



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

*Office Use*

Received by: \_\_\_\_\_  
Date: \_\_\_\_\_  
Member #: \_\_\_\_\_

\_\_\_\_\_ WC Cleared  
\_\_\_\_\_ Journals Cleared  
\_\_\_\_\_ Packet Complete  
\_\_\_\_\_ Shot Records  
\_\_\_\_\_ Reg. Fee/Deposits

# The Y at Duck Creek

## Summer Enrichment

### 2017 REGISTRATION PACKET

CAMPER INFORMATION	
Name	
D.O.B.	
Age	
School Attending	
Gender	Male    Female
Shirt Size	Youth    S    M    L Adult    S    M    L    XL    XXL
<b>Will you be using Hamilton County child care subsidy (Ohio ECC swipe card)?</b> <div style="text-align: center;">YES                  NO</div>	
<b>Case #</b> <b>*REQUIRED*</b>	

PARENT INFORMATION	
Name	
D.O.B.	
Street Address	
City, State & Zip	
Phone (Home)	
Phone (Cell)	
Email	
<b>Did you know that the YMCA provides \$235,000 in financial assistance each year to ensure that everyone can benefit from Y programs? Are you willing to help give another child the experience of camp?</b>	
Donation Amount:	\$ _____
Signature:	_____
<i>You will be billed within 30 days.</i>	



**United Way Reporting Purposes (Required):**

*Do you live in the City of Cincinnati limits?*

YES                  NO

*Total number of people in your household:*

\_\_\_\_\_

*Participant's Race:*

- |   |   |                                   |
|---|---|-----------------------------------|
| <input type="checkbox"/> White/Caucasian                  | <input type="checkbox"/> Black/African-American | <input type="checkbox"/> Asian    |
| <input type="checkbox"/> Multi-Racial                     | <input type="checkbox"/> American Indian        | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> Other                  |                                   |

*Household Income:*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0-\$19,999      | <input type="checkbox"/> \$20,000-\$29,999 | <input type="checkbox"/> \$30,000-\$39,999 |
| <input type="checkbox"/> \$40,000-\$49,999 | <input type="checkbox"/> \$50,000+         |  |

## CHILD MEDICAL/IMMUNIZATION STATEMENT

Child's Name (print)	Date of Birth
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### **REQUIRED FOR ALL CAMPERS**

Recommended Immunizations (enter month, day, and year)

Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria, Tetanus, Pertussis (DTaP)					
Hepatitis B (Hep B)					
Haemophilus Influenza type b (HIB)					
Measles, Mumps, Rubella (MMR)					
Inactivated Polio					
Varicella (chicken pox)					
Influenza					
Pneumococcal Conjugate (PCV)					
Rotavirus					
Hepatitis A					
Other					

The immunizations above are recommended by the Centers for Disease Control and Prevention and the Ohio Department of Health.

### **REQUIRED FOR CAMPERS AGES 3-5 YEARS: TO BE FILLED OUT BY A PHYSICIAN'S OFFICE**

This is to certify all of the following:

- I have examined this child and found that he or she is in suitable condition for participation in group care.
- The child has had age appropriate immunizations recommended by the Ohio Department of Health.
- My office has entered the child's immunizations record above or attached a printed record of the immunizations or found that the child should be exempt from immunizations for the following reasons:

List any limitations or health conditions for this child (including allergies, daily medication, dietary restrictions):

Recommended Assessments/Screenings:

Vision:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____	Hearing:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Dental:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____	Lead:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
BMI:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____	Other:	_____	

**Ohio Administrative Code rules 5101:2-12-37 and 5101-2-13-37 require that this examination be given no more than twelve months prior to the date of admission to the child care center.**

Signature of examining Physician/Physician's Assistant/Advanced Practice Nurse	Date of Examination
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Name of Physician/Physician's Assistant/Advanced Practice Nurse	Phone #
Street Address	
City, State, and Zip Code	



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# Y AT DUCK CREEK YMCA ENROLLMENT AGREEMENT

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Please initial on the line next to each policy/procedure:

## **SECTION 1: TUITION AND FEES**

\_\_\_\_\_ REGISTRATION FEE: I understand the \$25 registration fee is required at registration to enroll my child. I understand that I may not guarantee my child's enrollment until the registration fee is paid in full. The registration fee is non-refundable and non-transferable.

