



# 2024 Summer Day Camp

At Summer Day Camp, your kids will make new friends and have tons of fun as they explore new adventures each day.

» **ENROLL TODAY!**

JUNIATA VALLEY YMCA  
105 1ST AVE BURNHAM, PA 17009  
717-248-5019  
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**For a better us.®**



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

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# NEED TO KNOW

## HOW DO I SIGN UP?

Complete a registration form for each child you are registering.

Check the weeks you are registering your child for on the front of your child's registration form.

Submit your child's registration form to the YMCA front desk.

## WHAT DO I BRING?

Backpack to hold all of the camper's belongings (Please label all belongings with child's name). Bathing suit, towel, bag lunch, snacks, refillable water-bottle, sunscreen, and extra clothes.

Please bring sunscreen and bug spray if wanted. (Labeled with your child's name)

We will have some on hand if needed.

## WHAT DO I WEAR?

Most of our activities involve outdoor play that may include paint, sand, hiking, fishing, and even mud. (fishing at sites where available)

\*\*\*Please send your child in clothing that is appropriate for these types of activities.\*\*\*

Closed-toed shoes or sneakers are worn at all times (except swimming).

## WHAT DOES MY DAY LOOK LIKE?

Arrival time is 8am, can come at 7:30am if needed.

Campers will have free time until 9:00am while we wait for everyone to arrive.

Most days we will typically have a whole group activity to start our day and then we will be preparing for our adventure of the day.

We will typically be back at the Y around 3:30-4pm on days when we travel.

At the beginning of each week, there will be a weekly newsletter for families to take that will give you information on what to expect that week!



# THE JUNIATA VALLEY YMCA - 2024 SUMMER DAY CAMP

To Comply with State Licensing laws, all sections of this form must be completed before we can accept any child for care.

\*\*\* PLEASE PRINT \*\*\* PLEASE PRINT \*\*\* PLEASE PRINT \*\*\*

## PARTICIPANT INFORMATION:

Child's Name: \_\_\_\_\_ Child's T-Shirt Size: \_\_\_\_\_

Sex: [M] [F] Age: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Child's School: \_\_\_\_\_ 2024: \_\_\_\_\_

\*\*ALL PARTICIPANTS MUST BE ENTERING AT LEAST KINDERGARTEN IN FALL OF 2024 TO BE ELIGIBLE TO ATTEND\*\*

## PARENT/GUARDIAN INFORMATION:

Person listed as Primary will be the sole person authorized to request changes to information and or cancellation of care.

E-MAIL IS THE PRIMARY METHOD OF COMMUNICATING CAMP WEEKLY UPDATES AND SCHEDULING CHANGES- PLEASE PROVIDE YOUR UP TO DATE E-MAIL

\*When a parent is NOT authorized to pick-up, we must have a copy of court documentation. Please provide copies of court documentation with registration\*

Primary Guardian [Mother] [Father] [Other: \_\_\_\_\_] Parent DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Secondary Guardian [Mother] [Father] [Other: \_\_\_\_\_] Parent DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

## EMERGENCY CONTACT/AUTHORIZED PICK-UPS (OTHER THAN PARENTS):

\*Must list at least one additional emergency contact. No one under the age of 18 is permitted. Full Address must be included. Photo ID will be required for pick-up\*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ relationship \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ relationship \_\_\_\_\_

## WEEKLY REGISTRATION

Please check of the weeks your child will be attending summer camp.

<u>Weekly Theme</u>	<u>Camp Dates</u>	<u>Payment and Registration Due By</u>
_____ Week 1: Celebrate Summer	June 10th—14th	June 10th
_____ Week 2: Health & Safety	June 17th-21st	June 17th
_____ Week 3: Summer Olympics	June 24th—28th	June 24th
_____ Week 4: Hooray for the USA	July 1st—3rd (Mini Week)	July 1st
_____ Week 5: Creativity Week	July 8th—12th	July 8th
_____ Week 6: Discovery Week	July 15th—19th	July 15th
_____ Week 7: Down on the Farm	July 22nd—26th	July 22nd
_____ Week 8: Let the Games Begin	July 29th— August 2nd	July 29th
_____ Week 9: Summer Safari	August 5th—9th	August 5th
_____ Week 10: Wet & Wild	August 12th—16th	August 12th
_____ Week 11: The Big Finale	August 19th—21st (Mini Week)	August 19th

### **FOR OFFICE USE ONLY:**

Date Received: \_\_\_\_\_

Entered  
By: \_\_\_\_\_

Red Flag \_\_\_\_ Y \_\_\_\_ N

F/A \_\_\_\_ DSS \_\_\_\_

EE



## THE JUNIATA VALLEY YMCA - 2024 SUMMER DAY CAMP

Child Name: \_\_\_\_\_

In the event that I cannot be reached to make arrangements for emergency medical attention,  
I hereby authorize the Juniata Valley YMCA Program staff to administer and authorize emergency medical treatment:

Insurance Carrier: \_\_\_\_\_ Policy Holder: \_\_\_\_\_ Policy #: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

**Parental Consent –Please circle yes or no for the following (if no selection is made, it is assumed that the answer is “yes”)**

Yes	No	CONSENT FOR TREATMENT: I give consent for any and all necessary treatment when my child is in the care of this physician or hospital.
Yes	No	AUTHORIZATION: In case of sickness or accident, I hereby give my permission to the medical personnel selected by the Juniata Valley YMCA to order and/or perform any medical attention deemed necessary, if I am unable to be contacted. I accept financial responsibility if such treatment is necessary. I further understand that neither the YMCA nor it's workers can be held responsible in the event of accident or accidental death.
Yes	No	CONSENT FOR SUNSCREEN, BUG SPRAY: I give consent for my child to wear and be assisted by staff to apply as directed: Please Check: ____ Sunscreen ____ Bug Spray I further understand that it is my responsibility to provide these items daily.
Yes	No	CONSENT FOR SWIMMING AND WATER BASED PLAY: I give consent for my child to participate in swimming and water-based activities.

**HEALTH HISTORY - PLEASE INDICATE IF YOUR CHILD HAS A HISTORY OF ANY OF THE FOLLOWING: YES/NO/DESCRIPTION**

Hay Fever \_\_\_\_\_ Poison Ivy \_\_\_\_\_ Bleeding / Clotting \_\_\_\_\_

Asthma \_\_\_\_\_ Food Sensitivity \_\_\_\_\_ Hypertension \_\_\_\_\_

Insect Bite Reactions \_\_\_\_\_ Heart Disease / Defect \_\_\_\_\_ Mononucleosis \_\_\_\_\_

**Physician-Diagnosed Allergies:**

Convulsions \_\_\_\_\_ Fainting \_\_\_\_\_

Diabetes \_\_\_\_\_ Menstruation (female) \_\_\_\_\_

Epilepsy \_\_\_\_\_ Other \_\_\_\_\_

Current Medications: \_\_\_\_\_

Does your child have any medical condition that may require additional accommodations not listed above?

Will your child need to take medications during program? \_\_\_\_ Y \_\_\_\_ N

\_\_\_\_ Yes, I understand that if my child needs medication during the Summer Day Camp program, I will be required to provide additional medication consent forms completed by both myself and my child's health care provider.

\*\*\*ALL MEDICATIONS ARE TO BE STORED AND CARRIED BY PROGRAM STAFF (INCLUDING EMERGENCY INHALERS AND EPI-PENS)\*\*\*

**Waiver, release, Indemnification and Hold Harmless Agreement:** I acknowledge and understand that participating in the Juniata Valley YMCA activities involves physical activity and inherent risk of bodily injury or damage to my property, and I do hereby agree, to the fullest extent permitted by law, to release, protect, indemnify, hold harmless, and covenant not to sue, the Juniata Valley YMCA, it's organizers, employees, volunteers, officers, representatives and agents, from and against any and all losses, injuries, harm, claims, and damage, including attorneys' fees and court costs, causes of action or suits in equity of whatsoever kind or nature, arising out of, predicated up, or in any way resulting from participating in the Juniata Valley YMCA activities, other use or occupancy of the Juniata Valley YMCA facilities and equipment, or while traveling to off-site activities, whether caused directly or indirectly by the Juniata Valley YMCA, it's organizers, employees, volunteers, officers, representatives and agents, acts or omissions, including but not limited to the Juniata Valley YMCA's own negligence or gross negligence, I expressly assume all such dangers, risks and hazards to me and all the minors in my care. I HAVE READ AND AGREE TO THE ABOVE WAIVER, RELEASE, IDEMNIFICATION, AND HOLD HARMLESS AND PARTICIPATION AGREEMENT.  
LARGE GROUP FORMAT: I understand that due to large group format of our program, we are unable to provide one-on one care for any child except on a intermittent basis. Such instances include: injuries, immediate disciplinary issues, and certain personal care needs customarily provided to other children.

