

Dear Day Camp Parents,

Enclosed you will find your packet containing all the forms necessary for your child to attend the 2023 summer day camp at the Harrison County YMCA. Because of West Virginia child care licensing requirements, **all forms must be filled out neatly and entirely before your child can be admitted to camp.** Listed below are procedures that we stress firmly and **must be followed** in order for your child to attend the Harrison County YMCA Summer Day Camp.

**2024
SUMMER DAY CAMP
PROCEDURES**

These procedures are of utmost importance in order to assure quality registrations. Following these procedures will assist us in avoiding miscalculations on fees and miscommunication.

1. **ALL** forms and questions must be filled out and answered **COMPLETELY** by the parent/primary caregiver **before** acceptance of payment by the YMCA.
 - **No forms may be filled out with "Same as above".**
 - **All addresses, phone numbers, policy numbers, and zip codes must be filled out.**
 - **All forms are to be signed by the proper authority.**
 - **NA (Not Applicable) should be written in if question does not apply to child.**
THE YMCA WILL NOT ACCEPT INCOMPLETE PAPERWORK!
 - **We are a state licensed day care through WV DHHR.**
 - **We have periodic inspections by our DHHR representative.**
 - **During inspection, if they see any forms not completely filled out, they can request that we send your child home and the YMCA will be written up with a violation.**

2. The "Permission for Medical Treatment" form is duplicated per child. Each form must be filled out individually – **NO COPIES, NO FAXES – MUST BE ORIGINAL SIGNATURES.**

3. Children must be registered for the camp group according to their age.
NO EXCEPTIONS

- Explorers – Ages 3 – 5 and **ARE NOT GOING INTO KINDERGARTEN MUST BE POTTY TRAINED!**
- Adventurers – Ages 5 – 7 (5 year olds that **ARE** going to Kindergarten.)
- Voyagers – Ages 8 – 9
- Challengers – Ages 10 – 12

Note: If we have a special needs student, they will register according to their age. Due to limited staff resources, children with special needs must have prior approval for registration by the Day Camp Director. If groups are full, your child may be moved to another age group.

(ALL CHANGES MUST BE AUTHORIZED BY CAMP DIRECTOR.)

4. **CHOICES** is a fee subsidy program provided by the state. Parents of campers who qualify for CHOICES pay a co-payment fee for camp. The parent will present certificate at the time of registration documenting the amount of the daily fee they are to pay. The certificate must have the correct Provider, Parent, and Dates of Eligibility. **PARENTS ARE TO PAY CO-PAYMENTS WEEKLY ON TIME.**

5. **NO CREDIT FOR MISSED DAYS** – weekly payments are not pro-rated or calculated by the day. **If your child is registered for each week, you MUST pay whether they attend or not. Please register for each week VERY carefully.**

6. **REGISTRATIONS/SPOTS AVAILABLE:** You must register for at least half of the summer in order to hold your spot.

7. **PICK-UPS AT END OF DAY: Custody Concerns:** We must have court orders in the child's file in order to enforce pick up issues.

2024-2025 HARRISON COUNTY YMCA

DAY CAMP REGISTRATION

A. Family Information:

Child's Name _____ Birth Date ___/___/___ Gender ___ Age ___ T-Shirt Size _____

Child's Address _____ City _____ State _____ Zip _____

Mother's/Guardian's Name _____ Employer/School _____

Home Address _____ Work/School Address _____

City/State/Zip _____ City/State/Zip _____

Home Telephone _____ Work Telephone _____

Cell Number _____ Email _____

Father's/Guardian's Name _____ Employer/School _____

Home Address _____ Work/School Address _____

City/State/Zip _____ City/State/Zip _____

Home Telephone _____ Work Telephone _____

Cell Number _____ Email _____

List of people (*including parents*) with permission to pick child up from care (*anyone not listed CANNOT* pick up child without written permission from parent):

I _____ give my permission for the following people to pick up my child.

1. Name _____
Address _____

_____ Phone _____

2. Name _____
Address _____

_____ Phone _____

3. Name _____
Address _____

_____ Phone _____

Child's Name _____

Hours of Enrollment _____ to _____

Days of Enrollment (Please circle) Monday Tuesday Wednesday Thursday Friday

Please Check the Weeks of Attendance (If you choose to register for these weeks, you must pay regardless of attendance).

*Note: some weeks might be updated/changed due to Harrison County School Calendar. If children are still in school, the dates will change. If children go back to school sooner, the dates will change. You will not have to pay for camp if they are in school. *

PLEASE PUT A CHECKMARK BESIDE OF THE WEEK(S) YOUR CHILD IS ATTENDING.

