



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BEST SUMMER EVER!

2018 EXPLORERS CAMP
YOUTH SUMMER CAMP
ENROLLMENT PACKET

CAMPER WEEKS:

JUNE 11TH-
AUGUST 24TH

GREATER VALLEY YMCA
BETHLEHEM BRANCH

430 East Broad Street
Bethlehem, PA 18018
(T) 610 867 7588 ext 126
(W) gv-ymca.org



CAMPER INTAKE

Thank you for choosing the **Greater Valley YMCA, Bethlehem Branch Explorers Camp**. We are happy to have you and your child with us. In order for us to serve your child's needs, we ask that you please complete the following form with information regarding your child's preferences.

Camper's Name _____ Nickname _____

Date of Birth _____ Age _____ Male Female

Grade Next Fall _____

Has your child ever been in child care/camp before? If yes, where? Yes No

Yes No

Are there any needs or fears you would like to let us know about? _____

What is your child's preference for social interactions _____

Is there any other information that we should know that will help your child transition into camp? Yes No

Would you like a meeting with your child's counselor prior to him/her starting Yes Not at this time.

Do you have an IEP, IFSP, Special Needs Assessment, or other documentation? If so, please attach it for our records Yes No

Are there any behaviors you are aware of that your child may need assistance with from the staff? If yes, please list. Yes No

Name/Phone _____

Are there people who you would like us to contact who have worked with your child? Name/Phone _____

Permission For Release Of Information: The Y has my permission to obtain records and discuss information pertaining to my child with agencies involved in the care and development of my child.

Parent Signature _____ Date _____

STAFF USE ONLY

Received by: _____ Date: _____

Camper's Name _____

Birth Date _____

Age (as of June 1, 2018) _____

Grade Completed _____

CAMPER ENROLLMENT

DAY CAMP

6:30 am – 6 pm (10 hr Maximum)

Member- \$166/wk

Non Member -\$197/wk

SESSION

#1	Aloha Summer Jun 11-15	<input type="checkbox"/>
#2	Super Hero VS Villain Jun 18-22	<input type="checkbox"/>
#3	Creepy Crawlers! Jun 25-29	<input type="checkbox"/>
#4	Party in the YMCA Jul 2-6 No Camp Jul 4	<input type="checkbox"/>
#5	Get your head in the game! Jul 9-13	<input type="checkbox"/>
#6	YMCA Olympics Jul 16-20	<input type="checkbox"/>
#7	Out the Artist in you! Jul 23-27	<input type="checkbox"/>
#8	Ocean Adventure Jul 30-Aug 3	<input type="checkbox"/>
#9	Icky Sticky Aug 6-10	<input type="checkbox"/>
#10	Rumble in the Jungle Aug 13-17	<input type="checkbox"/>
#11	Y's Got Talent Aug 20-24	<input type="checkbox"/>

• Initial camp week payment due by June 1st! Any payment received after WED. at 6:00 PM, the week prior to the week attending will incur a \$25 late fee.

Parent Signature _____

Date _____

Director Signature _____

Date _____

Financial Policy & Procedure – AGREEMENT FORM

Session Tuition includes: Swimming, field trip admission, and transportation to field trips is included with Day Camp fee.

Subsequent Weeks: Subsequent weeks identified on this registration form must be automatic drafted by EFT or

Debt/Credit via the Authorization Form in this packet and will be drafted Friday mornings.

Payment Due Date: Initial camp week payment due by June 1st. Any payment received after Wednesday 6:00PM, prior to the registered camp week, will incur a \$25 late fee. Campers will be placed on waiting list in the event that payment is not received and/or late. Registration for Summer Camp must be completed by Wednesday, the week prior to the start of the camp session. Deadline to register for the 1st week of camp is June 1st, registrations after that date will incur a \$25 late fee.

Late Payment/Registration Fee: Any registration packet received after WED at 6:00 PM will incur a \$25.00 late fee.

Returned Check /Bank Draft: A \$25.00 fee per NSF bank draft will be assessed; future payments may be required in the form of cash.

Declined Credit Card: A \$25.00 fee will be applied each time a credit card is declined for any reason.

Late Pick Up Fee: \$15per 15 minutes past program hours.

Absences/Vacation Days/Holidays: Parent/Guardian is responsible for paying the required tuition amount each week. No credit will be given for days during the session not in attendance. No credit will be given for days registered, but unattended.

Outstanding Balances: If your child has an outstanding balance your child will be declined the ability to attend, register or attend a new session, transition to a new classroom/program, register at another Y, transfer records, or obtain end of year statements until the account balance is current or paid in full.

Refunds/Credit Policy First week's tuition is nonrefundable. All refund requests must be approved by Director and may be subject to a \$10 processing fee.

PAYMENT SCHEDULE

<u>Camp Week</u>	<u>Payment Due Date</u>
<i>Session 1 June 11-15</i>	<i>Fri, June 1st</i>
<i>Session 2 June 18-22</i>	<i>Wed, June 13th</i>
<i>Session 3 June 25-29</i>	<i>Wed, June 20th</i>
<i>Session 4 July 2-6</i>	<i>Wed, June 27th</i>
<i>Session 5 July 9-13</i>	<i>Wed, July 4th</i>
<i>Session 6 July 16-20</i>	<i>Wed, July 11th</i>
<i>Session 7 July 23-27</i>	<i>Wed, July 18th</i>
<i>Session 8 July 30-Aug 3</i>	<i>Wed, July 25th</i>
<i>Session 9 Aug 6-10</i>	<i>Wed, Aug 1st</i>
<i>Session 10 Aug 13-17</i>	<i>Wed, Aug 8th</i>
<i>Session 11 Aug 20-24</i>	<i>Wed, Aug 15th</i>

NO CAMP JULY 4, 2018

Subsidy Provider Information

Y Financial Assistance ___% Approved

Start Date: _____ End Date: _____

State Subsidy (Current Agreement Form and/or Confirmation must be on file prior to tuition adjustment.)