\_\_\_\_ YES, I UNDERSTAND HOW TO OBTAIN A WRITTEN COPY OF THE YMCA PARENT HANDBOOK BY EMAIL, IN PERSON, OR BY VISITING THE YMCA WEBSITE (www.jvymca.org). NOTE: Failure to sign this parent agreement does not nullify this agreement.

\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date





## THE JUNIATA VALLEY YMCA - 2024 SUMMER DAY CAMP

### Getting to know your child.

Can the child be included in 1:10 ratio?	YES	SOMETIMES	NO
Does the child require 1:1 care?	YES	SOMETIMES	NO
Has the child ever engaged in challenging behaviors towards or with other children or staff?	YES	SOMETIMES	NO
Does your child independently remain with a group at all times?	YES	SOMETIMES	NO
Does the child attempt to hide?	YES	SOMETIMES	NO
Does the child need assistance participating in activities?	YES	SOMETIMES	NO

### **THE MORE INFORMATION YOU SHARE, THE MORE WE CAN HELP PROVIDE**

### **APPROPRIATE ACCOMMODATIONS FOR YOUR CHILD!!**

Is your child excited / cautious about attending the program? \_\_\_\_\_

What is your child's personality? (strengths, interests) \_\_\_\_\_

Does your child have any fears/phobias? \_\_\_\_\_

What is one goal you have for your child? (areas of growth you'd like to see) \_\_\_\_\_

What can we do to ensure your child has a fun experience? \_\_\_\_\_

Please list ANY challenging behaviors (i.e.: hitting, kicking, biting, tantrums, screaming) \_\_\_\_\_

Are there situations in which the child is more likely to engage in the above behavior? \_\_\_\_\_

What is the most effective response to these behaviors at school or home? \_\_\_\_\_

Child's motivating rewards or rein-forcers : \_\_\_\_\_

Additional information you feel may be helpful to YMCA Staff: \_\_\_\_\_

### **PARENT AND PARTICIPANT STATEMENT OF AGREEMENT**

- I understand that I may not leave my child at the YMCA locations unless there is a YMCA staff member present.
- I understand that my child will not be allowed to leave the program with an unauthorized person or staff member. Only adults with valid photo ID and who are over the age of 18 can be authorized to pick up my child.
- I understand that the YMCA staff may not baby-sit, transport, or care for children other than during YMCA program hours.
- I understand that the YMCA staff are not responsible for any issues that occur on the bus prior to the release of the children to the YMCA staff or after the YMCA staff has released care to the transportation company. The issues must be brought to the transportation company's attention.
- I understand that my child may be removed from the YMCA program for any of the following reasons:
  - 1) Failure to pay program fees by designated deadlines.
  - 2) Inappropriate behavior of a child/parent that compromises the YMCA's core values or endangers anyone involved with the YMCA.
  - 3) Failure to observe any of the conditions listed in the Parent Handbook.
- I authorize for my child to participate in the following activities while enrolled in YMCA Programs:
  - Swimming / Water Activities      - Travel on YMCA arranged transportation
  - View a G or PG rated film          - Participate in activities (including field trips and outdoor hiking excursions)

**YMCA CHILD BEHAVIOR CONTRACT:** Certain behaviors are expected from children involved in the YMCA Programs, and following rules promotes a good learning experience that is safe and secure. When a child ignores or disregards rules, everyone's experience is diminished. A Behavior Contract is the first formal step to help solve rule violations. The Behavior Contract involves parents, child and staff and it requires the participation of all parties. If your child's behavior becomes an ongoing problem, then the Behavior Contract will be issued. A sample contract is available in the program office. Failure to correct behavior may result in suspension or dismissal. \*Not all of these steps of the Behavior Contract will be taken every time a child breaks a YMCA rule. Disciplinary action will be determined for each child based on the severity of the action. Violence or issues which compromise the safety of YMCA staff or participants will not be tolerated and can result in immediate suspension or expulsion from the program."