\_\_\_\_\_ DEPOSITS: I understand there is a \$10 per camp deposit due at registration. *(For example, if I register for Pre Camp, Post Camp, and Day Camp during Week 1, I owe a \$30 deposit.)*

The deposit for families on County/State assistance is \$1 per camp. *(For example, if I register for Pre Camp, Post Camp, and Day Camp during Week 1, I owe a \$3 deposit.)*

The deposits are non-refundable and non-transferable.

\_\_\_\_\_ TUITION: I have reviewed the tuition due for each program I have selected for my child.

\_\_\_\_\_ PAYMENT OF TUITION: I understand tuition will be charged to my credit/debit card each Friday for the upcoming week. I understand tuition is due for all selected programs regardless of attendance, unless I cancel my child's enrollment 1 week in advance of the program start date. I understand if my voucher co-pay is unavailable on Friday, my card will be charged on Monday.

\_\_\_\_\_ UNPAID TUITION: I understand if my tuition is not paid in full when a week of camp starts, my child will not be permitted to attend until my account is reconciled.

\_\_\_\_\_ AGENCY REIMBURSEMENT: I understand that I am solely responsible for any tuition payment and late fees in excess of any agency or third-party reimbursement in accordance with the applicable contract. I also understand that I am solely responsible for promptly communicating any changes in my status that would affect my agency reimbursement, and that I am solely responsible for payment of any tuition in excess of any agency or third-party reimbursement resulting from failure to promptly communicate changes. If I fail to properly enter or swipe attendance for any day my child is in attendance, I understand that I am solely responsible for the payment of full tuition.

\_\_\_\_\_ CHARGES AND PROCEDURES FOR LATE PICK-UP: I understand that if I fail to pick my child up by the program end time, I will be charged a late fee of \$1 per minute per child. If myself or my emergency contacts cannot be reached within an hour, I understand that Child Protective Services will be called.

\_\_\_\_\_ ADDITIONAL FEES: I understand that if my child does not bring a lunch, there will be a \$5 charge per day. I understand that if my child does not wear the camp field trip shirt for off-site field trips, there will be a \$5 charge for a loaner shirt.

\_\_\_\_\_ RETURNED CHECKS: I understand that I will be charged a \$30 processing fee for all checks which are returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me.

## **SECTION 2: DAILY PROCEDURE**

\_\_\_\_\_ DAILY SIGN-IN AND SIGN-OUT: I agree to sign my child in and out every day. I understand that my child is not permitted to sign him/herself out. I understand that I am required to enter the program to drop off and pick up my child, and that I must escort my child to and from the designated classroom/area and staff member each day.

\_\_\_\_\_ SELF SIGN-IN AND SIGN-OUT: I understand that only children who are 9 years or older, members of the YMCA and have a permission form on file, may sign themselves in and out of camp. If registered for Pre and/or Post Camp, I understand that my child cannot sign his/herself into Pre Camp or out of Post Camp. An adult escort is required for Pre/Post Camp participants.

\_\_\_\_\_ PROGRAM START TIME: I understand that if I arrive more than 15 minutes after the program start time, I will have to walk my child to his/her group. \*This is extremely important for day campers! After 9:15 a.m. children will have to be escorted into the woods (camp); there will not be a staff person available to meet you in the back parking lot.

\_\_\_\_\_ ILLNESS: I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon notification. If my child is exposed to or contracts a communicable disease, I agree to notify the YMCA and I understand that my child will be re-admitted according to the Illness Policy in the Parent Handbook.

\_\_\_\_\_ HEALTH CARE: I understand that the camp will provide routine health/medical care and seek emergency medical treatment for my child if necessary. I also understand that I must provide a copy of my child's immunizations before his/her enrollment is complete.

\_\_\_\_\_ MEDICATION: I understand that my child may not carry any type of medication on his/her person or belongings (this includes inhalers). If my child needs medication, I understand that I must complete an Administration of Medication form and submit it to the Camp Coordinator.

\_\_\_\_\_ SUNSCREEN: I understand that if my child brings sunscreen and/or bug spray to camp, he/she will be permitted to apply it during traditional camp hours (9 am-4 pm). I understand that if I want my child to apply sunscreen and/or bug spray during Pre/Post Camp (6:30-9 am & 4-6 pm), I need to complete an Administration of Medication Form.

\_\_\_\_\_ LUNCH: I understand that I need to pack my child's lunch and drinks daily. I understand that there is no refrigeration or cooking provided. I understand that if I do not provide a lunch, I will be charged a \$5 lunch fee.

