

# GREAT SUMMERS START AT THE Y.

### **Camper Packet Checklist**

Any uncompleted packets will not be accepted. The Y encourages parents to complete the packet checklist to confirm your campers spot in Summer Camp 2024!



Camp Attendance Form

Registration Form
(including; 2 emergency contacts; addresses and phone numbers, allergies, previous programs, and physician's contact information, etc.)

Parent Statement of Understanding

Draft Authorization Form (if wanted)

Over the Counter Products Form

Photo Release Form

Field Trip Permission Form

Contact for all things Camp: LeAnne Harris, Youth and Family 434.392.3456 leanneharris@ymcacva.org

Physical Form
Immunization Forms

Copy of Birth Certificate

Upon receiving your camper(s) packet, the Camp Director holds the obligation to contact you to go over all paperwork prior to camp registration!



# FIND YOUR SUMMER FUN.

Best Summer Ever Weeks:		NOT
	REGISTER	ATTENDING
Week 1: Summer Fun (June 3-7)		
Week 2: Jump Around (June 10-14)		
Week 3: Going Green (June 17-21)		
Week 4: Color Craze (June 24-28)		
Week 5: Super Hero (July 1-3)		
Week 6: Out of this World (July 8-12)		
Week 7: Anything Goes (July 15-19)		
Week 8: Splashtacular (July 22-26)		
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For a better us.º

# OF EDUCATION CHILD REGISTRATION

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Child	Nickı	name	Date of Birth		Sex	
Address				Home Ph	one	
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed						
Previous Child Day Care Programs and School	s Attend	ed				
If Child Attends this Center and Another School/Program, Give Name of School/Program					Class Level	
	PAREN	T(S)/GUARDIAN(S)				
Parent		Place Employed		Work	Phone	
Home Address				Home	Phone	
Parent		Place Employed		Work	Phone	
Home Address				Home	Phone	
Person(s) or Agency Having Legal Custody of	Child			<u>l</u>		
Home Address				Home	Phone	
Work Address				Work	Phone	
EN	/ERGE	NCY INFORMATIO	N			
Allergies or Intolerance to Food, Medication, e						
Child's Physician				Phone		
Two People To Contact if Parent(s) Cannot Be Reached	Addres	SS		Phone		
1.	1			1.2		
2.	2.		1 2 2	2,		
Person(s) Authorized To Pick Up Child						
Person(s) NOT Authorized To Pick Up 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 (i) shall not be denied the opportunity to participate in any of the student's school or day care activities in which such participation is supported or encouraged by the policies of the school or day care center solely on the basis of such noncustodial status and (ii) shall be included, upon the request of such noncustodial parent, as an emergency contact for the student's school or day care activities.

#### **AGREEMENTS**

- 1. The child day center agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.
- 2. The parent(s)/guardian(s) authorize the child day center to obtain emergency medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. \*\*
- 3. The parent(s)/guardians agree to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

1 6 (3, 6 6	ardian(s)	Date
Administrator	of Center	Date
irst Date of Attendance:	Last Date of Attendance:	-
	ergency medical care, a statement should be obtained from	om the parent(s) or
uardian(s) that states the objection and t	he reason for the objection.	

Place of Birth	Birth Date	Birth Certificate Number	Date Issued
Other Form of Proof		Date Documentation Viewed	Person Viewing Documentation

Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided):

Date

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency (foster care and adoption agencies), record from a public school in Virginia, certification by a principal or his designee of a public school in the U. S. that a certified copy of the child's birth record was previously presented or copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia and the center assumes responsibility for the child directly from the school (i.e., after school program) or the center transfers responsibility of the child directly to the school (i.e., before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

Section § 22.1-289.049 of the Code of Virginia states that the proof of identity, if reproduced or retained by the child day program or both, shall be destroyed upon the conclusion of the requisite period of retention. The procedures for the disposal, physical destruction, or other disposition of the proof of identity containing social security numbers shall include all reasonable steps to destroy such documents by (i) shredding, (ii) erasing, or (iii) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means...



## Parent Statement of Understanding

The following information is important for the safety and protection of your child. Please read this information and sign below:

- I understand that my weekly tuition is due by 6 pm on the Friday of each week for the following week of care. Should your bank or credit card issue for any reason not honor your draft, a return payment fee of \$30 will be accessed on your account in addition to the program payment due. This is also in addition to any service fee your bank may charge.
- The YMCA will not provide a year-end tax statement unless requested.
- I understand that my child must be picked up by 6 pm. I will be charged \$10 for the first 1-10 minutes past 6 pm. and \$1 per each additional minute for each child. Childcare services may be withdrawn if 3 overtime charges occur.
- I understand that I am not to leave my child at the YMCA or program site unless a YMCA child staff or volunteer is there to receive and supervise my child.
- I understand that it is my responsibility to sign my child in upon arrival and sign my child out before leaving. There is a sign-in/sign-out sheet available upon your arrival to the program. There must be an exchange of responsibility from one adult to another not from a child to staff. All persons signing children in/out must be at least 18 years of age; the YMCA cannot release minors to minors. (See pickup provisions in the handbook).
- I understand that my child will not be allowed to leave the program with an authorized person. Any person authorized to pick up my child must be listed on this form Authorization by telephone will be accepted. Picture ID will be requested and is required.
- I understand that YMCA staff and volunteers are not allowed to babysit or transport children at any time outside the YMCA facilities and program. If a violation of this policy is discovered, the YMCA will take immediate disciplinary action against staff and volunteers.
- I understand that by state law, the YMCA is mandated to report any suspected cases of child abuse or
   neglect to the appropriate authorities for investigation.
- Please make sure that your child has on tennis shoes each day to enjoy outdoor activities (No flip-flops or sandals).
- Due to allergies, we ask parents please DO NOT send NUT PRODUCTS with their child to camp.

