



Shirt Received \_\_\_\_\_

**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

# 2021 CAMP CROYLAKECO REGISTRATION FORM

**CIRCLE ONE:** Preschool Camp Day Camp Adventure Camp Junior Leaders Camp Specialty Camp  
*Southlake & Whiting* *Shirt Size*\_\_\_\_\_ *Shirt Size*\_\_\_\_\_

## Information Record (Please complete and return before first day attending)

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School Attended: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Does your child have any allergies?  Yes  No Allergies are: \_\_\_\_\_

Does your child require the use of either of the following?  Inhaler\*  Epi-Pen\*

*\*The only medications we are authorized to distribute are inhalers and epi-pens*

Are there any special accommodations that we need to know about to better serve your child? Please list:

\_\_\_\_\_  
\_\_\_\_\_

*Initial here to indicate you have completed allergies & accommodations information* \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Best Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Best Phone: \_\_\_\_\_

## List BEST email address contact for weekly newsletters/announcements (1 Required):

\_\_\_\_\_

## Pick-Up List Release & Emergency Contacts

1. Please supply in writing names of persons who may pick up your child.
2. Please notify all persons that a photo ID will be required upon pick up.

Authorized to pick up my child	Relationship to Child	Phone #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

## Photo Release

We understand in any event that the youth is photographed for purposes of promoting and publicizing the Crossroads YMCA program, we hereby waive all rights to the photographs in which the child appears. We understand that sole ownership and copyright belong to the Crossroads YMCA, Inc. The photographs, may be used whole, in part, or in composite as a program sees fit in publication of education material, and the advertising thereof, and any other lawful purpose.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

## Parent Statement of Understanding

**The following information is important for the safety and protection of your child. Please read the information, sign and return to the Y. Your signature below indicates that you have received and understand all policies included in the Summer Registration Packet for 2021 including our Payment Policy and Trip Attendance. Initial here to indicate you have read all the policies \_\_\_\_\_**

I understand that I am not to leave my child in any Y program unless a Y staff is there to supervise my child. All payments must be up-to-date and outstanding balances must be paid before drop-off. \_\_\_\_\_

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 must be listed on my child's pick-up list. A photo ID must be presented by any person(s) picking up my child. \_\_\_\_\_

I understand that should a parent or any authorized person arrive to pick up my child who appears to be under the influence of drugs or alcohol my child will not be released into their care. \_\_\_\_\_

I understand that any belongings brought to the Y by my child are the responsibility of my child only. The Y and its staff will not replace or take responsibility for any lost or broken items. \_\_\_\_\_

I understand that the Y is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation. \_\_\_\_\_

I understand that it is my responsibility to send my child to the Y with sunscreen having been already thoroughly applied. The Y staff will only be responsible to assist with reapplication, all reapplication that requires physical contact will be guided verbally. \_\_\_\_\_

I understand that if my child frequently displays behaviors that require one-on-one attention from staff, I may have to send my child with a care giver to remain in the program. \_\_\_\_\_

I release The Crossroads YMCA from any liability, whatsoever, that may result from injuries and subsequent medical attention and will look to The Crossroads YMCA only in the unlikely event of gross negligence and/or willful and want on misconduct. I hereby grant permission for the staff of the YMCA to take whatever steps necessary to obtain medical care for my child if warranted. These steps include the following: (1) To administer First Aid; (2) To contact parent/guardian or person listed on emergency contact. If necessary, an ambulance will be called to transport the child to an emergency medical center. I understand that I will be held responsible for all medical/ambulance charges. \_\_\_\_\_

Rates and policies are subject to change. All child care payments are non-refundable. \_\_\_\_\_

**I have read this copy of the Crossroads YMCA childcare policies and procedures and am responsible for sharing these policies with all and any person(s) that may drop off/ pick up my child.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# PROGRAM POLICIES

## ACCIDENT/INJURY

Any injury a child receives while in the care of Y staff will be documented in writing and followed by an immediate phone call to the parent/guardian to determine whether the child should remain in Y care or leave to receive further medical treatment.

## BEHAVIORAL MANAGEMENT

Our staff will set limits for your child that will encourage responsibility, respect, honesty, and caring. We believe that all children are capable of listening, following directions and respecting others. The rules we set and disciplinary measures that we take are for the maintenance of safe order in large groups. The following list is a brief statement of our discipline policy:

- 1) No child shall be insulted, belittled, demeaned or embarrassed. When possible, children will be called from the group and spoken to quietly and directly.
- 2) Exclusion from participation (Time Out), when used as discipline, shall not exceed ten minutes at any time. Punishments will fit the inappropriate behavior.

