



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FIND YOUR FUN

LOCATION:
St. Clair

Summer Day Camp
SCHUYLKILL YMCA



The 'Y' has been serving all of Schuylkill County with Summer Day Camp for over 23 years. Our certified staff provides boys and girls ages 5* to 12 with games, crafts, field trips, swimming, character-building activities & more!

Choose all 10 weeks or individual weeks. Camp runs daily from 7:00am to 5:30pm.

Register early and receive our Early Bird discount. A non-refundable deposit of \$10 per week is required with registration and financial aid is available for those who qualify.

WEEKLY THEMES

- 6/10 Summer Kickoff
- 6/17 Retro: Battle of the Decades Roller Roost
- 6/24 Sports of All Sorts
- 7/1 Red, White & Blue NO CAMP 7/4
- 7/8 Super Heroes Local Fire, Police, EMS
- 7/15 Y-Lympics St. Clair Football Field
- 7/22 Great Outdoors Hawk Mtn. Reservation
- 7/29 Wet n' Wild JFK Pool
- 8/5 Animal Planet Lake Tobias
- 8/12 Summer Send Off

There is a non-refundable \$25 registration fee per child

Early Bird: April 1 - April 30

Member \$140/week
Non-Member \$170/week

Registration: May 1 - Summer

Member \$150/week
Non-Member \$170/week

REGISTER AT:
SCHUYLKILL YMCA
520 N. Centre St.
Pottsville, PA 17901
570 622 7850
schuylkillymca.org

*Children age 5 or below must be registered for the upcoming year of kindergarten. Financial aid must be completed at least 2 weeks prior to attending camp.



Schuylkill YMCA Membership Application

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

*For Staff: Search in system complete Yes No

PLEASE PRINT

This section must be completed with an adult's information for any member under the age of 18.

Last Name of Adult		First Name of Adult		Middle Initial	Sex __M__F	Cell Phone
Date of Birth / /		E-Mail Address				Home Phone
Home Address	Street	Apt. Number	City		State	Zip Code
Name of Emergency Contact				Relationship		Phone
Family Membership Information						
Spouse's Name		E-Mail Address			Date of Birth / /	Sex __M__F
Child's Name	Date of Birth / /	Sex __M__F	Child's Name	Date of Birth / /	Sex __M__F	
Child's Name	Date of Birth / /	Sex __M__F	Child's Name	Date of Birth / /	Sex __M__F	

Membership Agreement

In consideration of the YMCA's permission to use its facilities, it is agreed that the participant who is signed below and all applicants included in this membership will obey the rules and regulations at all times while participating in any YMCA programs.

It is further agreed that failure to abide fully & completely with these rules & regulations will entitle the YMCA to terminate the undersigned participants rights to participate in any program without advance notice & without any obligation on the part of the YMCA to refund any monies paid by the participants to participate in these programs.

Participants agree to assume all financial responsibilities of membership dues in a timely manner as set by the Y.

It is further understood that I, the undersigned, intending to be legally bound hereby, for myself, my heirs, executors and administrators, waive and release any and all rights to or claims for damages I may have against the YMCA for any and all injuries suffered by me or others included in this membership in any program.

I grant the Schuylkill YMCA, its agents and the news media the right to photograph my family and me, including children, and to use the photographs for promotional or news purposes and the right to record our voices or to note our comments to use for promotional purposes on television, newspaper, magazine or radio news. I also warrant the rights granted herein do not conflict with any existing commitments on my part.

The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

YMCA MEMBERSHIPS ARE NON-REFUNDABLE AND NON-TRANSFERABLE.

Applicant (or Parent/Guardian) Signature

Date

For Office Use Only

Type of Membership:

Preschool Youth Teen College Adult Family Hometown Hero Senior Senior Family SS

Full Pay _____ OR Monthly Draft _____

Staff Initials/Date ____/____



SCHUYLKILL YMCA 2024 SUMMER CAMP ENTRY FORM

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CAMP LOCATION:
CHOOSE: ST. CLAIR

Camper's Name: Date of Birth: Age: Grade:

Street: City: Zip: Home Phone: - -

Parents' Names: Alternate (DAYTIME) Phone: - -

Payments for deposits and payments in full can be made by cash, check, money order or credit card. We also offer bi-weekly automatic withdrawal payments. See reverse side for payment policy.

