



Child's Name _____

Grade (Fall) _____

BERWICK AREA YMCA

Summer Camp Quick Registration Form

(ONE FORM/PACKET REQUIRED PER INDIVIDUAL CAMPER)

T-shirt size (circle one): YXS YS YM YL AS AM AL AXL

**Please note that camp t-shirts are a MANDATORY safety tool and are included in your one-time initial registration fees. T-shirts are required for all field trips, no exceptions. Additional t-shirts can be purchased for \$10 at the YMCA Front Desk if needed. Students without a camp shirt on field trip days will be invoiced \$10 for a replacement.*

Parent/ Guardian Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: _____ DOB: _____

Parent Email: _____

Please select the camp weeks you are registering for:

"X"	Week	Dates
	1	June 8 – June 12
	2	June 15 – June 19
	3	June 22 – June 26
	4	June 29 – July 3
	5	July 6 – July 10
	6	July 13 – July 17
	7	July 20 – July 24
	8	July 27 – July 31
	9	August 3 – August 7
	10	August 10 – August 14
	11	August 17 – August 21

Office Use Only			
Date Registered :		T-Shirt Received :	
Registration Fee Paid :		Receipt # :	



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GETTING TO KNOW YOUR CAMPER

SUMMER DAY CAMP

Child's Name: _____ Well-liked nickname: _____

Child's Age (as of start date): _____ Child's Gender: Male Female

Child lives with: Mother Father Both parents Other _____

Which of the following Camp Communities / skillsets do you think your child would look forward to exploring this summer? (check all that apply):

- Sports/Rec Outdoor Exploration Innovation/STEAM Arts and Creativity
- Social-Emotional Skills and Community Service Other _____

Does your child have special interests that we might incorporate into the program such as games, hobbies, sports, etc.? _____

Camp is about helping children discover and acquire new skills and interests and children are encouraged to participate in all activities. Are there any activities that your child may need exemption from? _____

Does your child require any modifications in YMCA policies, practices, procedures or auxiliary aids and services in order to allow your child to fully participate in our programs? Yes No

If yes, please explain: _____
(Our Camp Coordinator will follow up with you to discuss any requests.)

Does your child require the services of support staff (TSS/BHT) while at the YMCA? Yes No (If yes, please schedule an appointment with the Director prior to starting to review the YMCA support staff policy.)

If your child has an IEP, would you like to provide a copy to the Program Director? Yes No
(Provision of the IEP is up to the discretion of legal guardian.)

If yes, please describe your child's best work environment such as quiet space, small group, music, etc. _____

Please list any additional information that will help us better serve your child while in our care such as personality, disposition, social skills, and forms of behavior modification used at home, etc. Feel free to make an appointment with the Camp Coordinator to discuss.

Legal Guardian Signature: _____ Date: _____



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Summer Camp Agreement

55 PA CODE CHAPTERS 3270.123 & 181 (c); 3280.123 & 181 (C); 3290.123 & 181 (c)

Child's Drop Off Time _____ Child's Pick-Up Time _____

Payment Agreement

CHOOSE ONE:

_____ **Full Weekly Camp Rate** \$ _____

_____ **ELRC Weekly Copay** \$ _____

_____ **YMCA Weekly Scholarship Rate** \$ _____

Services provided as part of fee:

Care, Swimming, Daily activities, Field trips, Transportation during camp

[] I agree to pay the Berwick YMCA the above listed rate for my child's care. Full payment is due the Friday before the start of each camp week. Summer camp hours are from 9am to 4pm. Extended care (6:30am to 9am and 4pm to 5:30pm) is included. A late fee of \$1.00 per minute per child will be charged if your child is picked up after 5:30pm.

[] I, the parent/guardian received complete written program information at the time of enrollment. (§ 3270.121, 3280.121, 3290.121)

[] I, the parent/guardian agree to update the emergency contact / parental consent form information whenever changes occur or every 6 months at a minimum. (§ 3270.124, 3280.124, 3290.124)

Signature Parent/Guardian

Date

Signature Operator

YMCA Financial Assistance is based on total household income. Families unable to qualify for tuition subsidy through ELRC (County assistance) may apply for YMCA Financial Assistance. Once the family has received a ELRC denial or waitlist letter, the letter, along with the household's most recent tax return and a YMCA Scholarship application may be submitted for consideration. Scholarship applications that are not complete will not be reviewed.