## CROSSROADS YMCA BEHAVIORAL WRITE-UPS:

The following offenses will result in an immediate behavioral write-up, but are not limited to:

1. General unwillingness to obey staff or staff requests
2. Any violent behavior with the intent to harm another staff member or child
3. Intentional spreading of bodily fluid
4. Biting
5. Offensive/Inappropriate Language

Upon receiving a behavior write-up, parents will be notified and may be required to pick up their child immediately. After receiving three behavioral write-ups in a program year, the child will be suspended from the program for 3 days. Any behavioral write-up received upon returning from a suspension may result in removal from the program.

## CHILD ABUSE

The YMCA takes seriously the importance of the protection and safety of the children involved in its programs. Child abuse is a special concern of the Y, because of the organizations role in promoting the personal growth and development of children and families. The YMCA will document any incident of abuse in writing and report in accordance with relevant state or local child abuse reporting requirements and will cooperate to the extent of the law with any legal authority involved.

## ELECTRONICS/TOYS

Please leave all electronic devices and toys at home. We will follow a schedule of predetermined activities each day and will not allow children to play with toys from home during this time. Anything brought to the Y from home must remain inside your child's back pack. The Y and its staff will not be held responsible for any items brought from home that are lost or broken.

## FOOD/LUNCH/SNACKS

Food and lunch programs are different at each Crossroads YMCA branch:

Griffith-breakfast & lunch is provided

Hammond- breakfast & lunch is provided

Southlake-your child should be sent with a sack lunch each day of camp or lunch is available for purchase. We will also have snacks available for purchase each day at a designated time listed in our daily schedule.

Whiting-breakfast & lunch is provided. Your child should be sent with a sack lunch for Adventure Camp field trip days.

## **ILLNESS POLICY**

Children are not authorized to attend Y programming if they have an illness or other contagious symptoms. Once given authorization from a supervisor, staff will have the right to request a doctor's note before a child may return to the Y. Please notify staff immediately if your child displays any symptoms of any communicable diseases or contagious conditions. In order for your child to be allowed to return to the program after being ill, your child must be fever/symptom free for at least 72 hours.

## **MEDICATION POLICY**

The only medications we are authorized to distribute are inhalers and epi-pens.

## **OUTSTANDING BALANCES**

All outstanding balances must be paid before any child care services will be provided.

## **PAYMENTS**

All childcare payments are to be made by the previous **Wednesday**. Payments made after the previous **Wednesday** will incur a \$20 late fee per week. Adventure, Junior Leaders, and Specialty Camps are paid for an entire week and payments are not pro-rated or refunded due to illness, vacations, or other absences. Registration fee pays for supplies for the summer, and does not guarantee a spot in camp until the week's full payment has been made.

## **SHIRT REPLACEMENT**

Children who attend Adventure Camp & Junior Leaders are required to wear their 2021 Adventure Camp Shirt on trip days. The YMCA provides one shirt for the summer. Parents are able to purchase additional shirts for \$10. If your child does not have a shirt on a trip day, you will be charged for a shirt replacement.

## **SIGN IN/SIGN OUT**

We require that an adult over the age of 18 to accompany each child into the building upon signing them in and out each day. Upon pick up parents and any other specified adults on each child's pick up list will be required to show a photo I.D. Anyone who is not listed on your child's pick up list or fails to produce proper identification will not be allowed to leave the building with your child. Visitors will not be allowed unless arrangements are made in advance. **Any child that remains at the Y after the specified dismissal time will incur an additional fee of \$1 per minute.**

## **SWIMMING**

Our summer camps swim as often as possible. See the schedule for your child's specific swim schedule. Camp counselors will accompany the children to the locker room and pool. Children in camp must be able to handle their own dressing needs—counselors are unable to dress children. Since campers enjoy swimming during their day, we ask parents to plan pick up times around their child's swim times, or have the child not swim that day.

## **TRIP ATTENDANCE**

Children who are signed up/paid for an adventure camp week, must attend trips on trip days. **If you wish to have your child stay back on a trip day, you will be charged a \$30 missed trip surcharge.**

# BEHAVIOR GUIDANCE POLICY

## Crossroads YMCA



Our top priority is to provide a safe and enriching experience for all children. To do this, we must work together to develop the best plan for each individual child. In order to ensure this positive environment, we may not be able to serve children who repeatedly display disruptive behavior. Disruptive behavior is defined as verbal or physical conduct which requires constant attention from the staff including, but is not limited to: hitting, kicking, spitting, hostile verbal behavior and other behaviors which will hurt another child or staff member, and attempting to leave the program space.