Cash payments can be made at: 520 North Centre St., Pottsville, PA 17901.
Checks and money orders should be made payable to Schuylkill YMCA and mailed to the above address.
We also accept VISA, MASTERCARD, DISCOVER, and AMERICAN EXPRESS.

*****EARLY BIRD REGISTRATION: REGISTRATION FORMS, REGISTRATION FEE AND DEPOSITS MUST BE RECEIVED BETWEEN APRIL 1ST – APRIL 30TH – NO EXCEPTIONS!
REGISTRATION FORMS AND DEPOSITS RECEIVED AFTER APRIL 30TH WILL PAY THE REGULAR CAMP FEE.
EARLY REGISTRATION RATES APPLY TO MEMBERS ONLY.

PLEASE INITIAL THE BOX FOR EACH WEEK YOU ARE SUBMITTING A \$10.00 DEPOSIT.

Wk. #1	Wk. #2	Wk. #3	Wk. #4	Wk. #5	Wk. #6	Wk. #7	Wk. #8	Wk. #9	Wk. #10
6/10 - 6/14	6/17 - 6/21	6/24 - 6/28	7/1 - 7/5	7/8 - 7/12	7/15 - 7/19	7/22 - 7/26	7/29 - 8/2	8/5 - 8/9	8/12-8/16
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

By signing below, I authorize the Schuylkill YMCA to accept my child into the 2024 Summer Camp for the weeks as indicated above.

PARENT SIGNATURE: DATE:

OFFICE USE ONLY: DEPOSIT AMT. \$ REGISTRATION FEE (\$25) RECVD PYMT TYPE FORMS COMPLETE DATE RECVD DATE ENTER

Pursuant to Day Camp policies, as outlined in the Day Camp registration forms, camp fees are due in full the Monday before each week of camp. Any fees paid after Monday will be assessed a late fee of \$10 per camp week. Late fees will be assessed on Tuesday before the service week. Any account remaining unpaid (including late fees) by the end of business Thursday will result in the camper's name being removed from the camp roster for the upcoming week. If a child's name does not appear on the camp roster, a valid, paid-in-full receipt must be submitted to the camp counselor before the child can be admitted to camp.

For your convenience, we now offer bi-weekly automatic withdrawals from a bank account or credit card for camp fees. Fees will be withdrawn bi-weekly on Mondays according to the payment schedule included in the Day Camp forms, thereby avoiding the assessment of late fees. However, any withdrawal returned for insufficient funds or any withdrawal that is declined will be assessed a \$35 return fee and late fees will be assessed. If you would be interested in using this service, please complete the attached form and return it to our office as soon as possible. Please include a voided check if you will be using a checking account or debit card.

SCHUYLKILL YMCA/YWCA
AUTHORIZATION FOR BI-WEEKLY DRAFTS FOR DAY CAMP FEES

Member (Unit) Name (Please print): _____ Birth Date: _____
Address: _____
Draft Type: Checking/Savings Acct: _____ Credit Card: _____
Name on Account: _____ Wkly Draft Amt.: \$ _____
Address: _____
Checking/Savings Routing # and Acct. Number: _____
Financial Institution: _____
- OR -
Credit Card: _____ Visa _____ MC _____ Disc _____ Am. Exp. _____ Exp. Date: _____
Card Holder: _____ Card # _____

I hereby authorize the Schuylkill YMCA to withdraw the above bi-weekly draft amount from my account as stated above. I understand my draft amount will change if I alter my original registration. I agree to submit a termination form to discontinue my bi-weekly draft, and allow 10 days for the termination to be completed.

