



2017 SUMMER CAMP REGISTRATION FORM Gamble-Nippert YMCA – Camp Thunder Rock



YMCA Membership # _____

Date of Registration ____ / ____ / ____

Camper Information			
Name			
D.O.B.			
Age			
School Attending			
Gender (Circle)	Male Female	Grade Entering	
Shirt Size (Circle Size)	Youth Adult	S M L S M L XL XXL	

Parent/Guardian Information	
Name	
D.O.B.	
Street Address	
City/State/Zip	
Phone (Home)	
Phone (Cell)	
Email Address	

United Way Reporting: This program is partially funded through United Way dollars. To help us in our required reporting, we request the following information. It will be kept confidential. This information is for United Way Reporting purposes ONLY!

Total number of people in your household? _____

Do you live in the City of Cincinnati limits? (Circle one) Yes No



Participant's Race: (Circle one) White/Caucasian Multi-Racial Black/African-American Other Asian American Indian Hispanic Native Hawaiian/Pacific Islander

Household Income: (Circle one) \$0 - \$9,999 \$10,000 - \$14,999 \$15,000 - \$24,999 \$25,000 - \$35,000 \$35,000 +

Payment
_____ Full Pay
_____ Applying for Scholarship
_____ I receive Hamilton County Vouchers
Case # _____
Parent SSN _____

Registration Fee: \$25.00 per child or \$50 per family
Deposit: \$10.00 per selected week, per child
Scholarship - \$2.00 per week, per child
Voucher - \$2.00 per week, per child
Non-refundable/Non-transferable/Due at the time of registering

Parent Signature: _____ Date: ____ / ____ / ____

Discounts:
If you pay for 6 weeks or more (per child) in full prior to the start of camp, you save 10%! We also provide a multiple family discount, which allows you to save 10% for additional children!

Registration & Enrollment Process:
Congratulations! **You have completed Step #1!** Through this registration process, a spot in camp has been reserved for your child.
It's time for Step #2: The Enrollment Process. You will need to return the *Enrollment Packet* with an attached copy of immunization records, **prior** to the start of your selected camp.
Step #3 is payment! Camp fee (minus deposit paid) is due on the Friday **prior** to the week of your selected camp.

Automatic Payment Policies
Parents/guardians are required to pay for weekly fees automatically through a credit card.
Payment Policies:

- A valid credit/debit card must be on file for all weekly payments.
- My credit/debit card will be charged in full for any programs I have selected on the registration form on between Thursday before and Monday of the selected week.
- I will be charged in full (whether my child attends) unless I withdraw my child from a selected program using the *Status Change Form* and return in one week before the start of the selected week.
- If my card is rejected, I will be notified. My child will not be able to attend the selected program until the fee is paid and a valid card is on file.

I understand and agree to the above payment policies. I authorize Gamble Nippert YMCA to charge the full fee for all programs selected on the registration form to the credit/debit card provided at the time of registration or on the attached form.

Authorized Signature _____ Date _____



2017 SUMMER CAMP REGISTRATION FORM

Camper's Name: _____

Place an X in each box to indicate which week(s) of camp you would like to register your child for. Please take the time to carefully note times, ages, and dates before registering your child!

Week	Dates	Pre Camp 6:30 – 9:00 am \$30 – Member \$45 – Nonmember \$5 – Scholarship Families	Camp 9:00 am – 4:00 pm \$140 – Member \$175 – Nonmember	Post Camp 4:00 – 6:00 pm \$30 – Member \$45 – Nonmember \$5 – Scholarship Families	Weekly Theme
1	May 29 – June 2* <i>Closed May 29, Memorial Day</i>				School's Finally Out
2	June 5 - June 9				Mystery Week
3	June 12 - June 16				Super Sports Fun
4	June 19 - June 23				Gross Me Out
5	June 26 – June 30				Journey to the Jungle
6	July 3 – July 7* <i>Closed July 4, Fourth of July</i>				Star Spangled Week
7	July 10 - July 14				Challenge Week
8	July 17 - July 21				Wacky Water
9	July 24 - July 28				YMCA's Got Talent
10	July 31 – August 4				Going Green
11	August 7 – August 11				Sky's the Limit

NOTE: Camp schedule is subject to change!

The above selected weeks and programs are my responsibility to pay unless I have cancelled them in writing using a *Status Change Form*. This form must be given to the YMCA Camp Director or Program Director with a week's notice to avoid billing. **No** verbal or over the phone withdrawals will be accepted.

Parent/Guardian Signature

_____/_____/_____
Date

Office Use Only:

Received by: _____

Date: _____

Member # _____

___ Balance Cleared

___ Notes Cleared

___ Shot Records

___ Reg. Fee/Deposits Paid



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

How to Register for Summer Camp:

1. In order to register a child for camp, all past and current balances must be paid.
 2. Fill out this Registration Form and Packet **COMPLETELY**. Child must have completed Kindergarten and not be over 12 years of age for Day Camp. Ages 13 and up can sign up for LIT program.
 3. A \$25 per child (\$50 per family) registration fee must accompany your registration form before any child can be considered enrolled or placed on a waiting list. Registration fee is non-refundable and non-transferable. Exception is listed below*
*Registration Fee is waived for Camp Kickoff March 5 and Healthy Kid's Day April 23!
 4. Mandatory Automatic Payment Enrollment Form must be completed and on file before any child can be considered enrolled or placed on a waiting list.
 5. Registration must be done in person at:
Gamble Nippert YMCA
3159 Montana Ave
Cincinnati OH 45211
Phone: 513-661-1105 Fax: 513-389-3833
- Child immunization records are due on Monday, two weeks prior to the start of camp. The child will not be able to attend if we do not have this form on file. This is a State law and a standard in line with the American Camping Association.

Automatic Credit/Debit Card Payment (Mandatory)

Families must pay for registration fees, deposits, and weekly camp fees automatically through a credit or debit card. Please fill out the payment information below. **Once this information has been entered into our systems, this form will be shredded.** Questions or concerns can be directed to Becca Norton, Family Life Director.

Parent Name			
Child(ren) Name(s) <small>Print All Children's names that payments should be applied to</small>			
Type of Card	<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="checkbox"/> American Express
Card Account #			
Expiration Date (MMYY)			
Name on Card			
Billing Address <small>(Include City, State, Zip)</small>			
Signature and Date			



**YMCA OF GREATER CINCINNATI
GAMBLE-NIPPERT BRANCH
SUMMER CAMP ENROLLMENT PACKET**

Y Membership #: _____ Program Member: _____ Date of Enrollment _____
 Camper's Name: _____ Birth Date: _____ Gender: _____
 School: _____ Grade Entering: _____

Are there any special circumstances in your family that may be a factor in your child's present behavior (divorce, separation, new baby, recent move, hospitalization, etc.):

Number of people in household: _____ Child lives with: Both Parents _____ Mother Only _____
 Father Only _____ Other (please describe): _____

Marital Status: Married _____ Divorced _____ Separated _____ Single _____

Please list siblings:

Name _____	Age _____	Also enrolled in camp? Yes or No
Name _____	Age _____	Also enrolled in camp? Yes or No
Name _____	Age _____	Also enrolled in camp? Yes or No
Name _____	Age _____	Also enrolled in camp? Yes or No

Parent email address _____

I agree to sign my child in and out of camp each day. I understand that the YMCA of Greater Cincinnati and the program will not assume responsibility for a child who has not been signed in when he/she arrives for the day. I understand that only those people designated by me on this form may pick up my child from camp, and that I, or the person picking up my child, must sign my child out each afternoon. I further attest that I have read and understand all camp refund / credit and registration policies. I understand that the YMCA is not able to provide duplicate receipts for tax purposes and agree to keep my original receipt and/or returned checks for this purpose.

Parent Signature _____ Date _____

ADULTS AUTHORIZED TO PICK UP MY CHILD (must be at least 18 years of age)

PLEASE INCLUDE YOURSELF AND SPOUSE (should spouse apply).

NAME	RELATIONSHIP TO CHILD	PHONE NUMBER
------	-----------------------	--------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent Signature _____ Date _____



UNDERSTANDING OF YMCA POLICIES:

I understand that the YMCA of Greater Cincinnati assumes no responsibility for injuries or illnesses which I may sustain as a result of my physical condition or resulting from my participation in any athletic events, sports programs, the use of any equipment, exercise or other activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any injuries or illnesses, which may result from these activities. I hereby release and discharge the YMCA of Greater Cincinnati, its agents, servants, and employees from any and all claims for injury, illness, death, loss or damage which I may suffer as a result of my participation in these activities. I understand that the YMCA of Greater Cincinnati is not responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities on YMCA premises. I give my permission to the YMCA of Greater Cincinnati to use indefinitely, without limitation or obligation, photographs, film footage, or tape recordings which may include my image or voice for purpose of promoting or interpreting YMCA programs. I acknowledge the waiver set forth above.

