.
- 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 emergency contact sheet or other arrangements must be made by calling the YMCA Child Care Centers to inform them of the changes.
- 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.
- I understand that the state law mandates the YMCA to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that if my child becomes a threat to themselves or others, they may be asked to leave the program.
- I understand that I am responsible for reading and abiding by the policies put forth in the Family Guide, which is available at www.campcoffman.com resources.
- I understand that YMCA staff and volunteers are not allowed to babysit or transport at any time outside of the YMCA program.

Day Camp Policy Agreements

- **Day Camp – Registration Confirmation**
I understand that my registration is not complete until required paperwork is received and confirmed by the YMCA. My child cannot attend until I receive notification of completion.
- **Day Camp – Registration Fee/Deposit Policy**
I understand that day camp registration fees and deposits are non-refundable and non-transferable.
- **Day Camp – Payment Policy**
I understand that full payment is due weekly on the Monday week of care prior to the beginning of day camp. For those using ELRC or third party, arrangements and paperwork must be completed prior to the beginning of day camp. I understand if payment has not been made, my child will not be able to participate and should not be brought to the day camp site. If financial hardship is the reason for non-payment, I can apply for financial assistance through the ELRC 518-5226 and the YMCA.
- **Day Camp – Cancellation Policy**
I understand that I must inform the YMCA via email to youngerdays@oilcityymca.net or childcare@clarionymca.net at least 14 days before the start of the registered week if I want to cancel. Failure to do so will leave me responsible for payment in full.
- **Day Camp – Refund Policy**
I understand that refunds will not be issued for reasons of personal schedule conflict or change of plans. Restrictions due to medical reasons will require documentation.

I understand that in order to take part in the YMCA Camp Coffman Program I must agree to and abide by all of the policy statements above. Failure to do so may result in termination from the program.

_____ (Parent/Guardian Signature)

_____ (Date)