



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Y SUMMER CAMP ENROLLMENT PACKET

**Parents must complete enrollment packet in its
entirety before children will be admitted to camp.**

Parent Check List:

Camp Registration Form All fields must have information or N/A	
Initialed and Signed Enrollment Agreements	
Copy of Birth Certificate	
Signed Photo/Audio Visual/Narrative Release	
Signed Behavior Management Guidelines	
Health Physical Form – On VA School Entrance Form	
Immunization Record – On VA School Entrance Form	
Signed Authorization for Non-prescription Over-the-Counter Skin Products	
Review of Parent Handbook	

**Franklin County Family YMCA
SUMMER CAMP 2018 REGISTRATION**

IMPORTANT:

- ◆ DSS requires 100% of this form be completed. Forms turned in with any blank spaces will not be accepted.
- ◆ This Summer Camp Registration must be accompanied by registration fee and payment for first week child is registering to attend, along with all DSS required documents.
- ◆ Please PRINT LEGIBLY!

Start Date: _____ End Date: _____ School: _____ Rising Grade: _____

Last Name of Child Participating in camp _____	Given First Name _____	GOES BY NAME _____	Middle Initial _____
Address _____		Best Contact # _____	
City _____	State _____	Zip Code _____	
LEGAL GUARDIANS		<input type="checkbox"/> Male <input type="checkbox"/> Female	
<input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother		Date of Birth _____ age on 6/1/18 _____	
<input type="checkbox"/> Other Female person or agency having legal custody of child.		Child Primarily resides with: <input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother	
<input type="checkbox"/> Father <input type="checkbox"/> Step-Father		<input type="checkbox"/> Father <input type="checkbox"/> Step-Father	
<input type="checkbox"/> Other Male person or agency having legal custody of child		<input type="checkbox"/> Other _____	

LEGAL GUARDIANS	NAME	HOME #	CELL #	WORK #	EMPLOYER
<input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother					
<input type="checkbox"/> Other Female person or agency having legal custody of child.					
<input type="checkbox"/> Father <input type="checkbox"/> Step-Father					
<input type="checkbox"/> Other Male person or agency having legal custody of child					

*Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.

*Note: Section 22.1 -4.3 of the Code of Virginia states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.

Best Email: _____

**EMERGENCY CONTACTS WHEN LEGAL CUSTODIAN MAY NOT BE REACHED:
DSS REQUIRES 2 CONTACTS LISTED BELOW THAT ARE NOT LEGAL GUARDIANS!**

CONTACT	STREET ADDRESS & CITY, STATE	HOME #	WORK #	RELATIONSHIP
At time of registration, the parent will be given Pick-Up Authorization Cards for each of the authorized persons below.				
AUTHORIZED	RELATIONSHIP	AUTHORIZED	RELATIONSHIP	RELATIONSHIP
1)		4)		
2)		5)		
3)		6)		

Please list any persons not authorized to pick up child:

EMERGENCY MEDICAL AUTHORIZATION

The parent(s)/guardian(s) authorize the YMCA to obtain immediate medical care and consents to the hospitalization of, the performance of necessary diagnostic test upon, the use of surgery on, and/or the administration of drugs to his/her child or ward if an emergency occurs when he/she cannot be located immediately. It is also understood that this agreement covers only those situations which are true emergencies and only when he/she cannot be reached. The parent(s)/guardian(s) understand that the provider will make every effort to contact them and/or their designated emergency contacts.

1. I will be responsible for payment of medical expenses.
2. Medical treatment costs are covered by: _____

Insurance company: _____ Child's Physician: _____
 Policy number: _____ Physician's Phone: _____

Does child take medication or vitamins by doctor's orders? No Yes* (please specify): _____
 *If center is to administer meds, a medication authorization form must be correctly filled out and submitted.

Parent signature _____ Date _____ Received by (YMCA STAFF) _____ Date _____

CAMPER'S NAME: _____

TRANSPORTATION & DROP-OFF LOCATIONS

Please check desired location (Note, parents must be at the bus stop during the scheduled 10 minute time frame. We must have consistent schedules to avoid confusion for staff and children. If signing up for a bus stop, please commit to the pick-up and drop off schedule & refrain from making changes.