Member Signature: _____ Date: _____



SCHUYLKILL YMCA 2024 SUMMER CAMP REGISTRATION FORM

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

I AGREE TO ADHERE TO THE SCHUYLKILL YMCA SUMMER DAY CAMP REGISTRATION POLICIES OUTLINED IN THIS AGREEMENT AND GIVE MY CHILD PERMISSION TO PARTICIPATE FULLY IN THIS PROGRAM. PLEASE READ EACH AGREEMENT AND INITIAL THE HIGHLIGHTED AREA TO THE RIGHT.

1. Registration must be completed before child(ren) may enter day camp and consists of the following:

- a. \$25 non-refundable one-time registration fee per child
- b. \$10.00 deposit for each week camper will attend. This deposit will ensure camper's place at camp.
- c. Day Camp Fee Agreement to be signed by responsible party when registration is accepted and deposits are submitted.
- d. All forms (15 forms total) are completed, signed and returned to the Schuylkill YMCA. [REDACTED]

2. I have read and understand the Day Camp Payment Policy. I have received a copy for my reference and upon submitting this registration and deposit, agree to sign a Day Camp Fee Agreement. [REDACTED]

3. I understand that a \$25 non-refundable, one-time registration fee per child is required to attend camp. [REDACTED]

4. I understand that a \$10.00 deposit for each week camper will be attending is required to secure my weekly rate and is applied to the weekly camp fee. I am aware that in the event my child(ren) does not attend a week which a deposit was paid, my deposit is non-refundable and non-transferable. [REDACTED]

5. I understand partial scholarships are available to those who qualify, from funds made available through the "Kids to Camp Campaign". Parents are expected to pay their portion of the fee according to the Day Camp Payment Policy, which I have read, fully understand and have received a copy. [REDACTED]

6. I understand that weekly fees must be paid in full by the Monday before week of service. I fully understand that if payment is received after Monday I will be responsible for a \$10.00 late fee. I also understand, if I am receiving financial assistance from the Schuylkill YMCA, my assistance will be revoked for that week and full weekly rate will be required before my child can attend. [REDACTED]

7. I understand that I may add camp weeks at a later date and I agree to pay the \$10.00 deposit and the current weekly fee. I understand that fees for the additional weeks will be charged at the effective camp rate at the time the deposit is received and payment for additional weeks will be made according to the Day Camp Payment Policy. [REDACTED]

8. I understand that late fees will be assessed on the Tuesday before the service week on all unpaid accounts. I understand that my child's name will be removed from the camp roster for the upcoming week if payment in full, including late fees, is not received by the end of business Thursday before the service week. I further understand that if my child's name does not appear on the camp roster, I must submit a valid, paid-in-full receipt to the camp counselor before my child can be admitted to camp. [REDACTED]

9. For your child(ren)'s safety, if parent/child(ren) arrives before 7:00 a.m., parent must wait until 7:00 a.m. before leaving the child(ren). Failure to wait could result in services being terminated. A \$5.00 per 15 min. fee will be charged if child(ren) is picked up more than 15 minutes late. [REDACTED]