Jun 03 - Jun 07	Week 1 Superheroes Unite	Jun 03 - Jun 07
Jun 10 - Jun 14	Week 2 Camp Hollywood	Jun 10 - Jun 14
Jun 17 - Jun 21	Week 3 Cue Country Roads	Jun 17 - Jun 21
Jun 24 - Jun 28	Week 4 Lost in Space	Jun 24 - Jun 28
Jul 01 - Jul 05	Week 5 Party in the USA	Jul 01 - Jul 05
Jul 08 - Jul 12	Week 6 Through the Decades	Jul 08 - Jul 12
Jul 15 - Jul 19	Week 7 Ocean Life	Jul 15 - Jul 19
Jul 22 - Jul 26	Week 8 Color Blast	Jul 22 - Jul 26
Jul 29 - Aug 02	Week 9 Enchanted Forest	Jul 29 - Aug 02
Aug 05 - Aug 09	Week 10 Y's Got Talent	Aug 05 - Aug 09
Aug 12 - Aug 16	Week 11 Disney	Aug 12 - Aug 16

Emergency Contact List

- 1. Name _____ Telephone (H) _____ (W) _____ (C) _____
Address _____ City _____ State _____ Zip _____
- 2. Name _____ Telephone (H) _____ (W) _____ (C) _____
Address _____ City _____ State _____ Zip _____
- 3. Name _____ Telephone (H) _____ (W) _____ (C) _____
Address _____ City _____ State _____ Zip _____
- 4. Name _____ Telephone (H) _____ (W) _____ (C) _____
Address _____ City _____ State _____ Zip _____
- 5. Name _____ Telephone (H) _____ (W) _____ (C) _____
Address _____ City _____ State _____ Zip _____

Special Instructions: Biological/custodial parents must be given access to their children unless there is a court order preventing contact. Individuals with court orders against them preventing child pick up:

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

Other restrictions on pick up: _____

2024-25 Permission for Medical Treatment: To be filled in duplicate

Name _____ Birthdate ___/___/___ Age _____

Has the child ever had:	Does the child:
Yes/No Chronic or recurrent illness? (Diabetes, Asthma, Seizures)	Yes/No Have any allergies?
Yes/No Any Hospitalizations?	Yes/No Have any problem with heart/blood pressure?
Yes/No Any surgery?	Yes/No Has anyone in your family ever fainted during exercise?
Yes/No Any injuries that prohibited participation in sports or exercise?	Yes/No Take any medication?
Yes/No Dizziness or frequent headaches?	Yes/No Wear glasses ___contact lenses ___ dental appliances _____
Yes/No Concussion/knocked out?	Yes/No Organs missing? (Eye, kidney, testicle)
Yes/No Knee, ankle or neck injuries?	Yes/No Has it been longer than 10 years since your last tetanus shot?
Yes/No Any appliances? (prosthetics)	Yes/No Have you ever been told not to participate in sports or exercise?
Yes/No Broken bones or dislocation?	Yes/No Do you know of any reason this child should not participate in sports or exercise?
Yes/No Heat exhaustion/sun stroke?	Yes/No Have a sudden death in your family?
Yes/No Fainting/passing out?	Yes/No Have a family history of heart attack before age 50?
	Yes/No Develop coughing, wheezing or shortness of breath when exercising?

PLEASE EXPLAIN ANY "YES" ANSWERS OR ANY OTHER ADDITIONAL CONCERNS

List any allergies, illness, regular medications, special needs and concerns _____

Signature of Parent or Guardian _____ Date _____

Physician _____ Telephone _____

Address _____ City/State/Zip _____

Dentist _____ Telephone _____

Address _____ City/State/Zip _____

Insurance: _____ Policy Holder's Name _____ Policy Number _____

I, _____, give my permission to the Harrison County YMCA for _____
(Name of child) to receive emergency medical, dental, or surgical treatment if I cannot be reached. I place the following restrictions on medical treatment _____

Permission to Transport:

___ In the event of an emergency, I prefer that the childcare provider call an ambulance to transport my child.

___ In the event of an emergency, I give permission for the childcare provider to transport my child.

Indemnification Agreement, Medical Treatment Authorization & Parent Authorization

In consideration of acceptance of my child or ward, _____, for participation in the below named activities made available by the Harrison County YMCA, the undersigned parent or guardian, individually and on behalf of my child or ward and our executors and administrators agree to indemnify and hold harmless the Harrison County YMCA, including the directors, officers, agents, employees, members and volunteers, connected with or participating in the activity designated below, including transportation to and from the site for such activity, of and from all claims, demands, actions, judgments and damages which, at any time, may arise against the YMCA, as a consequence of my child's or ward's participation in such activity. Further, the undersigned parent or guardian of the child or ward designated herein authorizes any adult designated by the Harrison County YMCA to consent to the medical, dental and surgical procedure and treatment for the child or ward which may be appropriate for the child or ward as a consequence of participation in the activity authorized.