Parent Signature _____ Date _____

PERMISSION TO PARTICIPATE:

- ___ Yes ___ No I give my permission for my child to participate in any trips or excursions away from the program site. I understand that transportation for these trip or excursions may be by YMCA bus, public transportation, walking or leased bus.
- ___ Yes ___ No I give my permission for my child to use all of the equipment and participate in all activities of the program.
- ___ Yes ___ No I give my permission for my child to be included in evaluations, pictures, newsletters, and marketing pieces associated with the program.
- ___ Yes ___ No I give my permission for the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment.
- ___ Yes ___ No I have received, read, and understand the Summer Programs Parent Handbook.

I have read and fully understand the above policies and authorization, and do hereby give such authorization as indicated.

Parent Signature _____ Date _____

SWIMMING PERMISSION SLIP:

I grant permission for my child _____ to go swimming or otherwise participate in water activities in bodies of water two or more feet in depth at the YMCA. My child is a ___ non-swimmer ___ swimmer

During any scheduled swimming activity a certified lifeguard or water instructor will be on duty at all times. A child staff ratio maximum of 1:18 for school-age children and 1:12 for preschool children will be maintained at all times. Additional staff is provided above the licensing ratio standards. All children will swim on location. I understand my child will be evaluated by YMCA program staff prior to swimming activity according to the YMCA of Greater Cincinnati Swim Testing Policy. Depending on the swim skills demonstrated, my child will:

- Be required to swim in shallow water only and wear a Coast Guard approved flotation device while participating in the aquatic portion of the program. (Note: The YMCA will provide this equipment)
- Be required to swim in shallow water only or
- Able to swim in deep water. (Child must be able to jump feet first into water, tread for 10 seconds and continue to swim for 1 length of the pool)

I understand that the YMCA reserves the right to re-evaluate all deep-water swimmers and may move them to shallow water if deemed necessary.

I would like my child to swim in shallow water only. ___ Yes ___ No

Parent 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	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	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?					
Emergency Contacts: Parents <u>cannot be listed</u> 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.					
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 food 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

Give Permission to Transport

Program or Home Name _____

I **has permission** 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.

Parent's Signature _____ Date _____

OR

Do not sign both

Do Not Give Permission to Transport

Program or Home Name _____

I **does not have permission** 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 _____

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.

Ohio Department of Job and Family Services
CHILD MEDICAL STATEMENT FOR CHILD CARE

Child's Name <i>(print or type)</i>	Date of Birth
<input checked="" type="checkbox"/> This above named child has been examined, the immunization status recorded, and the child is in suitable condition for participation in group care. <input checked="" type="checkbox"/> This above named child has been immunized in accordance with the requirements of section 5104.014 of the Ohio Revised Code (please note any exceptions below).	
Signature of Examining Physician/Physician's Assistant/Advanced Practice Registered Nurse/Certified Nurse Practitioner	Date of Examination
Name of Physician/Physician's Assistant/Advanced Practice Nurse/Certified Nurse Practitioner	Telephone Number
Street Address	
City, State and Zip Code	

ATTACH A COPY OF THE CHILD'S IMMUNIZATION RECORD WITH DATES OF DOSES OF ALL IMMUNIZATIONS

Exceptions to immunization requirements pursuant to 5104.014 ORC (please include names of requirement; diseases against which the child has not been immunized and whether it is because the immunization is medically contraindicated, not medically appropriate for the child's age, or declined by the parent):

I have declined to have my child immunized against one or more of the diseases required by 5104.014 of the Ohio Revised Code. Please note disease above and sign.

Signature of Parent	Date of Signature
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Optional Recommended Assessments/Screenings			
Vision	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lead	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hearing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hemoglobin	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dental	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	
Measurements		Notes	
Height			
Weight			
BMI			

YMCA Camp Health History Form

The information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. Any changes to this form should be provided to camp health care personnel upon participant's arrival in camp. Provide complete information so that the camp can be aware of your needs.