Date of Child's Admission _____

Date of Child's Withdrawal _____

OFFICE USE ONLY:	
Entered By: _____	Date: ____ / ____ / ____



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Parent Acknowledgement

- I have received a copy of the Berwick Area YMCA Camp Family Handbook. I understand that the handbook is intended to serve as a guide of the YMCA's policies and procedures as well as a program overview and resource. I acknowledge that I have read the information herein and understand that it describes the responsibilities of both the parents/guardians and the YMCA for the camp program.
- I understand that my child will not be allowed to attend the program if payment has not been received by the YMCA prior to my child attending care.
- I agree to update the emergency contact/parent consent form, child health form and fee agreement form whenever changes occur or every six months. {PA Code: 3270.124, 3280.124, 3290.124}
- I have received and read the complete written program information in the Summer Day Camp Family Handbook including the statement regarding child care licensing requirements, the Discipline Policy, the Policy on the Release of Children, the Policy on the Management of Communicable Diseases and the Parent Statement of Understanding at time of enrollment, and agree to follow the procedures listed with-in.
{PA Code: 3270.121, 3280.121, 3290.121} _____ **Initial**
- I understand that I am not to leave my child(ren) at the Y program site unless a Y staff person is there to receive and supervise my child.
- I understand that my child will not be allowed to leave the program with any unauthorized person. Any person authorized to pick up my child other than a parent or guardian, including older siblings or other relatives, must be listed with the Y and must be over the age of 18.
- I understand that if a person arrives to pick up my child and appears to be under the influence of drugs or alcohol, for the safety of my child, staff may have no recourse but to contact the police to arrange alternate supervision. Please do not put staff in a position where they have to make this decision.
- I understand that the YMCA is mandated by the state to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that the Y staff are not allowed to babysit or transport my child at any time outside the Y program. Immediate disciplinary action will be taken toward the staff person if a violation is discovered.
- I understand children should not receive excessive gifts from Y staff or volunteers, and I should report this to a supervisor if they do.
- I understand in the case of an emergency, my child may be taken to the hospital and treated by emergency room physicians.
- As the guardian of the above-named child, I certify that he/she is in good physical health and may participate in the normal activities of the program and has no conditions or specific needs that require specific accommodations, unless otherwise indicated in the medical information provided above or an attached Universal Health Record or a Care Plan for Children with Special Health Needs. _____ Initial

Legal Guardian Signature: _____ Date: _____

Operator Signature: _____ Date: _____



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Emergency Contact/Parental Consent Form

55 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	Primary Language	
Home Address		Email Address		
Legal Guardian - Primary		Home Phone		
Home Address		Cell Phone		
Business Name / Address		Business Phone		
Legal Guardian - Secondary		Home Phone		
Home Address		Cell Phone		
Business Name / Address		Business Phone		
Has there been a divorce or separation? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, who has custody?				
If a non-custodial parent has been denied access, or granted limited access, to the child by a court order, please submit documentation to this effect for the center to maintain a copy on file, and to comply with the terms of the court order.				
The joint / non-custodial parent should be contacted in the event of emergency. <input type="checkbox"/> Y <input type="checkbox"/> N				
Emergency Contact Person 1		Phone number when child is in care		
Emergency Contact Person 2		Phone number when child is in care		
Person to whom child may be released:		Phone number when child is in care		
Street:		City:		State Zip
Person to whom child may be released:		Phone number when child is in care		
Street:		City:		State Zip
Name of Child's Physician/Medical Care Provider		Phone Number		
Street:		City:		State Zip
Special Disabilities (if any)		Allergies (including medicine 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 <i>(Required)</i>		
PARENT'S SIGNATURE REQUIRED FOR EACH ITEM BELOW TO INDICATE				
Obtaining Emergency Medical Care		Administration of Minor First Aid Procedures		
Transportation by the Facility		Swimming		
Wading		Walking Trips		

Signature of Legal Guardian _____

Date _____

CHILD HEALTH REPORT

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

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME: Berwick Area YMCA		
FACILITY PHONE: 570-752-5981	COUNTY: Columbia	WORK PHONE:

† 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)

† YES † NO	<p>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.</p> <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 FORM SIGNED:



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PHOTO AND VIDEO/AUDIO RECORDING RELEASE

I am 18 years of age or older and, if not, my Legal Guardian has also signed below.

For my participation in activities to be conducted by the Berwick Area YMCA, I hereby give my permission and consent, now and for all time, to YMCA and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities, for publication, display, sale or exhibition thereof in promotions, advertising, education and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience during said activities, I authorize, according to this Release, shall belong to YMCA and collaborating third parties. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities;

Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities will not be subject to any obligation of confidentiality and may be shared with and used by YMCA and collaborating third parties;

YMCA and collaborating third parties collaborating shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience; and

YMCA and collaborating third parties shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge YMCA and collaborating third parties from any and all claims in connection with the uses and reproductions, any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience as described herein.

Signature: _____ Date: _____

Printed Name: _____ Age: _____

Address: _____

For persons under 18 years old, please complete below:

I am the Legal Guardian of _____
(Child's name)

For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Signature of Legal Guardian: _____

Berwick Area YMCA
P 570-752-5981