- ____ 1. Camp Site (parent will drive to & from each site) 6:00-9:00 a.m.----- ----- 4:00-6:00 p.m.
(Middle School, Ferrum Y)
- ____ 2. Boones Mill Elementary* Parent drop-off: 7:15-7:25 a.m. 7:25 a.m. 5:20 p.m. 5:20-5:30 p.m.
- ____ 3. Burnt Chimney Elementary* Parent drop-off: 7:50-8:00 a.m. 8:00 a.m. 5:50 p.m. 5:50-6:00 p.m.
- ____ 4. Rocky Mount Y* (week 9 & 10) Parent drop-off: 6:00-8:15 a.m. 8:15 a.m. 1st stop: 3:45 p.m. 3:45-4:15 p.m.
(To and from Ferrum Y) (Bus will leave Y at 8:20!) 2nd stop: 5:30 p.m. 5:30-6:00 p.m.

Parents, please check below if you will be using the 1st or 2nd bus stop time for week 9 & 10 at Ferrum Y. We ask that you use the same time each day of the week.

_____ 1st pick-up 3:45-4:15 p.m. (at Rocky Mount Y) _____ 2nd pick-up 5:30-6:00 p.m. (at Rocky Mount Y)

I give permission for my child to be transported by a Y vehicle to and from the location checked. I understand that failure to be on time for pick-up will result in having to pick-up at the camp site, also resulting in a \$1 per minute late fee.

Parent/Guardian Signature _____

FEES

Registration Fee.....\$35.00 for 1st child, \$10.00 each sibling (per season, non-refundable)
SAFE Participant: \$15.00 for 1st child, \$10.00 each sibling (per season, non-refundable)

Member Rates Non-Member Rates

Weekly Fee..... \$77.00.....3 Day \$81.00.....3 Day

(per child) \$99.00.....4 Day \$101.00.....4 Day

 \$117.00.....5 Day \$119.00.....5 Day

I am a current Y Member _____ yes _____ no

Y T-SHIRT (optional): \$10.00 Purchased _____ Yes, _____ No (We encourage all children to wear Y shirts on field trip days.)
T-shirt size purchased: _____ (youth small, youth med, youth lg or adult small, adult med, adult lg)

Camp Memory DVD (optional): \$10 Purchased _____ Yes, _____ No

For your child's first session attending, place ✓ on one of 3 boxes below.

- Option 1: My child will be enrolled 3 days a week
- Option 2: My child will be enrolled 4 days a week Option 3: My child will be enrolled 5 days a week
- Monday Tuesday Wednesday Thursday Friday

YMCA STAFF: Must complete 100% of this before parent leaves & sign name at bottom:

- Check Y Member Status: _____ Member _____ Non-Member
- Birth Certificate # _____ On file (check) _____
- Physical Exam _____ On file (check) _____
- Immunization form _____ On file (check) _____
- Summer Camp 2018 Counselor Information Form
- Weekly Payment Form is attached for session # _____
- I have given parent _____ Pick-Up Authorization cards.
- Parent has purchased Y T-shirt:: _____ Yes, _____ No.....Size _____ DVD: _____ Yes, _____ No

Received by _____ on _____
 I have checked and 100% of all requested information is listed, or noted otherwise.

Legal Name of Child

PARENTAL AGREEMENTS

The following information is important for the safety & protection of your child. Please read the information thoroughly. Your initials and signature below indicates that you have received and understand the policies.

NOTIFICATION OF SICK CHILD: The Y agrees to notify me whenever my child becomes ill (symptoms of illness outlined in parent handbook) and I agree to pick my child up as soon as possible thereafter (not to exceed 1 hour.) If I cannot pick up my child immediately, I must contact someone who can. _____ Initial

AGREE TO INFORM THE Y: The parents/guardian agrees to inform the Y within 24 hours or the next business day after their child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for the life threatening disease which must be reported immediately. _____ Initial