10. **Pre-authorized person MUST SIGN-IN & SIGN-OUT camper DAILY.** 'Y' staff will only assume full responsibility for camper when signed in for the program. Any camper not properly signed-out will be assumed missing and proper procedures will be followed, as stated in 'Conduct Policy' below. [REDACTED]
11. 'Y' Staff will check authorized pick-up persons. PLEASE MAKE SURE PICK UP PERSONS ARE 16 YEARS OLD OR OLDER, ARE LISTED ON THE CAMPERS REGISTRATION FORMS AND HAVE PHOTO ID. CAMPER WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS. [REDACTED]
12. For the safety of all, campers will not be released to anyone believed to be under the influence of alcohol or drug substance. Proper authorities will be notified immediately. [REDACTED]
13. I understand that, whenever possible, I will be notified prior to medical treatment of my child(ren). If notification is impossible, I understand that I am financially responsible for any medical or transportation expenses incurred on my child(ren)'s behalf. [REDACTED]
14. Children properly registered will be listed on a sign-in roster. The Staff are not responsible for any child that is not listed on the current roster. I understand, if my child is not on the sign-in roster, I will be instructed to contact the Schuylkill YMCA office before my child can be accepted at camp. [REDACTED]
15. I understand that 'Y' staff is required by Pennsylvania State Law to report any suspected case of abuse/neglect. The YMCA is a mandated reporter. Please keep us informed of such problems so we can be sensitive to your child(ren)'s needs. The 'Y' staff would like to work as a team with the family. This will enable us to provide the best environment for the child's growth and development. [REDACTED]
16. I understand that all information and records provided to the Schuylkill YMCA shall be privileged and confidential. Information in the child(ren)'s record will not be distributed or released to anyone not directly related to implementing the program plan without written consent of parent. As a parent, you have access to your child(ren)'s record. [REDACTED]
17. In consideration of YMCA's acceptance of this entry, I hereby, for myself, my heirs, executors or administrators, waive & release any and all claims for damages I may have against the Schuylkill YMCA of Pottsville and other sponsoring organizations of whatsoever kind, their agents or representatives, for any and all injuries sustained by my child in YMCA programs. I am encouraged to carry family medical & accident insurance. [REDACTED]

CONDUCT POLICY

The Schuylkill YMCA wants every camper to enjoy camp activities by understanding that he/she is responsible for his/her actions. With prior knowledge of our basic rules of safety and good conduct, each child is made aware of how to exercise self-discipline, and that the YMCA is here to help campers to succeed. The following behaviors are not allowed and repeated use may result in child being unable to continue as a participant in the 'Y' Day Camp Program:

1. Repeated use of foul language, arguing, or being rude and discourteous to staff and/or peers.
2. Destruction and defacing of the 'Y', facility, staff or other campers' belongings and property will not be tolerated.
3. Bringing or using illegal substances: alcohol, drugs, weapons (as deemed by 'Y' staff) or unsafe personal sports equipment.
4. Engaging in any type of stealing, fighting or any behavior that jeopardizes the safety of other campers will not be tolerated.
5. Intentionally and repeatedly leaving his/her group activity.
6. Inappropriate physical contact such as hitting, biting, or other physical altercations.

7. Intentionally or repeatedly going to unauthorized areas of the facility or leaving the premises without permission. In such cases the staff will: conduct a search of the premises; the police and parent/guardian will be notified if the camper is not found within 15 minutes. The child will not be allowed to return to camp. No refund will be given.
8. During 'Y' transportation to/from field trips the following actions are specifically prohibited: fighting, defacing/destroying property, profane/abusive language, yelling, discourteous behavior, standing or changing seats while the vehicle is in motion, putting objects or body parts outside of vehicle, disobeying drivers' rules.

BEHAVIOR MANAGEMENT PROCEDURES

When a camper's behavior is deemed by 'Y' staff to be a problem, the following procedure will be utilized:

1. Verbal Warning.
2. Written warning & action plan.
3. After three written warnings, child will be suspended for three days.
4. Upon returning to camp (after first suspension) if another write up occurs, child will be suspended for one week.
5. Upon returning to camp (after second suspension) if another write up occurs, child will be suspended for the rest of the program.

Please note: All disciplinary issues are at the discretion of the CEO, Program Director, Camp Director, and Camp Staff.

In the event that a camper has proven that he/she is unwilling to follow these policies, the parent/guardian will be notified and must meet with the Director to discuss the situation. The Director will consider a possible suspension or termination. NO REFUNDS will be given. It is our daily desire that every camper enjoys his/her day camp experience. It is for this reason that we have initiated policies we feel are fair, easily complied with and are of benefit to everyone involved.

I understand, accept and agree with the policy and procedures stated above. As proof of my understanding, acceptance and agreement, I have signed below.

PARENT SIGNATURE: _____ DATE: _____



SCHUYLKILL YMCA 2024 SUMMER CAMP PERMISSION FORM

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Please read and initial the following permission statements indicating your agreement.