### In response to these behaviors, we will not use:

- Threats or bribes
- Physical punishment, even if requested by the parent
- Deprivation of food or other basic needs
- Humiliation or isolation

### In response to misbehavior, we will:

- Respect your child
- Establish clear rules
- Be consistent in enforcing rules
- Use positive language to explain desired behavior
- Speak calmly while bending down to your child's eye level
- Give clear choices
- Redirect your child to a new activity

### YMCA Program Expectations

- Speak for yourself
- Listen to others
- Use put-ups; not put-downs
- Care for others, the property, and yourself
- Be honest
- Show respect for all
- Be responsible for yourself
- Do unto others as you would have them do unto you

Our goal is to work together with the child and family, as well as the school personnel when deemed necessary, to address and modify any behavior concerns; however, if a child cannot display appropriate behavior, then he/she may be removed from the program. A child may receive up to three written behavior reports; after a third written report is received, the child may be removed from the program until a parent conference is held. The parent conference may include the parent/guardian, program director, site staff and the child. The child may be allowed to return to the program after the parent conference and a behavior guidance plan is developed. If a child receives a fourth written warning we may ask the family to make alternative child care arrangements for the remainder of the current school year or camp season. Please note that all behavior management plans are based on the individual child and situation and we reserve the right to adapt procedures accordingly.

Occasionally, despite program modifications and efforts to accommodate children, it may be determined that YMCA programs are unable to meet the needs of a child. If a child's participation poses a significant risk to the health or safety of self or others, which CANNOT be lessened by modifications in policies, practices or procedures or the provision of services, a child may be removed from the program.

As a parent/guardian, you may have some concerns or wish to offer suggestions on the lines below. If so, we may modify the plan below with agreed upon suggestions. (Please attach more documentation if needed)

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Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School/Program/Camp Attending: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## ELECTRONIC USE POLICY FOR CROSSROADS YMCA

Parents who wish that their child use a personally owned digital device within Crossroads YMCA branches and remote sites must read and sign this agreement and submit it to the YMCA with registration paperwork.

The student takes full responsibility for his or her device and to keep their device safe at all times. The YMCA is not responsible for the security of the device. The student is responsible for the proper care of their personal device, including any costs of repair, replacement or any modifications needed to use the device at the YMCA. Violations of any YMCA policies or procedures involving a student's personally owned digital device may result in the loss of privilege to use the device in the YMCA and may result in disciplinary action. The student must comply with a staff member's request to stop using, shut down, or close the screen of the personal device when asked. Students are not permitted to use any electronic device to record audio or video media or capture still images of any student or staff member without their permission. The distribution of any such unauthorized media may result in discipline including but not limited to suspension, criminal charges, and expulsion. Nor can any images or audio/video recorded at the YMCA be transmitted or posted at any time without the express permission of a staff member. The student should only use their device to access information for educational purposes. The student will use the YMCA's wireless network while on the school campus. Student personally owned digital devices and content including messages and digital photos, may be searched by the staff of the YMCA under limited circumstances. Specifically, staff may search student personally owned devices including accessing and reading of their messages and digital images, if the staff (1) have reasonable suspicion, based on objective and articulable facts, that the search will provide evidence that the particular student was violating either the law or a YMCA rule; and (2) the scope of the search is reasonably related to the objectives of the search and not excessively intrusive in light of the nature of the infraction.

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*DETACH AND RETURN TO THE YMCA. RETAIN THE INFORMATION ABOVE.*

Child's Name: \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_

- I give my consent for my child to use a personally owned digital device.  
 I DO NOT GIVE my consent for my child to use a personally owned digital device.

As a parent I understand that my child will be responsible for abiding by the above policy and guidelines. I have read and discussed them with her/him and they understand the responsibility they have in the use of their personal digital device.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand and will abide by the above policy and guidelines. I further understand that any violation of the above may result in the loss of network and/or device privileges as well as other disciplinary action.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS IS A REQUIRED FORM**

Day Care Provider Name \_\_\_\_\_

**Child Immunization Record**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State Zip

**Record Date of Immunization**

	Birth	1 mo	2 mo	4 mo	6 mo	12-18 mo	2-3 yr	4-6 yr
Hep B								
DtaP / DTP / Td								
Hib								
MMR								
IPV								
Varicella								
PCV / Prennar								
Hep A								

Child has documented history of Varicella Disease \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, age \_\_\_\_\_

**Please check the appropriate  
response.**

- Child has received complete age-appropriate immunizations.
- Child is currently in the process of receiving complete age-appropriate immunizations.

**ONE BOX ABOVE MUST BE CHECKED BY THE HEALTH CARE PROVIDER**

Comments: (Please list immunizations excluded for medical reasons) \_\_\_\_\_

Parent comments: (Please indicate religious objection, if any) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Health Care Provider's Signature and Date is Required.)

Printed Name and Title \_\_\_\_\_  
(Printed Name and Title is Required.)