

2022 CROSSROADS YMCA CAMP REGISTRATION FORM

CHECK	O Preschool Camp	Adventure Camp (Shirt Size)	
ONE	🔵 Day Camp	O Counselors in Training Camp (Shirt Size	Shirt Received
Information	Record (Please com	plete and return before first day attending	1
Child's Name			Date of Birth
Address		City	Zip
Home Phone		Cell Phone	
School Attended			Grade Completed
Does your child h	ave any allergies? 🔘	Yes 🔵 No Allergies are	
-	•	either of the following? O Inhaler* () Epi-Pen*
Are there any spe	ecial accommodations t	hat we need to know about to better serve	your child? Please list:
Initial here to ind	icate you have complet	ed allergies & accommodations informatio	n
Parent/Guardian	Name		Best Phone
Parent/Guardian	Name		Best Phone
List BEST email a	ddress contact for weel	kly newsletters/announcements (1 required)

Pick-Up List Release & Emergency Contacts

Please supply in writing names of persons who may pick up your child, additional may be added to this packet.

Relationship to Child	Phone

GRANT INFORMATION

The following information is being collected for the YMCA to continue to apply for grants in the community. Thank you for your assistance in providing this needed data.

Single Parent Household 🔵 Yes 🔵 No	
Household Size	_Household Income
Ethnicity	Race
O American Indian or Alaska Native	O White
O Asian	O Black or African American
O Black or African American	American Indian or Alaska Native
Hispanic or Latino	Asian
Native Hawaiian or Other Pacific Islander	O Indian
O White	O Chinese
	O Filipino
Race–Hispanic Origin (check only one)	Japanese
No, Not Spanish/Hispanic/Latino	O Korean
Yes, Mexican/Mexican American/Chicano	O Vietnamese
O Yes, Puerto Rican	
O Yes, Cuban	
Yes, Other Spanish/Hispanic/Latino	
0	

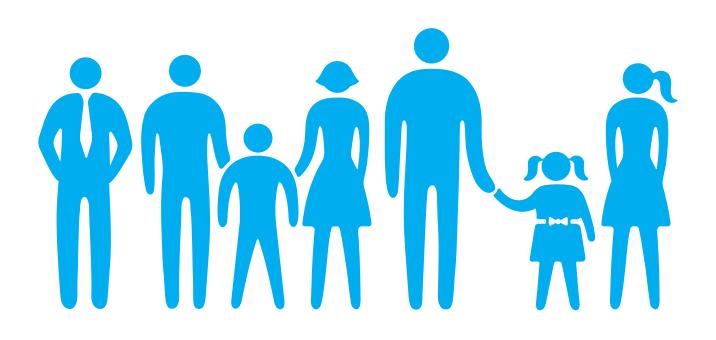


PHOTO RELEASE

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.

Parent/Guardian Signature	Dat	e
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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 2022 <u>including our Payment Policy and Trip Attendance</u>. 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 understand that any changes in registrations after the Early Bird rate will result in the 2022 cost options. I understand that any changes to registrations must be done by the Tuesday prior to the week of camp and any payments must be made by the Wednesday prior to the week of camp.
- 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 childcare 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.

BEHAVIOR GUIDANCE POLICY

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)

Child's Name	Date of Birth
School/Program/Camp Attending	
Parent/Guardian 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.

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.

COMMUNICABLE DISEASE PROTOCOL

At the time of print, masks are recommended but not required for most program participants. Campers who come to programming with masks will be encouraged to wear them properly throughout the day. Please monitor your child's health and wellness at home and keep students at home that have symptoms. Students should be symptom free for 48 hours without medicine.

Health and safety of are the upmost concern at the Y all year. We practice several protocols to keep everyone safe. Everyone will be required sanitize hands and tools multiple times a day. At times, staff and program participants may be asked to participate in heightened health and safety measures such as undergoing a wellness check and wearing a mask. Program participants will get breaks from wearing masks while doing high exertion activities, snacks and when needed.

If we are made aware of a positive case, we will alert parents and staff in close contact. The person with a positive case will be required to quarantine away from the Y for 10 days and must be symptom free to return. The program community will be made aware through typical communication channels.

Please keep our chart on hand for easy reference.

COMMUNICATION

Regular communication between parents/guardians and Camp Directors is encouraged! We have created access to a digital communication platform through Playerspace. Counselors and Directors will work to post pictures, immediate communication needs and newsletters through the Playerspace portal.

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. Please see the attached Behavior Guidance Policy.

DRESS CODE

Having fun is messy! Campers should be in play clothes and closed toed shoes. Gym and Playground time require closed toed shoes. A bag, labeled with your student's name and Rising Grade Group should be always in your student's bookbag in case of an accident or mess. This change of clothes includes: shirt, pants, underwear and socks. Even the most fully trained preschooler or careful camper could (and should) get messy at camp!

DROP OFF & PICK UP

Parents should follow the signs for drop off and pick up. Be prepared to show your ID at any time. Our staff will bring your student to you. Safety is our main concern.

Any child that remains in the program area 5 minutes past the designated ending time will be charged <u>\$1 per minute until a</u> <u>parent or guardian arrives to pick up the child</u>. All late pick up fees must be paid before the next weekly program payment will be accepted.