MOVIES

My child has permission to view G and PG rated movies with Schuylkill YMCA Day Camp. I understand that under no circumstances is a movie rated other than G or PG viewed during Schuylkill YMCA Summer Day Camp.

PHOTOGRAPH

I authorize the reproduction and use, for promotional purposes, of any photographic images taken of me and/or my child(ren) by the Schuylkill YMCA.

INFORMED CONSENT

I am aware that the Schuylkill YMCA Summer Day Camp may be involved in some of the following activities: swimming at a community pool, running, sports, outdoor activities, walking to off-site facilities or attractions. My child is capable and has my permission to participate in all camp activities.

I understand, accept and agree with the above statements. As proof of my understanding, acceptance and agreement, I have signed below.

Print Parent/Guardian Name: _____

PARENT SIGNATURE: _____ DATE: _____



SCHUYLKILL YMCA 2024 Summer Day Camp PAYMENT POLICY

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Please review the following payment policy for the Schuylkill YMCA Day Camp Program. This policy will be strictly enforced.

Registration is accepted when all forms are completed in their entirety, the \$25 one-time registration fee per child is received and a \$10 deposit for each week you are enrolling is received by the Schuylkill YMCA. Financial Assistance is available and all completed forms and required documents should be submitted one week prior to attendance.

FEES SCHEDULE:

Early Bird Registration:	April 1 – April 30	Member \$140/week	Non-Member \$170/week
Registration:	May 1 – Summer	Member \$150/week	Non-Member \$170/week

Fees are weekly, the YMCA will not discount fees for not attending or if a holiday falls during a weekly service day.

Your weekly camp fee includes:

- The camp day from 7:00am – 5:30pm
- Arts & Crafts, Swimming, Sports and Games
- All Field Trips & Transportation
- Breakfast and lunch daily
- Camper T-Shirt

PAYMENT POLICY:

1. All fees are to be received at the YMCA office by Monday before the camp week. Payments may be made by cash, check or credit card. Make checks payable to: Schuylkill YMCA, 520 N. Centre St., Pottsville PA 17901.
2. Deposits are non-refundable and non-transferable.
3. **Payments not received by the Monday before the camp week will be charged a \$10 late fee. To encourage timely payments, bi-weekly automatic withdrawals are encouraged. Forms are included on the Day Camp entry form or can be obtained at the Schuylkill YMCA office.**
4. The appropriate form for automatic withdrawals must be submitted before drafts can be scheduled. Automatic withdrawals from a checking account or credit card will be drafted bi-weekly. Debit cards presented for drafting must be accompanied by a voided check as an alternate form of payment. Drafts that are returned will be resubmitted within 5 days of return. After the second failed attempt, an alternate form of payment will be required.

CONTINUED ON REVERSE

5. Late fees will be assessed on Tuesday before the service week. Any account remaining unpaid (including late fees) by the end of business Thursday will result in the camper's name being removed from the camp roster for the upcoming week. If a child's name does not appear on the camp roster, a valid, paid-in-full receipt must be submitted to the camp counselor before the child can be admitted to camp. A receipt will be issued at the Schuylkill YMCA office when all appropriate fees have been paid in full. Appropriate fees include late fees, past due weekly amounts, and payment for the upcoming week. If you are receiving financial assistance through a Schuylkill YMCA financial assistance program, assistance will be revoked for that week.
6. Camp fees for weeks added after initial registration will be at the current weekly fee. Child must register one week prior to first day at camp.
7. Payments will be applied in the following manner: outstanding balances including any late fees, past due camp fees, then current day camp fees.
8. The policy of the Schuylkill YMCA regarding program participation is that all outstanding fees are paid prior to enrollment in another program. It is the responsibility of the participant/parent to ensure that all prior fees are paid before registering for 2024 Day Camp program.
9. Payments returned by the bank because of non-sufficient funds will be charged a \$35 service charge. An alternate form of payment will be required immediately.
10. Under no circumstances are Day Camp Staff permitted to accept payments of any kind. Payments can only be accepted through the Schuylkill YMCA office.
 11. The YMCA is unable to provide credit for absence due to illness, vacation, or other reasons. It is unfortunate when a child becomes ill or is absent. However, the Day Camp program is designed & staffed to meet on-going child care needs, and thus, fees are required on a weekly basis as contracted in the Agreement Form.
 12. Refunds/credits (less deposit) will not be issued for cancellation of camp weeks after the Monday before the service week.
 13. The YMCA reserves the right to adjust the existing fee structure. Participants will be given a one-week notice of all rate changes.
 14. Children properly registered for the current week of camp will be listed on the sign-in roster. The YMCA Day Camp Staff is not responsible for any child that is not listed on the current roster. If your child is not on the sign-in roster, you will be instructed to contact the Schuylkill YMCA office before your child can be accepted at camp.