Activity Involved: Harrison County YMCA Summer Day Camp

Parent Signature _____

Date _____

2024-25 Permission for Medical Treatment: To be filled in duplicate

Name _____ Birthdate ___/___/___ Age _____

Has the child ever had:	Does the child:
Yes/No Chronic or recurrent illness? (Diabetes, Asthma, Seizures)	Yes/No Have any allergies?
Yes/No Any Hospitalizations?	Yes/No Have any problem with heart/blood pressure?
Yes/No Any surgery?	Yes/No Has anyone in your family ever fainted during exercise?
Yes/No Any injuries that prohibited participation in sports or exercise?	Yes/No Take any medication?
Yes/No Dizziness or frequent headaches?	Yes/No Wear glasses __ contact lenses __ dental appliances _____
Yes/No Concussion/knocked out?	Yes/No Organs missing? (Eye, kidney, testicle)
Yes/No Knee, ankle or neck injuries?	Yes/No Has it been longer than 10 years since your last tetanus shot?
Yes/No Any appliances? (prosthetics)	Yes/No Have you ever been told not to participate in sports or exercise?
Yes/No Broken bones or dislocation?	Yes/No Do you know of any reason this child should not participate in sports or exercise?
Yes/No Heat exhaustion/sun stroke?	Yes/No Have a sudden death in your family?
Yes/No Fainting/passing out?	Yes/No Have a family history of heart attack before age 50?
	Yes/No Develop coughing, wheezing or shortness of breath when exercising?

PLEASE EXPLAIN ANY "YES" ANSWERS OR ANY OTHER ADDITIONAL CONCERNS

List any allergies, illness, regular medications, special needs and concerns _____

Signature of Parent or Guardian _____ Date _____

Physician _____ Telephone _____

Address _____ City/State/Zip _____

Dentist _____ Telephone _____

Address _____ City/State/Zip _____

Insurance: _____ Policy Holder's Name _____ Policy Number _____

I, _____, give my permission to the Harrison County YMCA for

_____ to receive emergency medical, dental, or surgical treatment if I cannot

(Name of child)

be reached. I place the following restrictions on medical treatment _____

Permission to Transport:

___ In the event of an emergency, I prefer that the childcare provider call an ambulance to transport my child.

___ In the event of an emergency, I give permission for the childcare provider to transport my child.

Indemnification Agreement, Medical Treatment Authorization & Parent Authorization

In consideration of acceptance of my child or ward, _____, for participation in the below named activities made available by the Harrison County YMCA, the undersigned parent or guardian, individually and on behalf of my child or ward and our executors and administrators agree to indemnify and hold harmless the Harrison County YMCA, including the directors, officers, agents, employees, members and volunteers, connected with or participating in the activity designated below, including transportation to and from the site for such activity, of and from all claims, demands, actions, judgments and damages which, at any time, may arise against the YMCA, as a consequence of my child's or ward's participation in such activity. Further, the undersigned parent or guardian of the child or ward designated herein authorizes any adult designated by the Harrison County YMCA to consent to the medical, dental and surgical procedure and treatment for the child or ward which may be appropriate for the child or ward as a consequence of participation in the activity authorized.

Activity Involved: Harrison County YMCA Summer Day Camp

Parent Signature _____

Date _____

Medical History

(To be completed by parent/guardian *prior to examination*)

Name _____ Birth Date _____ Grade ____ Age _____

Has the child ever had:	Does the child:
Yes/No Chronic or recurrent illness? (Diabetes, Asthma, Seizures)	Yes/No Have any allergies?
Yes/No Any Hospitalizations?	Yes/No Have any problem with heart/blood pressure?
Yes/No Any surgery?	Yes/No Has anyone in your family ever fainted during exercise?
Yes/No Any injuries that prohibited participation in sports or exercise?	Yes/No Take any medication?
Yes/No Dizziness or frequent headaches?	Yes/No Wear glasses __ contact lenses __ dental appliances __
Yes/No Concussion/knocked out?	Yes/No Organs missing? (Eye, kidney, testicle)
Yes/No Knee, ankle or neck injuries?	Yes/No Has it been longer than 10 years since your last tetanus shot?
Yes/No Any appliances/prosthetics?	Yes/No Have you ever been told not to participate in sports or exercise?
Yes/No Broken bones or dislocation?	Yes/No Do you know of any reason this child should not participate in sports or exercise?
Yes/No Heat exhaustion/sun stroke?	Yes/No Have a sudden death in your family?
Yes/No Fainting/passing out?	Yes/No Have a family history of heart attack before age 50?
(Females Only) Yes/No Any problems with menstrual periods?	Yes/No Develop coughing, wheezing or shortness of breath when exercising?