Name _____ Birth date _____ Age at camp _____
Last First Middle

Insurance Information

Is the participant covered by family medical/hospital insurance? Yes No

If so, indicate carrier or plan name _____ Group # _____

Important – These boxes must be complete for attendance

ALLERGIES List all known

Describe reaction and management of the reaction

Medication allergies (list)

Food allergies (list)

Other allergies (list) – include insect stings, hay fever, asthma, animal dander, etc.

Please list any camp activities your child should not participate in for health reasons:

Past Medical History (including surgeries, hospital stays, or previous health concerns):

Describe any current physical, mental, or psychological conditions requiring medications, treatment, or special restrictions or considerations while at camp:

By signing below I attest that all immunizations required for school are up to date (immunization records MUST be attached)

Parent/Guardian Authorizations: This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except those noted.

I hereby give permission to the camp to provide routine health care, administer prescribed medication, and seek emergency medical treatment including ordering x-rays or routine tests. I agree the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent of guardian or adult camper/staffer _____

Printed name _____ Date _____

I also understand and agree to abide by any restrictions placed on my participation in camp activities.

Signature of minor or adult camper/staffer _____ Date _____

MEDICATIONS BEING TAKEN

Please list ALL medications (including over-the-counter or non prescription drugs) taken routinely. Bring enough medication to last the entire week at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

This person **takes NO medications** on a routine basis. OR This person **takes medications** as follows:

Med #1 _____ Dosage _____ Specific times taken each day _____
Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day _____
Reason for taking _____

Attach addition pages for more medications.
Identify any medications taken during the school year that participant does/may not take during the summer: _____

RESTRICTIONS (The following restrictions apply to this individual.)

Does not eat: Red meat Pork Dairy products Poultry Seafood Eggs Other
(describe) _____

GENERAL QUESTIONS (Explain "yes" answers below.)

- | | | | |
|--|--------------------------|--|--------------------------|
| 1. Had any recent injury, illness or infectious disease?..... <input type="checkbox"/> | <input type="checkbox"/> | 18. Have an orthodontic appliance being brought to camp?... <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have a chronic or recurring illness/condition?..... <input type="checkbox"/> | <input type="checkbox"/> | 19. Have any skin problems (e.g., itching, rash, acne)?..... <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Ever been hospitalized?..... <input type="checkbox"/> | <input type="checkbox"/> | 20. Have diabetes?..... <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Ever had a surgery?..... <input type="checkbox"/> | <input type="checkbox"/> | 21. Have asthma?..... <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have frequent headaches?..... <input type="checkbox"/> | <input type="checkbox"/> | 22. Had mononucleosis in the past 12 months?..... <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Ever had a head injury?..... <input type="checkbox"/> | <input type="checkbox"/> | 23. Had problems with diarrhea/constipation?..... <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Ever been knocked unconscious?..... <input type="checkbox"/> | <input type="checkbox"/> | 24. Have problems with sleepwalking?..... <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Wear glasses, contacts or protective eye wear?..... <input type="checkbox"/> | <input type="checkbox"/> | 25. If female, have an abnormal menstrual history?..... <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Ever had frequent ear infections?..... <input type="checkbox"/> | <input type="checkbox"/> | 26. Have a history of bed-wetting?..... <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Ever passed out during or after exercise?..... <input type="checkbox"/> | <input type="checkbox"/> | 27. Ever had an eating disorder?..... <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Ever been dizzy during or after exercise?..... <input type="checkbox"/> | <input type="checkbox"/> | 28. Ever had emotional difficulties for which
professional help was sought?..... <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Ever had seizures?..... <input type="checkbox"/> | <input type="checkbox"/> | | |
| 13. Ever had chest pain during or after exercise?..... <input type="checkbox"/> | <input type="checkbox"/> | | |
| 14. Ever had high blood pressure?..... <input type="checkbox"/> | <input type="checkbox"/> | | |
| 15. Ever been diagnosed with a heart murmur?..... <input type="checkbox"/> | <input type="checkbox"/> | | |
| 16. Ever had back problems?..... <input type="checkbox"/> | <input type="checkbox"/> | | |
| 17. Ever had problems with joints (e.g., knees, ankles)?..... <input type="checkbox"/> | <input type="checkbox"/> | | |

Please explain any "yes" answers, noting the number of questions. _____

Name of family physician _____ Phone _____

Address _____

Name of family dentist/orthodontist _____ Phone _____

Address _____

Screening record (For camp use only)