I understand, accept and agree with the policy and procedures stated above. As proof of my understanding, acceptance and agreement, I have signed below.

PARENT SIGNATURE: _____ DATE: _____

Registrations will only be accepted if all highlighted areas on the Entry & Registration forms are completed and the appropriate deposits are submitted. Any registration submitted without completed forms and deposits will be returned.



Summer Camp Payment Schedule

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

Payments not received by the Monday before the camp week will be charged a \$10 late fee. Bi-weekly automatic withdrawals will not be assessed a \$10 late fee, unless payment is returned. Payments returned by the bank because of non-sufficient funds will be charged a \$35.00 service charge and the \$10 late fee charge. An alternate form of payment will be required immediately.

Camp Week	Payment Due	Bi-Weekly Auto Draft Payment Submitted	Late Fees Assessed	Unpaid Camper Name Removed From The Roster**
Week 1 (June 10 – June 14)	June 3	June 3	June 4	June 6
Week 2 (June 17 – June 21)	June 10	June 3	June 11	June 13
Week 3 (June 24 – June 28)	June 17	June 17	June 18	June 20
Week 4 (July 1 – July 5)	June 24	June 17	June 25	June 27
Week 5 (July 8 – July 12)	July 1	July 1	July 2	July 3
Week 6 (July 15 – July 19)	July 8	July 1	July 9	July 11
Week 7 (July 22 – July 26)	July 15	July 15	July 16	July 18
Week 8 (July 29 – August 2)	July 22	July 15	July 23	July 25
Week 9 (August 5 – August 9)	July 29	July 29	July 30	August 1
Week 10 (August 12 – August 16)	August 5	July 29	August 6	August 8

*Note: Payment sent through the mail must be received by Monday. Payment will be considered late if not postmarked by Saturday's date.

**Removal from the roster will require a receipt to be presented to the camp counselor before the child can be admitted to camp.

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
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
EMERGENCY CONTACT PERSON(S)	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE
PERSON(S) TO WHOM CHILD MAY BE RELEASED	NAME	ADDRESS
		TELEPHONE NUMBER WHEN CHILD IS IN CARE
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)	ALLERGIES (INCLUDING MEDICATION 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 (REQUIRED)
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE	ADMIN. OF MINOR FIRST - AID PROCEDURES	
WALKS AND TRIPS	SWIMMING	
TRANSPORTATION BY THE FACILITY	WADING	

PERIODIC REVIEW

SIGNATURE OF PARENT or GUARDIAN

DATE

SIGNATURE OF PARENT or GUARDIAN

DATE

CHILD HEALTH REPORT

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

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:
<input type="checkbox"/> 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](http://www.aap.org))

YES NO

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.

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:

Parents may write immunization dates; health professional should verify and complete all data.

YMCA Summer Day Camp Code of Conduct

This form contains two separate codes of conduct – one for campers and one for parents. The counselors have already agreed to the commitment of working with your children and have signed code of conduct forms. Their forms are on file at our YMCA. It is important for you and your child to also make a commitment to follow the code of conduct that is appropriate for you. It is good for parents to know what is expected of their children, and for children to know what is expected of them. This form will be kept on file at the YMCA. Your child will NOT be able to participate in the YMCA Summer Day Camp Program without a completed form on file.