UNIVERSAL PRECAUTIONS: I understand the YMCA Staff is trained and required to use Universal Precautions in treating all blood and potentially infectious material as if it were infectious, regardless of the source. In the event of an incident involving blood and/or bloody fluids, the YMCA Staff will use standard First-Aid and call parents of the children involved in the incident. It is recommended that parents contact their doctor or a health care provider concerning the incident. _____ Initial

POTTY TRAINING REQUIREMENT: I understand that my child must be fully potty trained and cannot wear "pull-ups" or swim diapers to Y Camp. I understand if accidents are re-occurring and bathroom breaks are within licensing standards, my child will not be able to attend camp and no refunds will be given. _____ Initial

TRANSPORTING CHILDREN: I understand the YMCA prohibits staff & volunteers to transport children at any time outside of the YMCA program. _____ Initial

DROP OFF: I understand that I am not to leave my child at the YMCA program site unless a YMCA staff member is there to receive & supervise my child.

PICK UP: I understand that my child will not be allowed to leave the program with any unauthorized person. Authorized persons must be on file with the YMCA, or other arrangement must be made by calling the YMCA to inform them of a change. I agree to present my issued "Pick-Up Authorization Card" upon pick-up. I understand that any person 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. _____ Initial

MANDATED REPORTERS: I understand the YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigations. _____ Initial

PARENT HANDBOOK: I have received the Parent Handbook and understand that I am responsible for reading the Parent Handbook, including the Discipline and Behavior Management Policy outlined in the handbook as well as any other information distributed to parents & will comply with all policies. _____ Initial

Signature of Parent or Legal Guardian _____

Date _____

Approval and Release of Liability Contract

I am a legal guardian of the above named child. I give my permission for him/her to participate in the Y Summer Camp Program. Activities may include (but are not limited to) playing, fitness, swimming, sports activities, and field trips. I intend to be legally bound, hereby waive, release, hold harmless, covenant not-to-sue, and forever discharge any and all rights, actions, and claims of negligence that I or my heirs, executors, or assigns may have against the Franklin County Family YMCA, all sites where FCY program are held, their respective officers, directors, agents, employees, representatives, successors, assigns, and affiliates for death, injury, loss, and any and all damages the above named child may sustain and/or suffer in connection with their participation in this program. I also agree to indemnify the Franklin County Family YMCA for any defense, cost, or expense arising out of any claim of damages, injury, or death arising from the above named child's participation in this program.

In authorizing this, I acknowledge that I am aware of the risks and that I have adequate insurance to protect my child in the event of an injury. I understand that this authorization to allow my child to participate in YMCA programs is a waiver of all claims that I, my child, or other family members or my insurance carrier would have against the Franklin County Family YMCA, its board, employees, program leaders, or volunteers. The YMCA agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian must arrange to have the child picked up within one hour.

EMERGENCY AUTHORIZATION: I hereby give permission to the medical personnel selected by the YMCA to order X-rays, routine tests and treatment for my child, and in the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and order injection and/or anesthesia and/or surgery for my child named above. This form may be photocopied.

Signature of Parent or Legal Guardian

Date

FRANKLIN COUNTY FAMILY YMCA
ACCOUNTING POLICIES

Child's Name _____

- 1) **REGISTRATION FEE** for each child is due upon enrollment, and is **non-refundable**. (Exception for Early Bird Special.) _____Initial
- 2) **PROGRAM FEE:** Payment is due by closing Wednesday the week prior to each session. If payment is not made, a late fee of \$10.00 will be charged. _____Initial
- 3) **FAILURE TO MAKE SCHEDULED PAYMENT:** Services will be suspended if payments are not kept current. All payments, plus late charges and re-enrollment fee of \$35.00 must be paid before services can resume (provided space is available.) _____Initial
- 4) **LATE PICK-UP FEE:** A late pick-up fee of \$1.00 per minute will be charged from the time of closing, 6:00 PM, until time of pickup. In order to be fair and consistent, this policy will be strictly enforced for ALL late pick-ups. _____Initial
- 5) **PAYMENTS** may be made with cash/check/debit/credit card. Payment may also be called in over the phone using a debit or credit card. Bus drivers will only accept check payments (no cash) at bus stops. To prevent lost or stolen payments, please do not send in payment with your child. _____Initial
- 6) **FAMILY RATE:** A 10% discount is given if more than one child in the same family is enrolled in any Y child care program at the same time. The discount is only applied to the oldest child. _____Initial
- 7) **CHECK POLICY:** Make all checks payable to the Franklin County Family YMCA. There will be a \$25.00 charge for all returned checks. If two (2) checks are returned, cash or money order will be required for future payments. _____Initial