I have read and understand the statements abov	e regarding TMCA Policies and Procedures.
Parent/Guardian Signature	Date
I have received a copy of the	
Parent/Guardian Signature	Date
I have provided a copy of my child's physical and	immunization records along with this form.
Parent/Guardian Signature	Date



## YMCA Children's Code of Conduct

The rules outlined in the Children's Code of Conduct are based upon the YMCA Core Values. I understand that I am expected to demonstrate these values EVERY DAY!

#### Caring

I Will:

Keep my hands and feet to myself.
Play gently so I won't hurt anyone.
Not call other people names.
Not use adult words.

#### Honesty

I WIII:

Play games and sports fairly. Be honest about my actions

#### Respect

1 Will:

Address my counselors with respect

Not interrupt my counselor when they are speaking to another person.

Be respectful of YMCA games, equipment, and property - this is my Y too!

I know the counselors respect me, so I will respect them - they only want the best for me!

#### Responsibility

I Will:

Sit safely in my chair.

Not sit or stand on chairs or tables.

Clean up after myself even if my parent is waiting.

#### **Faith**

I Will:

Believe in myself.

Believe in the goodness of others,

#### Bullying

I make a COMMITMENT to take a stand against bullying.

I will treat others with RESPECT and KINDNESS.

I will have the COMPASSION to not be a bully and the COURAGE to not be a bystander. It is my RESPONSIBILITY to help others being bullied and to report bullying.

I promise to follow this code of conduct and promise to be my best honest, caring, respectful, and responsible self while being at the YMCA.

hild's Signature	Date



#### **DRAFT AUTHORIZATION**

Payments can be taken in full or in a weekly increment by automatic draft. All payment will be taken on the Friday before the next week of service.

		Child/Children's Name(s)
Nam	e	
Addı	ress	
City,	State, ZIP	
Ema	il	
Pleas	se select your method of pa	yment:
0	Please draft my account to Please draft my credit can	that the Y has on file for my membership payment. rd: Circle one: MasterCard Visa Discover
	Name as it appears	s on the card:
	Card #:	\
	Expiration Date:	
	Please draft my checking	
	Name as it appears	s on the account:
	Routing #	2
	Account #	
I her abov Y.	eby authorize the Southsid e to pay for enrolled Youth	e Virginia Family YMCA to debit the account listed and Family Programs my child(ren) attends at the
the p	derstand that I am in full co program draft, I will notify t ested end date.	ontrol of my payments and if I decide to discontinue the Southside VA Family YMCA two weeks before my
		//
Siar	nature	Date



# Authorization Form for Non-prescription Over-the-Counter Skin Products 8VAC20-780-520

INSTRUCTIONS	IN	IS"	$\Gamma R^{T}$	UC	TIC	)NS:
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Sunscreen

Diaper ointment or cream

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

- Insect repellent

  Southed VAForming MMCA has my permission to apply the non-prescription (Name of Center)

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

  Child's Name

  Product Name: Sunsween, bug Spray, Ollv-He-Counter First Aid

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

This authorization is effective from: $\overline{\text{JVMe}}$	<u>3 2024</u> until: _	July 26 2024
(Start	date)	(End date)
Parent's Signature:		<b>*</b> Date:
Parent's Signature:		



#### PHOTO AND VIDEO/AUDIO RELEASE FORM

For my participation in activities to be conducted by Southside VA Family YMCA and/or YMCA of the USA (collectively "the Y"), and collaborating third parties, I consent, now and for all time, to the making, reproduction, editing, broadcasting, or rebroadcasting of video film or footage of me, soundtrack recordings of me, photo reproductions of me, and any narrative account of my experience.

My consent includes a perpetual license to the Y and collaborating third parties for the use of the materials for publication, display, sale or exhibition in promotions, advertising, education, and commercial uses. Use includes reproductions in any form and media currently existing or later conceived, adaptations and/or revisions, throughout the world in perpetuity.

I agree that my consent is irrevocable. I hereby release and discharge the Y and collaborating third parties, from all claims, actions, lawsuits or demands of any kind arising out of my consent, license grants, uses, or the shared uses of any works or materials referenced herein.

Participants Name:	Age:	_
	l Guardian of the above child. F nsent to the foregoing on behal	
Parents Name:	Date:	
Parents Signature:		
Office Use Only:		
Program Administration:	Date:	
Form Updated as of 3/16/2023		





#### **Summer Camp Permission Form 2024**

I give my child field trips listed on the 2024 Summer Southside Virginia Family YMCA Summ	
Responsibly Party (Print)	
Responsible Party Signature	Date
Emergency Phone Number(s):	
Administrative Initials:	Date:

