



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

KIDS, SAY HELLO TO FUN

KINDERCAMP 2018 RON ROSNER FAMILY YMCA

Session Dates (Tuesdays—Thursdays 9am-1pm):

- Session 1—June 19—June 21
- Session 2—June 26—June 28
- Session 3—July 3—July 5 (No camp on the 4th)
- Session 4—July 10—July 12
- Session 5—July 17—July 19
- Session 6— July 24—July 26
- Session 7—July 31—August 2
- Session 8—August 7—August 9

Welcome to Kindercamp! We have dedicated ourselves to ensuring the safety of your child while the campers have the time of their lives! Camp not only needs to be enjoyable for the children, but for the parents as well. We will strive to keep you well-informed, beginning with this packet. If you have further questions, please call your local YMCA. Kindercamp is an exciting time for campers ages three to five that is filled with a variety of activities for children. Our activities provide a developmentally appropriate, hands-on learning environment that is implemented through the use of centers. In addition, the program is enriched with water play, sports, and movements.



Camp Registration Fee

\$25 Now—April 30th
\$50 May 1st—end of camp

Camp Price Per Session

Members: \$50
Non-Members: \$70

*A \$10 deposit for each week attending plus the registration fee is due at time of enrollment.



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Mission Statement

To put Christian principles into practice through programs that build a healthy spirit, mind, and body for all.

Our Purpose

To provide a quality, Christian-oriented outdoor experience that is safe, convenient, and creative. This program presents age appropriate opportunities and activities, which will enhance your child's spiritual, physical, social, intellectual, and emotional growth.

Goals

- To provide a positive growth experience, recognizing each child's individual needs and abilities.
- To provide activities and experiences that develop and support Christian values and positive self esteem.
- To strengthen the family unit.

Financial Assistance

The Rappahannock Area YMCA provides financial assistance based on the ability to pay. This requires completing an "Open Doors" scholarship application accompanied by proof of income (Appointments can be made with the Member Services Department to apply for assistance.).

Sign-In / Sign-Out

YOU MUST SIGN YOUR CHILD IN AND OUT EVERY DAY. YOU ALSO MUST HAVE A PHOTO I.D. READY EACH DAY!

We cannot be held responsible for your child if we are uncertain of his/her presence. There must be an exchange of responsibility from one adult to another, not from a child to staff. All persons signing children in/out must be at least 18 years of age.

Dress Policy

Campers should wear comfortable and appropriate clothing for indoor and outdoor activities. Camp activities are messy. Please send your child in serviceable clothes, but not "party" best. We do not reimburse for clothing rips, stains, or normal wear and tear.

Food Policy

Please send your camper with a nutritionally-balanced lunch and snacks. We do not have facilities for refrigerating or microwaving lunches, please pack the lunch with this in mind. Forgotten lunch fees are \$5 which needs to be paid when you pick up your child.

THE YMCA IS A NUT SAFE ZONE!



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KINDERCAMP APPLICATION FOR ADMISSION 2018

ALL SPACES NEED TO BE COMPLETED IN THEIR ENTIRETY. N/A IF NOT APPLICABLE.

Student Information		
Last Name	First Name	Middle Initial
Nickname	Home Phone	Male or Female
Street Address	City/State	Zip Code
Enrollment Date	Birthdate	Age
List all allergies, intolerance to food, medication, or any substances, and actions to take in an emergency situation:		
List chronic physical problems and pertinent developmental information and any special accommodations needed:		
Physician's Name	Physician's Phone	
Sessions Attending <i>(please circle all that apply)</i> 1 2 3 4 5 6 7 8		
Previous Child Day Care Programs and Schools Attended:		
If child attends this program and another school/program, please give the name of the program:		
Parent Information		
Father's Name	Father's Employer	Business Phone
Street Address	City/State	Zip
Email Address	Home Phone	Cell Phone
Mother's Name	Mother's Employer	Business Phone
Street Address	City/State	Zip
Email Address	Home Phone	Cell Phone



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ALL SPACES NEED TO BE COMPLETED IN THEIR ENTIRETY. N/A IF NOT APPLICABLE.