Screened by _____

Current health needs identified _____

Observational notes _____



**Gamble Nippert YMCA
Background Information Form
School Age Child Care**

(Confidential—for teachers' and director's use only)

Child's Name _____ Nickname _____ Gender M/F

Birthdate _____ Place of Birth _____ Nationality _____

Mother's Name _____ Occupation _____ Work Phone _____

Father's Name _____ Occupation _____ Work Phone _____

Other Guardians (if any)

Marital Status of Parents/ List any Custody or visiting arrangements

List siblings and their ages:

If child is adopted, list age at adoption _____ Is child aware of adoption? _____

Are there other members of the household? List name, age and relationship.

Does your child have any problems with vision or hearing? Please explain.

Does your child have speech delays _____ Is your child in speech, occupational, or other therapy? _____ Please explain _____

Is a language other than English spoken at home? _____ If yes, please list _____

Are there any cultural or religious practices of your family that we should be aware of? (dietary restrictions, clothing, head coverings, parenting practices, etc.)

Does your family have routines at home to comfort your child? _____

Is your child experiencing any changes or transitions at this time? Explain.

List some of your child's favorite activities: _____

Do you have concerns about your child's development? If so, explain.

Is there anything else for us to know? _____

YMCA of Greater Cincinnati

Children's Program Permission and Authorization

I hereby grant permission for:

- My child to use all of the equipment and participate in all of the activities offered at the YMCA.
- My child to be included in evaluations and photographs connected with the program.
- The staff to take whatever steps may be necessary to obtain emergency medical care as warranted as provided for in the Ohio Department of Job and Family Services required enrollment form.
- Records of my child's progress to be included in program evaluations.
- Information about my child and his/her progress in the program to be shared with public school professionals and other professionals working in the center. Information shared will always be in the best interest of my child, and written notification will be provided at each instance.
- Participation of my child in the Ages & Stages Questionnaire: Social-Emotional with the teachers and parents.
- The YMCA to use without obligation, photographs, film footage, or tape recordings which may include my child's image or voice for publicity and marketing purposes of the YMCA only.

I understand that:

- Expenses incurred in obtaining medical treatment are my responsibility.
- The YMCA is not responsible for anything that may happen as a result of false information given by a parent or guardian.
- The YMCA and the center will not assume responsibility for any child who has not been signed in as s/he arrives or has been signed out at departure.
- The YMCA prohibits staff from spending time outside of the program with children that they have met at the program. This includes child care outside of the program, transportation that is not owned by the YMCA, and any outside contact. Immediate disciplinary action will be taken by the YMCA toward staff when a violation is discovered.
- Staff shall not release children to anyone other than the custodial parent or guardian. Any person unknown to staff, who is authorized to pick up a child, will be required to present photo identification.
- Should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol and is unable to safely supervise the child, or is planning to drive a motor vehicle, staff will contact the emergency contacts and/or law enforcement personnel as needed in the staff member's judgement.
- The YMCA staff members are mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation. I affirm that I have been given a copy of the YMCA Enrollment Packet; agree to read it, as I will be accountable for the information contained therein. Staff have reviewed with me the licensing information, program information including outdoor play, child guidance, managements, and supervisor procedures, nutrition, emergencies and accidents, illness procedures, water play and/or swimming practices, parent participation, fees and extra charges for lateness, registration and termination information, and the enrollment and health information that is required.

Parent/Guardian Signature

Date

Participant's Name _____

Birth Date _____

YMCA of Greater Cincinnati Program Participation Waiver

I understand that the YMCA of Greater Cincinnati assumes no responsibility for injuries or illness which I may sustain as a result of my physical condition or resulting from my participation in any athletic activities, sport programs, the use of equipment, exercise, or any other activity at the YMCA. I expressly acknowledge on behalf of myself and my heirs that I assume the risk of any and all injuries and illness, which may result from my participation in these activities. I hereby release and discharge the YMCA of Greater Cincinnati, its agents, servants, and employees from any and all claims for injury, death, loss or damage, which I may suffer as a result of my participation in these activities.

I understand that the YMCA of Greater Cincinnati is not responsible for personal property lost or stolen while using YMCA facilities or while on YMCA premises.