**I understand and agree to pay in accordance with the above
accounting policies of the Franklin County YMCA.**

Signature of Parent/Guardian _____

Date: _____

Date: _____

Y Summer Camp 2017

CHILD'S NAME: _____

TRANSPORTATION AUTHORIZATION AND RULES

YMCA adheres to and follows all policies established by the Franklin County Public School system with regard to bus safety procedures and consequences for misbehavior.

Vehicle Conduct Rules

Children must follow these basic safety rules while being transported. With the first infraction, a parent will be notified and asked to discuss proper behavior with his/her child. With the second infraction, transportation services may be denied for a minimum of two days. Suspension will be immediate if a child possesses a weapon, or other device that could cause harm.

- ◆ No fighting, swearing, shouting, or abusive behavior
- ◆ Must remain seated properly, no changing from seat to seat
- ◆ All body parts must remain inside the vehicle
- ◆ No eating or drinking in vehicle
- ◆ No throwing anything out of the window
- ◆ Potentially dangerous actions will not be tolerated

I hereby give permission for my child to be transported by the YMCA vehicle and participate in all YMCA program activities and related field trips.

_____ yes _____ no

Parent/Guardian Signature _____

SWIMMING

Rules of the Pool

1. No running, pushing, or dunking
2. No abusive language
3. No rough play will be allowed
4. Lifeguard has the right to dismiss anyone who is careless or dangerous to others
5. No diving in shallow water
6. No food or drinks in pool area
7. No unauthorized flotation devices

I hereby give my child permission to participate in swimming activities.

_____ yes _____ no

My child's swimming ability is _____ beginner, _____ intermediate, _____ advanced.

Parent/Guardian Signature _____

PHOTOS & WALKING EXCURSIONS

I hereby give permission for the YMCA to take photographs and/or video of my child for YMCA related purposes, including camp projects, and camp publicity, including but not limited to: The Franklin County Newspost, Facebook and www.franklincountnymca.org.

_____ yes _____ no

I hereby give permission for the YMCA to take my child on supervised walking excursions.

_____ yes _____ no

I have read and understand the above policies, procedures, and rules.

Parent's Signature _____ Date: _____

FRANKLIN COUNTY FAMILY Y SUMMER CAMP 2018
COUNSELOR INFORMATION

Child's Full Name _____ Nickname _____ Birthdate _____ Age _____ Grade _____
Rising

Mother's Name _____ Work Phone _____ Home/Cell Phone _____

Father's Name _____ Work Phone _____ Home/Cell Phone _____

Does child mix well with other children? _____ Does child have any fears? _____
Is your child sensitive about his size, weight or any other characteristic? _____
What would you like your child to gain from his/her camp experience? _____

List hobbies, special interests and skills your child has _____
Does your child have any brothers/sister? _____ List name and age _____
Previous Child Day Care/Camp programs _____

Personality shy _____ quiet _____ aggressive _____ bullying _____ a leader _____ creative _____
Health robust _____ normal _____ below average _____ energetic _____ athletic _____
Appetite above normal _____ normal _____ below average _____
Regarding camp, my child is excited _____ apprehensive _____ upset / Concerned about _____

Health History(please check if your child has/had any of the following):

Asthma _____ Chickenpox _____
Convulsions _____ Diabetes _____ Frequent Ear Trouble _____ Fainting Spells _____ Frequent Colds _____
Heart Trouble _____ Frequent Sore Throats _____ Frequent Headaches _____ Measles _____ Polio _____
Meningitis _____ Mumps _____ Sinusitis _____ Tuberculosis _____ German Measles _____ Kidney Trouble _____

Please answer the following questions:

Is your child allergic to poison ivy, poison oak, sumac or other plants? _____ yes _____ no _____ not sure _____
Does your child have frequent stomach upset? _____ yes _____ no _____
Has your child had any operations or serious injuries? _____ yes _____ no _____
Please explain fully if you answered yes to any of the above _____

Does child take medication or vitamins by doctors orders? _____ Specify _____
**** If center is to administer medications, an authorization form to give medication must be filled out.**

Please indicate if child has or is subject to any of the following:

Asthma _____ Yes _____ No **If checked Yes, is an inhaler required?** _____ Yes _____ No

Is your child is allergic to any of the following? _____ Yes _____ No If Yes, please check next to the allergen & explain below.