X \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



# THE JUNIATA VALLEY YMCA - 2024 SUMMER DAY CAMP

## FEES AND PAYMENT GUIDELINES / PARENT AGREEMENT STATEMENT

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

### REGISTRATION AND PAYMENT INFORMATION

Checking the weeks you are registering your child for on the front of your child's registration form secures your child's space in the program for that week.

**Once the weeks are selected and the registration form is submitted, sponsors are responsible for the payment in full, regardless of the child's actual attendance. NO EXCEPTIONS WILL BE MADE.**

Your weekly camp fee is payable in two options

1. In full at the time of registration

OR

2. By Electronic Funds Transfer (EFT) the Monday before each week attending.

This is an automatic draft through a checking, credit card or debit card account.

For families applying for Financial Assistance towards their costs, all applications are due by June 20th to qualify.

- Returned EFT payments or non-sufficient funds returns will be imposed a \$35.00 fee
- Any payments not received in full by the YMCA are subject to being submitted to collections after 90 days.
- Children will not be allowed to attend camp unless payment for camp session has been received in full.
- If someone other than the primary caregiver is legally responsible for a portion of child care costs, court documents must be submitted along with their registration form.

### YMCA CREDIT/REFUND POLICY

The Juniata Valley YMCA does not issue credits or refunds in the event of a child's non-attendance for weeks registered. Payments are non-transferable to different weeks of camp. Credits and refunds are only issued under the following conditions:

1. A program is cancelled by the YMCA.
2. A payment error is made by the YMCA.
3. A written medical excuse is provided with specific dates of absence from your medical provider

### CHARGE PERMISSION FORM

To participate in the weekly EFT payment plan for the Summer Day Camp Program, please fill out the bottom section.  
We accept Visa, Discover, Mastercard and American Express.

Debit/Credit Card Number or Checking/Savings Account Number

Checking/Savings Routing Number

Expiration Date

Name Printed

Type of Card

I authorize the YMCA of the Greater Tri-Valley to charge my account above on each Monday prior to my child's attendance at Summer Day Camp in the amount of \$ \_\_\_\_\_ each week.

**I understand that any returned payments or insufficient funds drafts will result in a \$25 fee.**

Signature of Account Holder

Date

My signature verifies that I have read and received a copy of the Fees and Payments Guidelines and agree to all as described above.

x \_\_\_\_\_

Signature of Sponsor

Date

% Responsible For

My signature verifies that I have read and received a copy of the Fees and Payments Guidelines and agree to all as described above.

x \_\_\_\_\_

Signature of Sponsor

Date

% Responsible For



## THE JUNIATA VALLEY YMCA - 2024 SUMMER DAY CAMP PHOTO RELEASE AUTHORIZATION FOR CAMPERS

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

### THE JUNIATA VALLEY YMCA PHOTO RELEASE FORM

I hereby grant the JUNIATA VALLEY YMCA permission to use my child's likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration.

I understand and agree that all photos will become the property of the JUNIATA VALLEY YMCA and will not be returned.

I hereby irrevocably authorize the JUNIATA VALLEY YMCA to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I hereby hold harmless, release, and forever discharge the JUNIATA VALLEY YMCA from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

**I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM GIVING CONSENT FOR MY CHILD BY SIGNING BELOW:**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If you do **not** approve the above release please check here \_\_\_\_\_ initial & date here \_\_\_\_\_.

### **THE JUNIATA VALLEY YMCA Additional Permissions FORM**

I hereby grant the JUNIATA VALLEY YMCA permission to:

\_\_\_\_\_ Speak with my child's health care provider in regards to written medication forms or allergy and anaphylaxis forms

(Initial and write yes or no on each line)

I understand and agree with the above statements and have indicated my agreement to those statements I feel are necessary to assist my child. I understand that I can revoke permissions with a written statement at any time.

I also understand that the Juniata Valley YMCA staff will hold all information obtained confidential and only those persons in the need to know will be notified of any relevant information.

**I HAVE READ AND UNDERSTAND THE ABOVE RELEASE. I AFFIRM THAT I AM GIVING CONSENT FOR MY CHILD  
\_\_\_\_\_ BY SIGNING BELOW:**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_