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 backpack. 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

Hobart – breakfast & lunch is provided

Schererville- your child should be sent with a sack lunch each day of camp or lunch is available for purchase. We will also have snacks and lunch available for purchase each day at a designated time listed in our daily schedule. **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 and lunch available for purchase each day at a designated time listed in our daily schedule. **We will also have snacks and lunch 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. For your child to be allowed to return to the program after being ill, your child must be fever/symptom free for at least 48 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 childcare 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 \$10 late fee per week. Any changes to registrations must be done by the previous **Tuesday to avoid being charged on Wednesday**. Adventure, Counselors in Training, and Specialty Camps are paid for an entire week and payments are not prorated 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 2022 Adventure Camp Shirt on trip days. The YMCA provides one shirt for the summer. Parents can 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 sign in campers daily. 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 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, per child.

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 and drop off times around their child's swim times, or have the child not swim that day. Swim days are subject to weather conditions.

TOILET TRAINED POLICY

All students enrolled in camp must be completely potty trained. For all Campers, our definition of fully toilet trained is the child's recognition of the need to use the bathroom, the ability to let a counselor know, the ability to remove and add back necessary clothing with little to no assistance and the ability to handle own hygiene needs including wiping and washing hands.

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.

SICK DAY GUIDELINES PLEASE KEEP YOUR CHILD HOME IF:

-77	•••			Ö				H
Your child has a fever	Your child is vomiting	Your child has diarrhea	Your child has a sore throat	Your child is coughing	Your child has a rash	Your child has lice	Your child has an eye infection	l have been in the hospital/ ER
A tempera- ture of 100 degrees or higher/99 degrees or higher with other symptoms in the last 24 hours	One event of vomit- ing within the last 24 hours	One event of diar- rhea within the last 24 hours	A severe sore throat especially if bright red or swelling or lesions on tonsils.	If coughing is excessive and not controlled with medi- cation	A rash with fever or itching or blisters that are oozing with drainage	If live lice or nits within ½" of the scalp are present	Redness, burning, drainage, crusty matter, or swelling of eyelids	Hospital stay or ER visit

YOUR CHILD MAY RETURN TO YMCA PROGRAMS WHEN:

Your child is fever free for 48 hours with- out the use of medica- tion	Your child is free from vomit- ing for 48 hours with- out the use of medica- tion	Your child is free from diarrhea for 48 hours without the use of medication	Your child has been on antibi- otics for at least 48 hours if diagnosed with strep or another bacterial infection	Your child's cough is under control	Any blisters are free from drain- age, fever free for 48 hours, and some- times with permis- sion from a healthcare provider	Your child does not have live lice, has received a lice removal treatment and nits have been removed	Your child's eyes are no longer draining and has been on antibiotic drops or ointment for at least 48 hours	Has been released by medical provider
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SUMMER CAMP CHILD CARE TRANSPORTATION CONSENT FORM

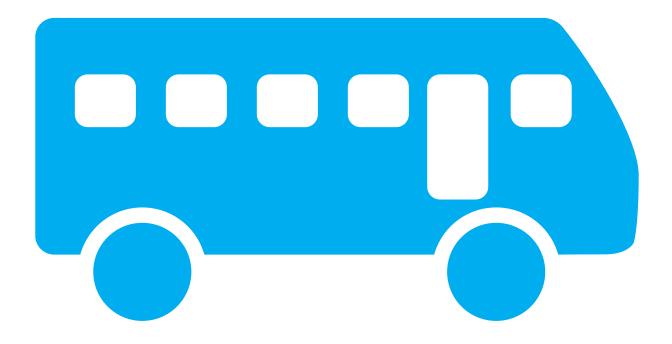
Child's Name

I understand that I will complete a separate field trip permission slip for each field trip I register my child for. I am giving my consent as the parent/legal guardian for the following items below by placing my check before each statement:

MOTOR VEHICLE TRANSPORTATION

- Transportation for field trips and swim-time to the Crossroads YMCA location in the Crossroads YMCA bus or contracted school bus.
- Children will be restrained during vehicular transport by use of seat belts when available.

Parent/Legal Guardian's Nan	1e (Please Print)
Parent/LegalGuardian'sSign	autre
Date	



HISTORY OF IMMUNIZATIONS

State Form 49445 (R4 / 4-12)

			HI	STORY OF IMN	IUNIZATIONS (indicate mont
		1	2	3	4	5
	DTaP / DT					
	[]	1	2	3	4	
	Hib					
					J	
		1	2	3	4	5
	IPV (Polio)					
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*	Influenza (Flu)	•				
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	Measles Mumps Rubella (MMR)					
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*	Rotavirus (RGE)					
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	(Varivax)				ITT OX DISEase	
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	Pneumococcal (PCV) (Prevnar)					
	(FCV) (Flevilal)					
		1	2	7		
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	HBV	1	2	3]	
	(HEP B)					
	* Not required but me of physician / nurs			ease print)		
iva	me or physician / nurs			Juse princj		
Sig	nature of physician / ı	nurse practitione	r			
Na	me of child				Dat	e of birth (month,
				1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 -		
Na	me of child care facilit	y				
				ADDITION	AL NOTES AN	D INSTRUCTIO