\_\_\_\_\_ BEHAVIOR MANAGEMENT: I understand that my child will be expected to follow and be held accountable for all camp rules. These rules can be viewed in the Parent Handbook. I understand that physical violence and bullying are not tolerated. If my child is involved in these behaviors, I understand that I will be called to pick my child up immediately and he/she may be suspended from the program.

\_\_\_\_\_ WITHDRAWAL FROM PROGRAM: I understand that I must provide a one (1) week written notice of withdrawal from the program using the Camp Cancellation Form. If this notification is not provided, I agree to pay all tuition and fees for the week, whether or not my child attends. I understand that when my child is withdrawn, s/he will only be eligible for re-admission based upon space availability and all other enrollment criteria. If there was an outstanding balance when my child was withdrawn, I will be required to bring my account current prior to re-enrollment. I understand all fees are non-refundable.

### **SECTION 3: PARTICIPATION**

\_\_\_\_\_ FIELD TRIPS: I give permission for my child to participate in any trips or excursions away from the program site. I understand that transportation for these trips or excursions may be made by walking, riding in a leased bus, or riding in a YMCA bus.

\_\_\_\_\_ ACTIVITIES: I give permission for my child to use all the equipment and participate in all activities of the camp program. I understand that all camp activities are based outdoors and my child will be outside all day – weather permitting.

\_\_\_\_\_ ELECTRONICS: I understand that under no circumstances may my child bring electronics or toys from home. These items include, but are not limited to: card games, cell phones, iPods, etc. I understand that if my child does so, the staff will confiscate the item and return it to the parent at the end of the day.

\_\_\_\_\_ MODEL RELEASE: The YMCA  may  may not use photographs, reproductions, images or sound recordings of my child for advertising, publicity or any other lawful purpose. The YMCA may use these indefinitely, without limitation or obligation for the purpose of promoting or interpreting YMCA programs.

\_\_\_\_\_ SWIMMING: I give permission for my child to go swimming or otherwise participate in water activities in and near bodies of water two or more feet in depth at the Y at Duck Creek YMCA. I understand that during any scheduled swim activity a certified lifeguard will be on duty at all times. A staff-to-child ratio of 1:18 for school-age children and 1:12 for preschool children will be maintained at all times. I understand that my child will be evaluated by the YMCA lifeguards prior to swimming, according to the YMCA of Greater Cincinnati swim test policy. I give permission for my child to walk to and participate in all swimming activities at the Y at Duck Creek YMCA during the summer camp program (June 1-August 21, 2015). I have reviewed my child's camp schedule and I am aware of his/her swim time.

My child is a  non-swimmer  swimmer.

**SECTION 4: HOLIDAYS, ABSENCES AND CLOSURES**

\_\_\_\_\_ HOLIDAYS/CLOSURES: I understand that camp is closed on Independence Day (July 4<sup>th</sup>). I also understand that camp ends August 21, 2015. Due to school starting, camp can be purchased at a part-time (Mon-Wed) or full-time (Mon-Thurs or Mon-Fri) rate during Weeks 11 and 12 ONLY. Preschool/Kindergarten programs end August 14, 2015.

\_\_\_\_\_ ABSENCES/VACATIONS: I agree to call the camp absence line if my child will be absent for any day. I understand that no allowances, credits, refunds or make up days shall be made for occasional absences, including suspensions.

\_\_\_\_\_ EMERGENCY CLOSING AND INCLEMENT WEATHER INFORMATION: I understand that it is the YMCA's intention to be open and provide programs every weekday of the summer, excluding holidays, but that inclement weather, natural/national disaster or a major facility issue may disrupt service from time to time. I agree that in the event that the program is closed for an extended period of time, I will continue to be responsible for my tuition payments for up to three (3) business days.

**SECTION 5: STATE LICENSING AND OUR POLICIES**

\_\_\_\_\_ ALL POLICIES AND STATE REGULATIONS: I understand that the above policies are not an all-inclusive list of policies, and that my child, my family members, authorized agents and I are bound by state child care regulations, American Camping Association (ACA) standards, the Parent Handbook, and all other YMCA policies, which may be modified at any time.

\_\_\_\_\_ PARENT HANDBOOK: I have received a copy of the Parent Handbook or reviewed it online. I have read and understand its contents and agree to abide by the policies within.

\_\_\_\_\_ NO MODIFICATIONS: No terms of this agreement may be altered, revised, modified or deleted by any person except in cases of policy change to which both the Director and I must initial. Any alterations, revisions, modifications or deletions of any term of this agreement are null and void.