I give my permission to the YMCA of Greater Cincinnati to use photographs, film footage, audio or video tape recordings, which may include my image or voice for purposes of promoting and interpreting YMCA programs and services to the general public.

I will adhere to the YMCA Code of Conduct. I understand that the YMCA of Greater Cincinnati will hold me accountable to the Code of Conduct, and may restrict my access to the YMCA upon breach of the code.

ACCEPTANCE: I acknowledge the Waiver set forth above and, being in sympathy with the mission statement of the YMCA, hereby accept the policies and procedures of the YMCA of Greater Cincinnati.

Participant's Signature

Date

Parent /Guardian Signature

Date



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BEHAVIOR MANAGEMENT GUIDELINES

It is the YMCA's goal to provide a healthy, safe, and secure environment for YMCA participants. Children who attend the program are expected to follow the behavior guidelines based on the four core values and to interact appropriately in a group setting.

Behavior Guidelines:

- We will **care** for ourselves and those around us.
- **Honesty** will be the basis for all relationships and interactions.
- Everyone is **responsible** for his/her actions.
- We **respect** each other and the environment.

When a child does not follow the behavior guidelines, we will take the following steps:

1. Staff will redirect the child to more appropriate behavior.
2. The child will be reminded of the behavior guidelines and rules and a discussion will take place.
3. If the behavior persists, a parent will be notified of the problem.
4. The staff will document the situation. This written documentation will include what the behavior program is, what provoked the problem, and the corrective action taken.
5. Staff will schedule a conference with the parent to determine the appropriate action to take.
6. Staff will schedule a progress check or a follow-up conference.
7. If the problem still persists, staff will schedule a conference that includes the parent, staff, and program director. The program director will have all documentation and the notes from the previous conferences for review.
8. If a child's behavior at any time threatens the immediate safety of that child, other children or staff, the parent may be notified and expected to pick up the child immediately.
9. If a problem persists and a child continues to disrupt the preschool program, the YMCA reserves the right to suspend the child from the program. Expulsion from the program will be considered in extreme situations.

The following behaviors are not acceptable and may result in the immediate suspension for the remainder of the current day and the next day:

- Endangering the health and safety of children and/or staff, members, and volunteers.
- Stealing or damaging YMCA or personal property.
- Leaving the classroom/group without permission.
- Continuing to disrupt the program.
- Refusing to follow the behavior guidelines or preschool rules.
- Using profanity, vulgarity, or obscenity frequently.
- Acting in a lewd manner.

PARENT SIGNATURE REQUIRED:

I have reviewed with my child the Behavior Management Procedures. I understand and agree to all of the terms presented in this document.

Parent's Signature

Date

Sick Child Policy

5101:2-14-30 (D) of the OAC states that a sick child is one who demonstrates one or more of the following symptoms:

1. A temperature of at least 100 degrees Fahrenheit when accompanied by any other sign or symptom of illness. *Temperatures shall be taken by the armpit method with a digital thermometer. The thermometer shall be used and sanitized after each use according to the manufacturers guidelines.
2. Diarrhea, defined as 3 or more abnormally loose stools within a 24 hour period.
3. Severe coughing which causes the child to become red or blue in the face or to make a whooping sound.
4. Difficult or rapid breathing which is not attributed to a known respiratory illness such as asthma.
5. Yellowish skin or eyes.
6. Purulent eye discharge (pus) eye pain, or eyelid redness.
7. Untreated infected skin patches, spots, or rashes.
8. Unusually dark urine and/or gray or white stool.
9. A stiff neck with an elevated temperature.
10. Evidence of untreated lice, scabies, or other parasitic infection.
11. Sore throat or difficulty swallowing.
12. Vomiting more than once or when accompanied by any other sign or symptom of illness.

Following a child's illness or communicable disease, providers must receive a medical statement from the child's physician prior to the child returning to care.

(Reference Additional County Rule #5)

HCJFS 3258 (REV. 1-09)



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of Greater Cincinnati Voucher Agreement

Please read the following policies for families using vouchers and the Ohio ECC swipe card system for Child Care.