Emergency Contacts		
In case of emergency and parents cannot be reached, please contact: (We require <u>two</u> different contacts other than the information listed for parents. They must have different addresses.) *Relationship to child = grandparent/neighbor/family friend/etc.		
Name	Relationship to Child	Phone
Street Address	City/State	Zip
Name	Relationship to Child	Phone
Street Address	City/State	Zip

Authorized Pick-Up

Who is authorized to pick up your child from camp? We require I.D. when picking up a child and names must be on our list—if you need to add someone, please give a written note to the teacher.

Unauthorized Pick-Up (must provide court documentation if parent is not allowed to pick up the child)

Illness

The YMCA will notify the parent when the child becomes ill and that the parent will arrange to have the child picked up as soon as possible. **Parents must contact the center within 24 hours of their child or any member of the household being diagnosed with a communicable disease.**

Parent’s Signature _____ Date _____

Photograph / Video

I give permission to the YMCA to video or photograph children for YMCA purposes only.

_____ YES _____ NO

Parent’s Signature _____ Date _____



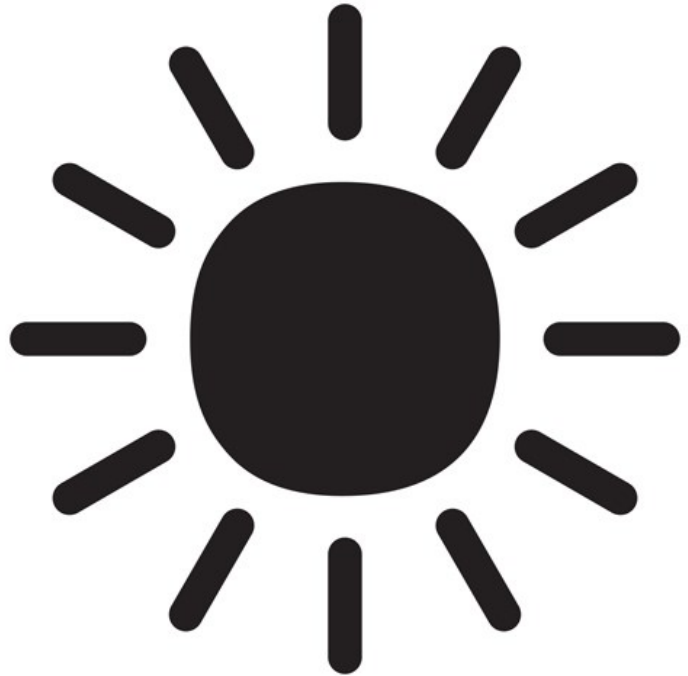
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Sunscreen and Bug Spray Policies

Ultraviolet rays (UVA and UVB) are known to cause sun tan, sun burn, and skin damage. There is no “safe” UV light. Protecting young people from the sun is especially important, as most of our lifetime sun exposure comes before the age of 20. YMCA Camp participants spend a great deal of time outdoors, thus being exposed to the sun’s harmful rays. Since it is our policy to promote healthy spirits, minds, and bodies, we have made the following policies with this in mind.

All campers and staff will wear sunscreen with an SPF of at least 15 on all exposed skin (including lips) daily. **EVEN ON CLOUDY DAYS.**

- Parents and guardians will be responsible for application of first layer of sunscreen/bug spray prior to AM drop-off.
- Parents/guardians will be responsible for providing enough sunscreen/bug spray (clearly labeled with child’s name) for several applications throughout the day.
- YMCA staff will be responsible for ensuring follow-up applications after 1 hour in the water, two hours in outdoor activity, and any time as needed.
- Campers with fair skin, freckles, numerous moles, blond/red/light brown hair, and blue/grey/green eyes tend to burn easily, tan little or not at all, and have a family history of skin cancer. We recommend an extra shirt be brought to wear in the water for extra protection.
- Please note that YMCA staff will aid children as needed in application of sunscreen and bug spray. Please explain this to your child(ren) prior to attendance.
- The YMCA reserves the right to disallow participation in any YMCA program at any time for failure to comply with this policy.
- Please note these policies were made to protect your child. Furthermore, our staff has been trained on these policies and understands their responsibilities and the consequences for failure to observe these policies.