_____ **Insect toxin** _____ **Foods** _____ **Medication** _____ **Other** (Please List) _____

Please indicate what type of reaction child has to the allergens and what action should be taken if reaction occurs. Also list any other pertinent medical information about child. _____

Is he/she now, or in the past six months, been under medical care? _____ yes _____ no _____
If so, for what? _____

Please indicate anything that might help us to better understand your child and ensure him/her a happy child care experience: _____

SUMMER SCHOOL 2018

Summer Food Service Program Menu Franklin County Schools Food Service

Breakfast

Monday – Cereal Bar, Yogurt, Juice and Milk

Tuesday – W/G Pop Tart, Cheese, Juice and Milk

Wednesday – Oatmeal Coco Chip Snack Bar, Yogurt, Juice and Milk

Thursday – Cereal, String Cheese, Juice and Milk

Friday – W/G Donut, Yogurt, Juice, and Milk

Snack

Milk or Juice and a variety of W/G snack crackers or cheese sticks will be offered.

Lunch Week One – May 29 –June 1, June 11-15, June 25-29, July 9-13, July 23-27

Monday - Chicken Nuggets with Whole Grain Roll, Corn, Canned Fruit and Choice of Milk

Tuesday - Hot Dog on Bun, Baked Beans, Canned Fruit and Choice of Milk

Wednesday - Corn dog Nuggets, California Vegetables, Fresh Fruit and Choice of Milk

Thursday - Cheeseburger on Bun (Lettuce & Tomato) , Cucumber slices, Canned Fruit and Choice of Milk

Friday - Turkey Sandwich, Carrots with Dip, Fresh Fruit and Choice of Milk

Lunch Week Two – June 4-8, June 18-22, July 2-6 (no July 4th), July 16-20

Monday - Chicken Patty on Bun, Green Beans, Canned Fruit and Choice of Milk

Tuesday - Cheese Pizza, Tossed Salad with Dressing , Fresh Fruit and Choice of Milk

Wednesday - Chicken Nuggets with Whole Grain Roll, Carrots with Dip, Canned Fruit and Choice of Milk

Thursday - Corn Dog, Broccoli with Cheese Sauce, Fresh Fruit and Choice of Milk

Friday - Ham & Cheese Sub, Cucumber Slices with Dip, Canned Fruit and Choice of Milk



VIRGINIA DEPARTMENT OF
SOCIAL SERVICES

**Authorization Form for
Non-prescription Over-the-Counter Skin Products
Licensed Child Day Centers
VDSS Division of Licensing Programs Model Form**

INSTRUCTIONS:

This form must be completed by the parent/guardian to authorize the use of:

- Sunscreen
- Diaper ointment or cream
- Insect repellent

(Name of Provider) has my permission to apply the non-prescription

over-the-counter (OTC) skin product listed below to my child, _____

(Child's name)

Product Name: _____

Known Adverse Reactions (if any): _____

- All OTC products must:
 - Be in the original container and, if provided by the parent, labeled with the child's name
 - Be used according to manufacturer's recommendation and instructions for application
 - Not be used beyond the expiration date of the product
- Sunscreen:
 - Must have a minimum sunburn protection factor (SPF) of 15
 - Shall be inaccessible to children under 5 yrs. & children in therapeutic or special needs programs
 - Children nine yrs. and older may self administer sunscreen if supervised
- Diaper ointment/cream and Insect repellents:
 - Shall be kept inaccessible to children
 - Record of use shall be kept that includes child's name, date, frequency of application, and any adverse reactions

This authorization is effective from: _____ until: _____
(Start date) (End date)

Parent's Signature: _____ Date: _____