All of the codes of conduct are part of the application and authorization process to participate in YMCA Summer Day Camp. Failure to comply with the code of conduct may result in dismissal from the program.

Parent/Guardian Code of Conduct:

- I will place an emphasis on the fun of participation and keep the emotional and physical well-being of all the children ahead of my own personal desires.
- I will inform the camp director of any physical disability or ailment that may affect the safety of my child, or the safety of others.
- I will require my child to treat other campers, counselors, presenters, bus drivers, etc. with respect regardless of gender, race, religion, culture, or ability.
- I will be a positive role model for my child at all times while on camp property.
- I will not engage in any kind of disrespectful behavior such as bullying, physical acts, using profane language, or using profane gestures with any counselor, director, camper, etc.
- I will support and assist the summer day camp in any way I can, for example: by attending camp programs or volunteering whenever possible.
- I will not encourage any behaviors or practices that would endanger the health and well-being of the campers.
- I will teach my child to resolve conflicts without resorting to hostility or violence.
- I will pick up/drop off my child on time according to camp policy.
- I will pay my camp fee weekly, according to camp policy.
- I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
- I will never ridicule or yell at my child, other campers, counselors, or directors, for making a mistake.
- I will demand a camp environment for my child that is free of tobacco, alcohol, and drugs and I will refrain from their use while on camp property.
- I will respect the counselors and their authority while working with their groups and will never question, discuss, or confront counselors in front of their groups. I will take time to speak with counselors at an agreed upon time and place.

Camper Code of Conduct:

- I will not intentionally hurt or be mean to any camper, counselor, or another person.
- I will respect others by not purposely causing harm or unhappiness to other campers or counselors.
- I will respect property by not damaging any part of the camp or any other places we go and by keeping these places clean.
- I will listen to my counselors by staying in/with my group at all times and following the camp rules.
- I will be kind and polite to everyone, no matter what! If I have a problem with someone else that I cannot solve, I will tell my counselor.
- I understand that if I break this code, I will be subject to disciplinary action.

Child's Name: _____

Parent's Signature: _____ Date: _____

YMCA Release and Waiver of Liability

You have registered your child for a YMCA program that involves physical activity and interaction with others. This document is a release of claims, and by signing it you do the following:

1. Acknowledge that when performing any physical component of this YMCA program, your child may suffer injury.
2. Verify to the YMCA that your child is in good health and physical condition, sufficient to engage in such activities and that your child is not suffering from any condition that would prevent your child from engaging in such activities or that your child's participation in such activities is potentially dangerous or harmful to your child.
3. Assume the risk of, and release the YMCA and its associates harmless from, any liability for physical or other injury that has been suffered by your child during, or as a consequence of, participation in this YMCA program required in the curriculum of this course and you agree that the YMCA nor any other person involved in organizing or teaching in this program, shall have any liability or responsibility for any injury or harm.
4. Authorize the YMCA to photograph or video both myself and my child and understand that all photos and video footage are property of the YMCA and may be used for publicity purposes.
5. Give the YMCA and its staff permission to post my child's allergies in an area for staff awareness. I understand that there will be a cover sheet to protect my child's confidential information.
6. Give the YMCA and its staff permission to walk to and from the park on days when the curriculum allows it.

Child's Name: _____

Parent's Signature: _____

Date: _____

YMCA Summer Day Camp Sunscreen Permission Form

Soaking up the sun's rays used to be considered healthy before we learned about the dangers of ultraviolet rays. These invisible rays, known as ultraviolet-A (UVA) and ultraviolet-B (UVB) cause suntan, sunburn, and skin damage. There is not "safe" UV light. Protecting young people from the sun is especially important as most of our lifetime exposure comes before the age of 20.

YMCA Day Camp participants spend a great deal of time outdoors and are thereby exposed to the sun's harmful rays. Since it is our commitment to promote healthy spirits, minds, and bodies; we have the following policies to this regard.

