

CROSSROADS YMCA SUMMER CAMP REGISTRATION CHECKLIST

Welcome to Crossroads YMCA Summer Camp! We are excited to have your camper join us. In order to complete your camper's registration file the following paperwork is required to be submitted within 30 days of registration or by the student's first day of camp (whichever comes first):

The following items are due for all Crossroads YMCA Summer Camp Sites:

- Registration Packet
- Statement of Understanding
- Photo Release
- Individual Health Care Plan (campers with allergies listed must have form signed by primary care physician)

The following items are due for Griffith, Hammond, Hobart and Hobart Preschool Summer Camp Sites:

- Copy of Birth Certificate
- Copy of Custodial Adult State Issued ID
- Immunization Record
- Health Care Record Form Signed by Primary Care Physician
- If your student is on an alternative immunization schedule, please complete the religious exemption waiver found at:
https://www.in.gov/isbvi/files/Religious-Exemption_2.pdf
or provide a letter from your doctor indicating that the immunization will impact your child's health negatively.
- Off Site Activities Release





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CROSSROADS YMCA CAMP REGISTRATION FORM

OFFICE USE ONLY	Date Enrolled _____	Grade Year (2024-2025) _____
	Camp Group _____	Registration Paperwork Complete _____
	Shirt Received _____	Notes _____

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

Child's Name _____ Member

Child Prefers to be Called _____ Guest

Address _____ City _____ Zip _____

Best Phone _____ Date of Birth _____ Age _____

Parent/Guardian Name _____ Cell Phone # _____

Business Phone # _____ Email _____

Parent/Guardian Name _____ Cell Phone # _____

Business Phone # _____ Email _____

Is there a custody agreement on record? _____

Previous Camps _____

Drop-Off and Pick-Up List Release & Emergency Contacts

Please supply in writing the legal names of persons who may pick up your child daily and those who can be contacted during an emergency, additional may be added to this packet. Only those listed on this form can pick up. *Must be also updated in Playerspace.

Pick-Up	Emergency	Authorized to pick up my Child	Relationship to Child	Phone
<input type="radio"/>	<input type="radio"/>			
<input type="radio"/>	<input type="radio"/>			
<input type="radio"/>	<input type="radio"/>			
<input type="radio"/>	<input type="radio"/>			
<input type="radio"/>	<input type="radio"/>			
<input type="radio"/>	<input type="radio"/>			

Medical Record

Doctor: Name _____ Phone _____

Address _____ City _____ Zip _____

Date of Last Physical _____ Immunizations Current? Yes No

Does your child have any allergies? Yes No

List Allergies _____

*Please fill out additional information on the Individual Health Care Plan.

Developmental Information

Does your camper have an IEP?

If yes, Crossroads YMCA Summer Camp requests that a copy of camper's IEP be attached to registration packet.

Yes No

Does your camper have any special accommodations?

Yes No

*Please fill out information on the Getting to Know You area.

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

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White

Race

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese

Race-Hispanic Origin (check only one)

- No, Not Spanish/Hispanic/Latino
- Yes, Mexican/Mexican American/Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, Other Spanish/Hispanic/Latino
- _____



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INDIVIDUAL HEALTH PLAN FORM

*Must be signed by a physician for campers with an allergy or medical condition.

Information Record

Camper's Name _____ Date of Birth _____

Address _____ City _____ Zip _____

Physician Name _____ Phone _____

Address _____ City _____ Zip _____

Insurance Company _____

Allergy Record

Child's allergies and/or medical condition

What are your child's symptoms when they encounter allergens?

What should Crossroads YMCA Summer Camp staff do immediately when your child encounters allergens?

Crossroads YMCA Summer Camp staff cannot dispense medication without a prescription and notice from physician. **Crossroads YMCA Summer Camp does not administer medication other than Inhalers or EpiPens.** What medications is your student prescribed?

What accommodations or precautions are needed for your child while in attendance at Crossroads YMCA Summer Camp?

This form is intended to remind leaders and participants of the seriousness of attempting adventure activities with an old or preexisting injury, a heart condition or other condition which might be aggravated by the event.

- Does the participant have any preexisting injuries (ankle, knee, back, neck, etc.) that might be aggravated by participating? Yes No
- Does the participant take any current medications? Yes No
- Does the participant have any heart problems or heart medications? Yes No
- Does the participant have high blood pressure? Yes No
- Does the participant have allergies (bees, insects, medications, etc.)? Yes No
- Does the participant have any physical limitations? Yes No
- What is the participant's current level of activity back home? Low Medium High

If you answered YES to any question above, please discuss that item with the camp leader. Please include any additional information that you feel is relevant:

Physician's Name _____

Physician's Signature* _____ Date _____

*Only requires signature if there's a documented allergy and/or medical condition that requires a program modification.

Parent/Guardian Signature _____ Date _____



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GETTING TO KNOW YOUR CHILD!

No one knows your child better than you! Please take a few minutes to fill out this questionnaire about your camper, so I may have a better understanding of how I can help!

Information

Camper's Name _____

Grownup(s) Name _____

Sibling(s) Names & Ages _____

Best Number to Reach You _____ Email _____

Best Time to Reach You: Morning Afternoon Evening Best Way to Reach You: Phone Email Note

How would you describe your child (CHECK ALL THAT APPLY)

- Outgoing Shy Talkative Quiet Leader
- Dramatic Calm Organized Messy Follower
- Challenging Curious Humorous Timid Obedient
- Respectful Easily Distracted Artistic Creative Responsible
- Enjoys School Nervous
- Other _____

I think my child is doing well with: (CHECK ALL THAT APPLY)

- Social Skills Trying New Things Being Comfortable in New Settings
- Making New Friends Following Rules & Directions
- Other _____

I think my child is struggling with: (CHECK ALL THAT APPLY)

- Social Skills Trying New Things Being Comfortable in New Settings
- Making New Friends Following Rules & Directions
- Other _____

Please take a few minutes to jot down some brief details about your child. No one can describe your camper better than you!

What are your child’s special interests? Does your child play sports? Outside activities? What does he/she love to do? Favorite things?

Please describe your child in your own words. Is there anything you would like us to know? What makes your child unique?

Are there any special circumstances you would like me to know about your child? (divorce/custody, death in the family, sibling issues, counseling, etc.)

Do you have any concerns regarding your child’s physical, cognitive, social, emotional development? Please share below.

Does your child have an individualized education plan (IEP), 504 plan or other formal academic or behavioral plan?

Yes No Under Review

Please share a copy of your child’s formal plan with Crossroads YMCA Summer Camps so that we may best support your child in our program. Please note that Crossroads YMCA Summer Camps is not a Special Education program which may limit what supports we are able to provide.

BEHAVIOR GUIDANCE POLICY

Our top priority is to provide a safe and enriching experience for all children. We must work together 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
- Other behaviors which could hurt another child or staff member
- Attempting to leave the program space.

YMCA Program Expectations

- Speak for yourself
- Listen to others
- Care for others, the property, and yourself
- Stays with the group
- Fully toilet trained
- Be honest
- Show respect for all
- Be responsible for yourself

Our goal is to work together with the child and family, as well as staff when deemed necessary, to address and modify any behavior concerns; however, if a child cannot display appropriate behavior, then they 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. The child may be allowed to return to the program after a 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 camp year. 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. Parents should provide any and/all information available to help create a clear picture of their child's needs. (Please attach more documentation if needed)

Child's Name _____ Date of Birth _____ Grade _____
Parent/Guardian Signature _____ Date _____

BEHAVIOR ALERT

In the instance of disruptive behavior happening, a Behavior Alert form will be filled out and sent. Please be aware of when this happens and we wish to work with families to ensure everyone's safety.

EXAMPLE



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BEHAVIOR ALERT

Name _____ Date _____

I have repeatedly not followed some of our program rules today.

What Happened

Consequence

Student _____

Parent _____

Crossroads YMCA | crymca.org

FORMS & SIGNATURES

PARENT STATEMENT OF UNDERSTANDING

The following information is important for the safety and protection of your child. Please read the information and sign. Your signature below indicates that you have received and understand all policies included in the Crossroads YMCA Summer Camp Registration Handbook and Crossroads YMCA Parent Planner.

Check In/Check Out

- I understand that I may not leave my child in any Crossroads YMCA program unless a Crossroads YMCA staff member has checked in my child and accepted responsibility for their care.
- I understand that Crossroads YMCA staff will assume responsibility for my child from the time my child is checked into the program until they are checked out of the program by an authorized pick-up person.
- 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 18 years of age and identified on my child's pick-up list. A photo ID must be presented by any person(s) picking up my child.
- I understand that all authorized pick-up persons must be updated in my Playerspace account.
- 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 an authorized pick-up person must check out my child by end of program day (location specific) or I will be charged \$1 for every minute I am late per camper.

Health

- I understand that campers with food allergies identified in the Individual Health Form, signed by camper's primary care physician, will eat at a designated "allergy safe" table during lunch and snack times.
- I understand that all students enrolled must be completely potty trained. Our definition of fully toilet trained is the child's recognition of the need to use the bathroom, the ability to let a teacher 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.)
- To the best of my knowledge, the health history I have provided is correct. It is my responsibility to update health assessments and immunizations for my child while attending Crossroads YMCA Summer Camp programs.
- I understand that it is my responsibility to notify staff when my child or any member of my family has a reportable contagious disease.
- I understand that it is my responsibility to submit an Individual Health Form and prescription signed by a primary care physician when requesting medication to be administered to my child. While in attendance at Crossroads YMCA Summer Camp, only EpiPens and inhalers will be administered. Crossroads YMCA requests a physical EpiPen and/or inhaler to remain at the camp site for the duration of the camper's attendance. Medications will be placed in a lock box. Campers may not have medications on their person during camp attendance.
- My child has permission to engage in all activities except those noted by a primary care physician. If the person listed as emergency contacts cannot be reached, I give permission to the physician selected by the adult in charge to transport and treat the child herein, as necessary.
- I understand that the Crossroads YMCA Summer Camp shall not be held responsible for expenses incurred while obtaining emergency medical attention and hospitalization.
- I release the Crossroads YMCA Summer Camp from any liability, whatsoever, that may result from injuries and subsequent medical attention and will look to 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.
- I understand that if my child has an Individual Education Plan (IEP), I will attach a copy to the Crossroads YMCA Camp Registration Form.

Safety

- I understand that Crossroads YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that outside of the Crossroads YMCA Summer Camp, staff members may not be alone with children whom they meet in programs. This includes babysitting, sleepovers, and driving or riding in cars.

Payment Policies

- I understand that all payments and registration fees for any Crossroads YMCA Summer Camp program is nonrefundable.
- I understand all payments must be up-to-date and outstanding balances must be paid off before Crossroads YMCA Summer Camp services will be provided.
- I understand and acknowledge that Crossroads YMCA Camp family rates and policies are subject to change.
- I understand that any changes to camp attendance must be communicated to the Camp Director of my camp site via Camp Change Form by 3:00pm on Tuesday before the week they attend.

Personal Belongings

- I understand that my child may not bring any personal belongings from home including toys, electronics, fidgets, etc with the exception of recommended camp items such as: book bag, change of clothes, towel, sunscreen, packed lunch. Any belongings brought to the Crossroads YMCA by my child are the responsibility of my child only. Crossroads YMCA and its staff will not replace or take responsibility for any lost or broken items.

Registration/Enrollment

- I understand that the Crossroads YMCA Summer Camp Registration Packet is due within 30 days of enrollment or first day of camp (whichever comes first). Failure to submit by required due dates will result in delayed start of your camper.
- I understand that the Health Record Form must be completed and signed by a primary care physician and that Crossroads YMCA Summer Camp will not accept substitutions for the form. Health form located in registration packet must be completed fully. Failure to submit health form will result in delayed start of your camper.
- I have read and acknowledge the Crossroads YMCA Summer Camp policies and procedures and am responsible for sharing these policies with all and any person(s) that may drop off/pick-up my child.
- I have received, read, acknowledge and will follow the Crossroads YMCA Summer Camp Parent Planner and am responsible for sharing these policies with all and any person(s) that may drop off/pick-up my child.

With my signature, I agree to adhere to the policies and give my permission for my child to fully participate in the program.

Parent/Guardian Signature _____ Date _____

PHOTO RELEASE

We understand in any event that the youth is photographed for purposes of promoting and publicizing the Crossroads YMCA and Crossroads YMCA Summer Camp, 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 _____ Date _____

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

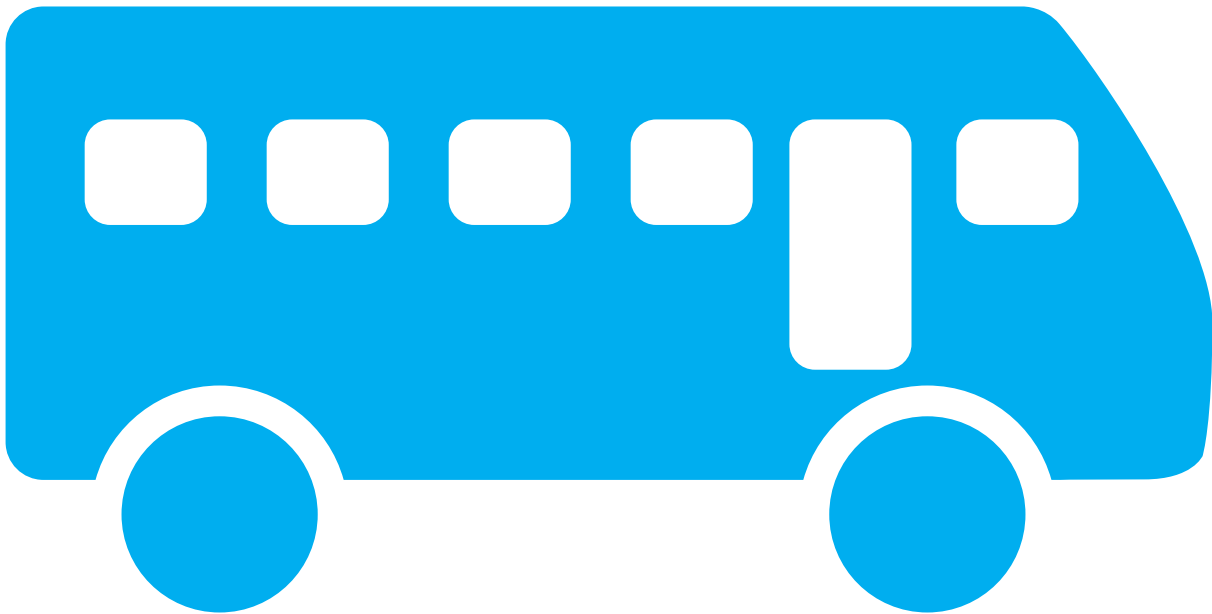
- Transportation for field trips and swim-time to the Crossroads YMCA location in the Crossroads YMCA bus or contracted school bus.
- Children will be restrained during vehicular transport by use of seat belts when available.