Your responsibilities in this process are as follows:

- You are responsible for paying your parent fee as designated by Hamilton County Department of Job and Family Services. The fee must be paid no later than 10 a.m. on Monday of the week of service.
- You are responsible for your card and your pin numbers.
- You are responsible for swiping your child in and out **each** day.
- If you miss a swipe, you are responsible for doing a previous swipe and correctly recording the time your child arrived/departed within 3 days.
- You are responsible for telling your child care caseworker if you change your address or phone number.
- It is your responsibility to call your caseworker and add the site as an authorized provider before your child attends the program. For off-site programs, add as the YMCA at the site/school name.
- If you receive an error or denied message when swiping your card, it is your responsibility to notify a child care staff member immediately.
- For full-time programs (camp and preschool), if the child does not attend at least 25 hours and does not have absences left to reach the 25 hour minimum, the family must pay the difference between the part time and full time rate for that week.
- For part time programs (before and after school), if the child does not attend at least 7 hours and does not have absences left to reach the 7 hour minimum, the family must pay the difference between the hourly rate and the part time rate for that week.

I, _____ (print name), have read and understand my responsibilities in regards to the Ohio ECC Swipe Card System.

Signed _____ Date _____



Main Office: 222 East Central Parkway • Cincinnati, Ohio 45202-1006
General Information: (513) 945-1800
General Information TDD: (513) 945-1255
www.hcjfs.org

Child Care Co-Payment Agreement Form

Ohio Administrative Code 5101:2-16-39 (M) requires Child Care providers to establish a written agreement for payment of the co-payment, and fees, signed by the provider and caretaker. Providers must retain the original form in their records and submit a copy to HCJFS only when advising HCJFS of the consumer's non-payment of fees.

Caretaker:	Provider:
Address:	Address:
Telephone:	Telephone:

I, _____, agree to pay the assigned weekly co-payment (fee determined by HCJFS) to the provider. The due date for payment is:

Failure to pay the co-payment by the agreed upon date, will result in notifying the HCJFS of the delinquent co-payment and possible termination of services.

The signatures below signify agreement with the statements above.

Signature of Caretaker:	Date:
Signature of Provider:	Date:

If the consumer's co-payment fee is delinquent more than ten calendar days from the due date established in this written co-payment agreement, submit a copy of this document and the HCJFS 4571 – Delinquent Fee Form by fax or mail to:

Hamilton County Job & Family Services
Child Care Department
222 E. Central Parkway
Cincinnati, OH 45202
Fax: 513-945-1830



Parent Statement of Understanding

I have received and reviewed the Summer Program Policies & Procedures Handbook and understand its contents.

- I understand that I need to pack my child a swimsuit, towel, and water bottle and that my child needs to wear closed-toed shoes each day. I understand that Day Camp children should arrive to camp prepared to swim with a swimsuit and sunscreen already applied.
- I understand that under no circumstances will my child bring their own toys, which include but are not limited to: personal electronic devices, card games, other personal items. If my child does so, the staff will confiscate the item and return it to the parent at the end of the day.
- **I understand that program fees are due by 6:00 pm the Friday prior to the week of attendance.** If my payment is not received by then, I understand that it is my responsibility to add a \$10 late fee to my payment. Failure to pay will result in removal of my child from the program and the space will be given to another child on the waiting list.
- **I understand that there is a late fee if children are not picked up by 4:05** (6:05 for children in Post-Camp). This fee is \$1 per minute for each child. I understand that I must pay, in full, the late fee amount before my child can be accepted back into the program.
- I understand that if my child will be absent from camp, I need to call to report the absence prior to 9:00AM (before 6:30AM if scheduled for Pre-Camp).
- I understand that the YMCA is not responsible for lost or stolen items. My child is responsible for his/her own belongings. I understand that any items not claimed by the middle and end of summer will be given to Goodwill.
- I understand that camp activities are based outdoors and my child may be outside all day—weather permitting.
- **I understand that if I no longer need a program I need to notify the YMCA in writing at least 1 week prior to attendance.** (Status Change Form) I also understand that I forfeit my non-refundable, non-transferable deposit.
- I understand that if my child is 9 years old and a member of the YMCA, they can sign themselves out ONLY if said permission slip is signed by the parent. A written note or phone call does not constitute permission to sign in/out.
- I understand that the YMCA is not responsible for my child until the parent/guardian signs them in to a program.

Parent Signature _____ Date _____

Permission for Under Age Escort

If a person under the age of 18 is authorized to pick up your child, we need you to sign below:

I give permission for _____ to pick up _____ from the YMCA. I understand that _____ is at least 12 years old.

Parent Signature _____ Date _____