- ☼ All campers and staff will wear sunscreen with an SPF of at least 15 on all exposed skin (including lips), daily, even on cloudy days.
- ☼ Parents or legal guardians will be responsible for applying the first layer of sunscreen prior to morning drop-off.
- ☼ Parents or legal guardians will be responsible for providing their children with enough sunscreen (in a sealed container) to take with them for later day applications. **ONE CONTAINER PER CHILD, PLEASE. PLEASE NOTE, DUE TO ALLERGIES WE CANNOT GIVE ANYONE ELSE ANOTHER CHILD'S OR STAFF MEMBER'S SUNSCREEN.**

☼ Children will participate in outdoor play and swimming frequently throughout the camp season. Parents are expected to provide sunscreen lotion for the protection of their children. Camp staff is not permitted to apply sunscreen to your child; however, CAMPERS will be reminded to apply sunscreen at least twice during each day. If your child requires sunscreen more often, parents must provide written instructions on how often your child should apply their own sunscreen. The YMCA staff will make every effort to watch children for sunburn, but cannot be responsible for children who do not have sunscreen, have a fair complexion, or forget to apply their sunscreen. If sunburn during swimming is a concern, please provide a t-shirt in addition to sunscreen for your child to wear while in the water.

☼ The YMCA reserves the right to disallow anyone, at any time from participation in our day camp program for failure to comply with this policy.

Please note that these decisions have been made to protect your child. Furthermore, our staff members have been trained on this subject and understand their responsibilities and the consequences for failure in observing this policy.

I verify that I have read, understand, and, for the protection and well-being of my child(ren), agree to comply with the YMCA Day Camp Sunscreen Policy. I also understand that if at any time I fail to comply with the policy, my child will not be allowed to participate in the YMCA Day Camp Program.

Parent or Guardian Signature _____

Date: _____

YOUTH INFORMATION

BSA YOUTH MEMBER APPLICATION

First name (Full legal name) _____ Middle name _____ Last name _____ Suffix _____ Preferred nickname _____

Country _____ Mailing address _____ City _____ State _____ Zip code _____

Phone _____ Date of birth (mm/dd/yyyy) _____ Grade _____ Ethnic background: _____ Gender: Male Female

School _____

Caucasian/White Black/African American Native American Alaska Native
 Hispanic/Latino Pacific Islander Asian
 Other

Scout Life subscription

PARENT/LEGAL GUARDIAN INFORMATION

Mark here if address is same as above. Mark here if you are the Lion or Tiger adult partner. Mark here if the Lion or Tiger adult partner is not living at the same address and complete and attach an adult application.

Select relationship: Parent Legal Guardian Grandparent Other (specify) _____

First name (Full legal name) _____ Middle name _____ Last name _____ Suffix _____ Preferred nickname _____

Country _____ Mailing address _____ City _____ State _____ Zip code _____

Primary phone _____ Date of birth (mm/dd/yyyy) _____ Occupation _____ Employer _____ Gender: Male Female

Alternate phone _____ Ext. _____ Previous Scouting experience _____

I have read the attached information for parents and approve the application. I affirm that I have or will review *How to Protect Your Children From Child Abuse: A Parent's Guide*.

Signature of parent/legal guardian _____ Date _____ Parent/legal guardian email address _____

To be completed by unit

Signature of unit leader (or designee) _____ Date _____

Unit type: Pack Troop Crew Ship Lone Cub Scout Has earned Arrow of Light

Unit No.: _____ For pack registration select one: Lion Tiger Wolf Bear Webelos

Council No.: _____ Unit type: Pack Troop Crew Ship

Unit No. or district name: _____

If applicant has unexpired membership certificate, registration may be accomplished at no charge by transferring the registration or multiple registering.

Enter membership number from unexpired certificate: _____

Registration fee \$ _____ Scout Life fee \$ _____ PAID: Cash Check No. _____ Credit card