Parent/Legal Guardian's Name _____

(Please Print)

Parent/Legal Guardian's Signature _____

Date _____



OFF SITE ACTIVITIES (GRIFFITH FAMILY YMCA ONLY)

I give permission for my child _____ to participate in the following activities in the Griffith Family YMCA.

- Playground/Garden
- Studio B (Ninja Room)
- Studio C (Yoga Room)
- YMCA Gym
- Sensory Room
- Blue Hallway

Parent/Guardian Signature _____ Date _____

OFF SITE ACTIVITIES (HAMMOND FAMILY YMCA ONLY)

I give permission for my child _____ to participate in the following activities in the Hammond Family YMCA.

- Gavit School Yard
- Gavit Baseball Field
- Gavit Football Field
- Gavit Blacktop Area B

Parent/Guardian Signature _____ Date _____

OFF SITE ACTIVITIES (HOBART FAMILY YMCA ONLY)

I give permission for my child _____ to participate in the following activities in the Hobart Family YMCA.

- Playground
- YMCA Gym

Parent/Guardian Signature _____ Date _____



**HEALTH CARE PROGRAM FOR CHILD CARE
HEALTH RECORD - CHILD**

State Form 49969 (R5 / 7-19)

**FAMILY AND SOCIAL SERVICES
ADMINISTRATION - MS02**
402 W. Washington St., Room W362
Indianapolis, IN 46204

Name of child (<i>last, first</i>)	Date of birth (<i>month, day, year</i>)	Date of admission (<i>month, day, year</i>)
Address (<i>number and street, city, state, and ZIP code</i>)		
Child lives with (<i>relationship</i>)	Name	Telephone number ()

MEDICAL HISTORY			
Communicable Disease	Month / Year	Condition	Explain if present
		Allergies:	-----
		Handicapping conditions:	-----
Screenings	Result / Date (<i>month, day, year</i>)	Other:	-----
TB Risk / Symptom			-----
Developmental Screen			-----
Lead			-----

PHYSICAL EXAMINATION	
Date of exam (<i>month, day, year</i>)	Age of child
Skin	Heart
Lymphnodes	Lungs
Eyes	Abdomen
Ears	Genitalia
Nasopharynx	Skeleton
Teeth and Mouth	Other:

Note any unusual findings:

Does this child have any health condition that would be hazardous either to the child or to other children in a group setting as a result of participation in normal activities (*including sports*)?
 Yes No If Yes, what modification of normal activities would be necessary to protect the child and the child's classmates:

Have you prescribed any medications or special routines which should be included in the center's plans for this child's activities? Explain:
 Yes No

HISTORY OF IMMUNIZATIONS AND TEST (indicate month / day / year)

	1	2	3	4	5
DTaP / DT					

	1	2	3	4
Hib				

	1	2	3	4	5
IPV (Polio)					

	1	2	3	4	5
* Influenza (Flu)					

	1	2
Measles Mumps Rubella (MMR)		

	1	2	3
Rotavirus (RGE)			

	1	2	
Varicella (Varivax)			

or Chicken Pox Disease

Month / year

	1	2	3	4
Pneumococcal (PCV) (Prevnar)				

	1	2
HEP A		

	1	2	3
HBV (HEP B)			

* Recommended yearly.

Name of physician / nurse practitioner / physician assistant completing form (<i>please print</i>)	Telephone number ()
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Signature of physician / nurse practitioner / physician assistant

ADDITIONAL NOTES AND INSTRUCTIONS