\_\_\_\_\_ YMCA POLICY:

- I understand that the YMCA is not responsible for personal property lost, stolen or broken while participating in the program. My child is responsible for all of his/her belongings.
- I understand that the YMCA is not responsible for anything that occurs as a result of false or incomplete information given by a parent/guardian.
- I understand that any medical expenses resulting from any illness or injury incurred while attending any YMCA program is my responsibility. The YMCA assumes no responsibility for injuries or illnesses which may occur as a result of a child's physical condition or resulting from his/her participation in any athletics, use of equipment, exercise, games or any other activities.
- I acknowledge on behalf of myself and my heirs that I assume the risk for any injuries or illnesses, which may result from Y programming activities. I hereby release and discharge the YMCA, its agents, servants, and employees from any and all claims for injury, illness, death, loss or damage, which my child may suffer as a result of his/her participation.
- The YMCA is not responsible for lost, stolen or damaged items brought to the program.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN NAME (PRINTED): \_\_\_\_\_



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# THE Y AT DUCK YMCA PERMISSION TO SIGN IN & OUT

**Child must be a member of the YMCA of Greater Cincinnati and 9 years of age or older to sign out of camp. If your child does not meet these 2 requirements or you do not want your child to be permitted to sign him/herself in/out, please skip this form.**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Member # \_\_\_\_\_

Parent's Name \_\_\_\_\_ Camp(s) \_\_\_\_\_

Week(s): (circle all applicable)

1      2      3      4      5      6      7      8      9      10      11      12

I, \_\_\_\_\_ (parent/guardian, please print) do hereby give permission for  
\_\_\_\_\_ (child's name, please print) to sign themselves IN / OUT

(please circle) of camp due to extenuating circumstances. This permission is valid only for the weeks circled above.

When not signed into the program, **only YMCA members over the age of 9** may remain at the YMCA without direct supervision, and then for **no more than a period of 2 hours** as per YMCA policy. Children signing themselves in and/or out must carry their membership card at all times & will be asked to scan it at the front desk.

\_\_\_\_\_ (parent/guardian initial)

I understand that my child **will not be able to sign in or out of the program during normal program hours** (child must be signed in during sign-in period, and signed out during sign-out period). **Children may not sign themselves in/out of Pre/Post Camp. If my child is registered for Pre/Post Camp he/she must attend.** I understand that when not signed into the program, the YMCA, the program, and its staff are not liable or responsible for my child.

\_\_\_\_\_ (parent/guardian initial)

I understand that the YMCA has certain expectations regarding member behavior, the Member Code of Conduct. I have gone over these behavior expectations with my child, and understand that the privilege of *signing in/out and being at the YMCA without direct supervision* may be revoked at any time due to unruly behavior.

\_\_\_\_\_ (parent/guardian initial)

I have read and understand the statements above, and the YMCA Camp Parent Handbook, and agree to abide by them.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



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# Y AT DUCK CREEK CHILD SURVEY & PICK-UP AUTHORIZATION

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

**Help us get to know your child:**

Child lives with:  Both Parents  Mother  Father  Other \_\_\_\_\_

**Siblings:**

Name \_\_\_\_\_ Age \_\_\_\_\_ Enrolled in Camp

Name \_\_\_\_\_ Age \_\_\_\_\_ Enrolled in Camp

Name \_\_\_\_\_ Age \_\_\_\_\_ Enrolled in Camp

Are there any special circumstances that may be a factor in your child's present behavior?

\_\_\_\_\_  
\_\_\_\_\_

Other information we should know about your child:

\_\_\_\_\_  
\_\_\_\_\_

**Pick-up Authorization:**

I understand that only those people designated by me on this form may pick up my child from camp and that my child must be signed out of camp each afternoon. I also understand that the adult(s) listed on my child's *Enrollment and Health Information Form* as the Parent(s)/Guardian(s) and Emergency Contacts are authorized to pick-up my child. **All authorized pick-ups should come prepared to present their driver's license or state identification card.**

**Authorized Pick-ups (must be at least 16 years of age)**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



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# THE Y AT DUCK CREEK AUTOMATIC PAYMENT ENROLLMENT

\*Automatic payment enrollment is required for all Y at Duck Creek camp participants. Please read the policies carefully.