Please explain any "yes" answers or any other additional concerns.

Signature of Parent/Guardian _____ Date _____

Vital Signs

Height _____ Weight _____ Pulse _____ Blood Pressure _____

Visual Acuity: Uncorrected ____/____ Corrected ____/____ Pupils equal diameter Y N

Screening/Physical Exam

Mouth: Appliances Y N Missing/loose teeth Y N Caries needing treatment Y N	Respiratory: Symmetrical breath sounds Y N Wheezes Y N	Abdomen: Masses Y N Organomegaly Y N	
Enlarged Lymph Nodes Y N	Cardiovascular: Murmur Y N Irregularities Y N Murmur with Valsalva Y N	Genitourinary (Males Only) Inguinal hernia Y N Bilaterally descended testicles Y N	
Skin – Infectious lesions Y N			
Peripheral pulses equal Y N			
Musculoskeletal: (note any abnormalities)			
Neck Y N	Elbow Y N	Knee/Hip Y N	Hamstrings Y N
Shoulder Y N	Wrist Y N	Ankle Y N	Scoliosis Y N

RECOMMENDATIONS BASED UPON EVALUATION:

After my evaluation, I give my:

_____ Full Approval

_____ Full Approval, but needs further evaluation by Family Dentist _____ Eye

Doctor _____ Family Physician _____ Other _____

_____ Limited Approval with the following restrictions

_____ Denial of approval for the following reasons

Signature _____

MD/DO/DC/Advanced Registered Nurse Practitioner/Physicians Assistant _____ **Date** _____

2024-2025 Photographic, Audio and Video Release

I, hereby _____ do _____ do not consent and authorize the Harrison County YMCA to use photos, audio and video of my child _____ to promote future Harrison County YMCA programs.

Signature of Parent/ Guardian

Print parent name

Permission to apply sunscreen

I, parent or guardian of _____, gives the Harrison County YMCA school aged child care staff permission to administer sunscreen when needed.

Signature of Parent/Guardian

Print parent name

Permission to administer CPR/AED/First Aid

I, parent/guardian of _____, give my permission for the Harrison County YMCA staff to administer First Aid or CPR/AED on my child if the need arises.

Signature of Parent/Guardian

Print parent name

Parent Handbook Sign Off

I, _____, parent of _____, have read the parent handbook for the Harrison County YMCA School Aged Child Care or Day Camp program. I understand the procedures for the child care and I am willing to follow the procedures. If I have any questions I will ask the Program Director or an appropriate member of the YMCA management.

Signature of Parent

Date

Signature of Witness

Date

Childs Name: _____

Date of Enrollment: _____

2024-2025 MEDICATION PERMIT

(Prescription or Non-Prescription)

This form must accompany any medication you wish your child to take while at camp. Medication means eye drops, cream, Tylenol, allergy tablets, etc. We cannot give your child medication with permission over the phone. The medication cannot be placed in a baggie with the form enclosed. Medication must be in original container prescribed by doctor. **MUST BE GIVEN TO THE DAY CAMP DIRECTOR!**

I request that my child be administered the prescription (or non-prescription) listed below according to designated guidelines.

Date medication received _____ Date Returned to Parent _____

Child's first and last name _____

Name of medication _____

Pharmacy _____ Prescription number _____

Physician's Name _____

Dose _____ Date Filled _____

Time to be Given _____ Date Expires _____

Route _____ Storage Instructions _____

Other _____

Possible side effects _____

Instructions

1. Prescribed medication must be in the original container and have the affixed label including the child's name. Non-prescription medication must also be in the original container.
2. This record will be kept in the child's file.
3. A new permit needs to be signed for each new prescription.
4. Medication will be kept at the Front Desk until the child needs to use it.

This releases and holds personnel and the YMCA harmless from any and all liability for damages or injury resulting directly or indirectly from the presence of the medication at the Harrison County YMCA or its use by my child.

I, the Parent/Guardian of the above child, give permission for the above medication to be administered.

Parent/Guardian Signature _____ Date _____