Parent Signature _____

Date _____



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Swimming and Wading Rules

1. No running, pushing, or dunking.
2. No abusive language.
3. No rough playing allowed.
4. Lifeguard has the right to dismiss anyone who is not following the rules.
5. No diving in shallow water.
6. No food or drinks in the pool area.
7. No unauthorized flotation devices.
8. Girls must wear a one piece swimsuit.
9. Boys must wear swim trunks with lining—no mesh shorts.



I authorize my child _____ to participate in swimming activities with the YMCA Kindercamp.

Parent's Signature _____ Date _____

Emergency Authorization

The parent(s)/guardian(s) authorize the YMCA to obtain immediate medical care and consents to the hospitalization of, the performance of necessary diagnostic test upon, the use of surgery on, and/or the administration of drugs to his/her child or ward if an emergency occurs when he/ she cannot be located immediately. It is also understood that this agreement covers only those situations, which are true emergencies, and only when he/she cannot be reached. The parents/guardians understand that the provider will make every effort to contact them and/or their designated emergency contacts. I/we will responsible for payment of medical expenses. Medical treatment costs are covered by (Insurance Company)

Parent's Signature _____ Date _____

Insurance Company _____ Phone _____

Insurance # _____



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Parent Statement of Understanding

The following information is important for the safety and protection of your child. Please read this information and sign below.

- I understand that all fees are due on Fridays 11 days prior to the beginning of the session my child (ren) are enrolled in for the summer.
- I understand that any fees that are declined will be assessed a \$20 late fee.
- I understand that any fees that are not paid by the due date will be assessed a \$25 late payment fee.
- I understand cancellations must be made in writing at least two weeks in advance of session start date. Otherwise, the camp session fee will be due and no refunds for tuition will be given.
- I understand that registration fees and deposits are non refundable and nontransferable.
- I understand that my child must be picked up when the program is over. I will be charged \$20 for each 15 minute interval past the closing of the program for each child.
- I and my child understand the sunscreen, bug spray, disciplinary and behavior management policy, vehicle and swimming pool rules and agree to abide by these policies.
- I understand that I am to inform the YMCA Camp staff within 24 hours if my child or any other immediate household member has developed any reportable communicable disease, as defined by the State Board of Health, except for life-threatening diseases which must be reported immediately.
- I understand that I m not leave my child at the YMCA or program site unless a YMCA Camp staff member or volunteer is there to receive my child.
- I understand that it is my responsibility to sign my child in upon arrival in the morning and sign my child out before leaving in the afternoon. Sign-in/Sign-out sheets available as you enter the program. There must be an exchange of responsibility from one adult to another, not from a child to staff. All persons signing children in/out must be at least 18 years of age. The YMCA cannot release minors to minors. (See other pick-up provisions in Parent Handbook).
- I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child must be listed on this form. Authorization by telephone will not be accepted.
- I understand that YMCA staff and volunteers are not allowed to babysit or transport children at any time outside the YMCA facilities and program.
- I understand that by state law, the YMCA is mandated to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that the YMCA will notify me of any illness my child has and I am to pick up my child as soon as possible.

I have read and understand the statements above regarding YMCA policies and procedures.

Parent Signature _____ Date _____



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AUTHORIZATION TO DRAFT ACCOUNT FOR PROGRAMMING FEES

By signing below, the member acknowledges that s/he has received a copy of the Rappahannock Area YMCA, Inc.'s Electronic Fund Transfer Policy, and agrees to abide by it for all Electronic Fund Transfers requested from their account on behalf of the Rappahannock Area YMCA, Inc. Payment for program fees by Electronic Fund Transfer is subject to approval by the Department Head in charge of the program and the Finance Department.

I would like to pay the following program fees by Electronic Fund Transfer (EFT).

Program Name: Kindercamp

Drafts will be completed on the Fridays 11 days prior to the beginning of the camp session.

Name of Bank: _____ (voided check must be attached)

Routing/Transit Number: _____

Please Circle: Visa Mastercard

Credit Card Account Number: _____

Expiration Date: _____ CVV Code: _____

Name of Account Holder: _____

I authorize the Rappahannock Area YMCA, Inc. to request an Electronic Fund Transfer to cover the programming fees for the above program. I understand that this agreement will be in effect for the duration of the program, and can be cancelled by sending a written notice to the Rappahannock Area YMCA, Inc. at least 15 days before the date the EFT is due to be requested from my banking institution.

Member's Name: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____