### Payment Policies:

- A valid credit/debit card must be on file for all weekly camp payments. Only the registration fee/deposits can be paid by other means.
- **Weekly payments: My credit/debit card will be charged in full for any programs I have selected on the registration form the Friday *before* the selected week.**
- **Monthly payments: My credit/debit card will be charged in full for any programs I have selected on the registration form for the given month on the 1<sup>st</sup> of the month.**
- If I prefer to pay over-the-counter for camp, payment must be made by Thursday at 6:00 p.m. for the upcoming week. A valid credit/debit card must still be on file.
- If my voucher co-pay is unavailable on the Friday before a selected week of camp, my credit/debit card will be charged on Monday.
- **I will be charged in full (whether or not my child attends) unless I withdraw my child from a selected program using the *Camp Cancellation Form* and returning it *one week before the start of the selected week*.**
- No verbal, emailed, or over the phone withdrawals are accepted.
- If my card is rejected, I will be notified the Friday before the selected week. My child will not be able to attend the selected program until the fee is paid and a valid card is on file.

\*The information on this form is confidential and will be kept in a secure location.

Parent's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Membership #: \_\_\_\_\_

Child(ren)'s Name(s): 1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

How would you like to pay?  Weekly: each Friday for the upcoming week  Monthly: 1<sup>st</sup> of each month

Select Card Type:  Visa  Mastercard  American Express

Card Holder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

I understand and agree to the above payment policies. I authorize the Y at Duck Creek YMCA to charge the full fee for all programs selected on the registration form to the credit/debit card listed above.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_



Ohio Department of Job and Family Services  
**CHILD ENROLLMENT AND HEALTH INFORMATION  
 FOR CHILD CARE**

This form shall be completed prior to the child's first day of attendance and updated annually and as needed.

Child's Name		Date of Birth		First Day at Program/Home	
Home Address				City	
State		Zip Code		Home Telephone Number	
Parent/Guardian Name				Relationship to Child	
Home Address				Home Telephone Number	
City				State	
City				Zip	
Email Address (if applicable)			Cell Phone		
Parent's Work/School Telephone Number			Parent's Work/School Name		
Parent's Work/School Address				City	
Please indicate if this name should be released if a parent/guardian, of a child attending the center/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which number(s) above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email					
Where can you be reached while your child is in this program/home?					
Parent/Guardian Name				Relationship to Child	
Home Address				Home Telephone Number	
City				State	
City				Zip	
Email Address (if applicable)			Cell Phone		
Parent's Work/School Telephone Number			Parent's Work/School Name		
Parent's Work/School Address				City	
Please indicate if this name should be released if a parent/guardian, of a child attending the center/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which number(s) above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email					
Where can you be reached while your child is in this program/home?					
<b>Emergency Contacts: Parents cannot be listed as emergency contacts. List the name of at least one person who can be contacted in the event of an emergency or illness if you cannot be reached. Any person listed should be able to assist in contacting you. At least one person listed must be within one hour of the center/home, able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age.</b>					
Name			Name		
City		State	City		State
Telephone Number		Relationship to Child	Telephone Number		Relationship to Child
Other numbers where emergency contact can be reached (if applicable)			Other numbers where emergency contact can be reached (if applicable)		
Name of Physician or Clinic/Hospital					
Street Address					
City		State		Telephone Number	

Child's Name

**Allergies, Special Health or Medical Conditions, and Food Supplements**

Fill in this section accurately and completely. Please note that if your child has a **current** health or medical condition requiring child care staff to perform child specific care, such as: to monitor the condition, provide treatment, care, or to give medication, the JFS 01236 "Medical/Physical Care Plan" or equivalent form and/or the JFS 01217 "Request for Administration of Medication" must be completed and be kept on file at the center or family child care home.

Does your child have any food, medication or environmental allergies? *(check all that apply)*

- No  
 Yes - check all that apply     Food     Medication     Environmental    Please list and explain:

Does your child's allergy/allergies require child care staff to monitor your child for symptoms, take action if a reaction occurs, or give emergency medication to your child? *(check one)*

- No  
 Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Does your child have a special health or medical condition? *(check one)*

- No  
 Yes - please explain

Does the special health or medical condition require child care staff to perform a procedure, or perform child specific care such as: to monitor your child for symptoms or administer medication during child care hours? *(check one)*

- No  
 Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Is your child currently using any medication, food supplement or medical food (such as electrolyte solution)? *(check one)*

- No  
 Yes - please explain

If yes, does this medication, food supplement, or medical food need to be administered at the child care center/type A home?

- No  
 Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication, food supplement or medical food.  
 N/A - program does not administer any medications.

Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? *(check one)*

- No  
 Yes - please explain

Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group?

