



2025 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
PRODIR_JVYMCA@COMCAST.NET

For a better us.®



THE JUNIATA VALLEY YMCA - 2025 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: _____ T-shirt Size: _____

Sex: [M] [F] Age: _____ Birth date: ____/____/____ Child's School: _____ 2025: _____

****ALL PARTICIPANTS MUST BE ENTERING AT LEAST 1ST GRADE IN FALL OF 2025 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: Get the Party Started	June 2nd—6th	June 2nd
_____ Week 2: Bring on the Team Spirit	June 9th—13th	June 9th
_____ Week 3: Imagine, Create, and Shine	June 16th—20th	June 16th
_____ Week 4: Mad Scientist	June 23rd—27th	June 23rd
_____ Week 5: Stars, Stripes, and Fun	June 30th—July 3rd	June 30th
_____ Week 6: Into the Wild	July 7th—11th	July 7th
_____ Week 7: Full Steam Ahead	July 14th—18th	July 14th
_____ Week 8: All Star Sports	July 21st—25th	July 21st
_____ Week 9: Down on the Farm	July 28th—August 1st	July 28th
_____ Week 10: Make a Splash	August 4th—8th	August 4th
_____ Week 11: Camp YMCA	August 11th—15th	August 11th
_____ Week 12: The Last Hurrah	August 18th—20th (mini week)	August 18th

FOR OFFICE USE ONLY:	
Date Received:	_____
Entered By:	_____
Red Flag	___ Y ___ N
_____ F/A	___ DSS ___



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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



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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 - 2025 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 can be payable in multiple options

1. In full at the time of registration
2. By Electronic Funds Transfer (EFT) the Monday of each week attending.
This is an automatic draft through a checking, credit card or debit card account.
3. Stop by at the front desk on the Monday of each week attending and pay there.

- Returned EFT payments or non-sufficient funds returns will be imposed a \$25.00 fee
- Any payments not received in full by the YMCA are subject to being submitted to collections after 90 days.
- 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

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 transferable to different weeks of camp if with a 2 week notice and will be a \$25.00 fee. 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 Juniata Valley YMCA to charge my account above on each Monday the week of 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 - 2025 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: ___ / ___ / ___