- No  
 Yes - written instructions from the child's health care provider must be on the JFS 01217 "Request for Administration of Medication."  
 N/A - child does not attend a full time program.

Child's Name \_\_\_\_\_

List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff or medical personnel in an emergency situation.

List any additional information about your child that would be useful for staff to know, such as fears, eating or sleeping habits, or special routines. This information should not be medical or health related, as that information should be included on the previous page.

**Diapering Statement**

Is your child toilet trained?  Yes (If yes, skip to Emergency Transportation Authorization section)  No (If no, fill out the following)

The program's policy is to check diapers every \_\_\_\_\_ hours. Please indicate if you want your child's diaper checked according to the program's policy or another:

I agree with the program's schedule  I do not agree, please check my child's diaper every \_\_\_\_\_ hours.

**Emergency Transportation Authorization**

<b>Give <u>Permission</u> to Transport</b>		<b>OR</b>  <b>Do not sign both</b>	<b><u>Do Not Give Permission</u> to Transport</b>	
Program or Home Name			Program or Home Name	
has <b>permission</b> to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.			does <b>not have permission</b> to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:	
Parent's Signature	Date		Parent's Signature	Date

**Acknowledgement of Policies and Procedures**

I have reviewed and received a copy of the program's or home's policies and procedures/handbook.  Yes  No  
(check one)

This form, after being completed and signed by the parent/guardian, must be reviewed for completeness and signed by the administrator/designee prior to the child receiving care.

Parent/Guardian Signature(s)	Date
Administrator/Designee Signature	Date

The form is to be initialed and dated, at least annually, after it has been reviewed by the parent/guardian. This is to indicate all information has stayed the same or changes have been noted. If significant changes are needed, please complete a new form.

Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review

Note: This is a prescribed form which must be used by child care providers to meet the requirements to rules 5101:2-12-15 and 5101:2-13-15. This form must be on file at the program or home on or before the child's first day of attendance and thereafter while the child is enrolled.

# The Y at Duck Creek Camp Checklist

## Before Camp Starts:

- Medical records returned at least 24 hours prior to camp (Shot record and ODJFS form 01234)
- All camp paperwork turned (You cannot reserve spots without it.)
- All allergies are clearly labeled on paperwork/ stressed on first day of camp
- Medical form returned for staff to apply sunblock, hand sanitizer and all medications
- Join the Duck Creek facebook page for updates, photos, and videos.

## Items for Camp:

- Campers come with sunblock already applied and leave extra on-site
- Sun hat or cap
- Swimming clothes and towel for water days including water shoes
- Water bottle
- Packed Lunch following the My Plate guidelines. (Items required from each food group.)

## Extras:

- Snacks- fruit or daily (we provide Goldfish, pretzels and other dry goods)
- Extra clothes for younger kids
- Bike and helmet for bike week

## Items Not Permitted:

- Medication cannot be in campers belongings. (Must be given to director)
- Toys
- Electronics
- Phones
- Pocket Knife

## News:

We are in the process of hearing back from a few grants. One would supply free food to campers and the other would pay for swimming lessons. This would require transportation and water permission slips if grant money is received. We will keep families posted. However, parents have the right to decline swimming and to pack lunches.

Week	Dates	Full Time Option M/T/W/Th/F				Part-Time				T/W/Th	
		Pre 7:30 am - 9:00 am 4-5-10 years (K-5th)	Post 4:00 pm - 5:45 pm 4-5-12 years (K-5th)	Day 9:00 am - 4:00 pm 7-11 years	Day 9:00 am 4:00pm 4-6 years	Day 9:00 am 12:00 pm 7-11 years	Day 9:00 am 12:00 pm 4-6 years	Day 1:00 pm 4:00pm 7-11 years	Day 1:00 pm 4:00pm 4-5 years	Lunch Buddies 12:00p-1:00p 4-11 years	
1	June 5-9										
2	June 12-16										
3	June 19-23										
4	June 27-July 1										
5*	July 5-7 (pro-rated fees)										
6	July 10-4										
7	July 17-21										
8	Jul 24 - 28										
9	July 31-Aug 4										
10	Aug 7 - Aug 11										
11	Aug 14- Aug 18										
Member	Cost Per Week	\$20	\$25	\$140	\$140	\$45	\$45	\$45	\$45	\$15.00	
Non-Member		\$35	\$35	\$180	\$180	\$58	\$58	\$58	\$58	\$20.00	

\$25 Registration fee will be waived for any family signing up for 6 or more weeks of camp.