Northampton County CCIS Bucks County CCIS

Lehigh County CCIS Other: _____

Case Worker: _____

Phone Number: _____

CCIS Copay: \$ _____

Y Copay: \$ _____

- I acknowledge that I have received, reviewed and understand the information on the Emergency Operations Plan for the Bethlehem Explorers Camp. I understand that persons listed on the Emergency Contact Sheet will be designated custodians for release of my child.
- In case of an emergency due to illness or accident, when it is thought advisable to have immediate medical attention for my child, I hereby authorize the Greater Valley YMCA to send my child to the nearest hospital: _____ (St. Luke's Hospital will be used if no location is designated)
- I agree to meet the Y Staff person at the hospital as soon as possible after being notified.
- I understand that I must bear all expenses, including those incurred to transport my child to the hospital.
- In the event of a minor injury, I authorize the Bethlehem Y to administer basic First Aid to my child.
- I have received, understand and agree to follow all procedures and policies stated in the Greater Valley YMCA, Bethlehem Branch Childcare Parent Handbook.

I, the parent/guardian have reviewed and approved this registration information. I have read, understand and agree to comply with the Y's payment procedures and policies. I understand that my child will become ineligible for participation in camp sessions if payment has not been received by the Y prior to or on scheduled due date. I agree to update the emergency contact, parent consent form, agreement form and health appraisal forms information whenever changes occur or every six months at a minimum (DHS Standards - 3270.124, 3280.124, 3290.124). I understand that the Y will be observing the holiday on Wednesday, July 4, 2018.

Camper's Name: _____ **Date of Birth:** _____ **Age** _____

Grade Completed June 2018: _____

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Email address: _____

Daytime Phone: _____

Expected time of: Arrival _____ Departure _____

Registrar/Director's Signature: _____ Date: _____

Confirmation Sent: _____ Billing Date: _____

Enroll Date: _____ Withdrawal Date: _____

2018 Bethlehem Explorer Summer Camp Program

EMERGENCY CONTACT / PARENTAL CONSENT FORM

CHILD'S NAME		BIRTH DATE
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		CELL NUMBER
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
BUSINESS ADDRESS		
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		CELL NUMBER
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
BUSINESS ADDRESS		
EMERGENCY CONTACT PERSON - NAME (1)		DAYTIME PHONE NUMBER
EMERGENCY CONTACT PERSON - NAME (2)		DAYTIME PHONE NUMBER
EMERGENCY CONTACT PERSON - NAME (3)		DAYTIME PHONE NUMBER
PERSON TO WHOM CHILD MAY BE RELEASED - NAME / ADDRESS (1)		DAYTIME PHONE NUMBER
PERSON TO WHOM CHILD MAY BE RELEASED - NAME / ADDRESS (2)		DAYTIME PHONE NUMBER
PERSON TO WHOM CHILD MAY BE RELEASED - NAME / ADDRESS (3)		DAYTIME PHONE NUMBER
NAME OF CHILD'S PHYSICIAN / MEDICAL CARE PROVIDER		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)		ALLERGIES INCLUDING MEDICATION REACTION
MEDICAL OR DIETARY INFORMATION NEEDED IN AN EMERGENCY		MEDICATION, SPECIAL CONDITIONS
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
PARENTS SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE		ADMINISTRATION OF MINOR FIRST - AID PROCEDURES
WALKS AND TRIPS		SWIMMING
TRANSPORTATION BY THE FACILITY		WADING

SIGNATURE OF PARENT OR GUARDIAN

DATE

SIGNATURE OF PARENT OR GUARDIAN

DATE

Camper's Name _____

Birth Date _____

FIELD TRIP PERMISSION

I give my consent for the above camper to attend the field trip associated with their week of camp. Please note that the camper must be enrolled in that Session Week in order to attend the field trip.

In giving my permission, I understand that the Greater Valley YMCA will be providing transportation to and from all field trips. I accept full responsibility and release the Greater Valley YMCA of all liability. I understand that field trip days are subject to change based on session enrollment.

Session	Camp Dates	Field Trip Planned*	Field Trip Date / Times
#3	June 25-29	Wildlands Conservancy	June 28th 1:30-3:30pm
#5	July 9-13	Blue Mountain Ski Resort	July 12th 9 AM – 5 PM
#6	July 16-20	Greater Valley YMCA Field Day	July 18 th 8 AM – 5 PM

**Field Trips Subject to Change*

Parent Signature _____

Date _____

GENERAL PERMISSIONS

By initialing below, I indicate my permission preferences for the camper named above:

YES	NO
	Use my child's photograph in any official publicity pieces. Publicity pieces include but are not limited to news releases, social media, publications and web use
	Permission to use photographs of my child taken during the program or Y events, ONLY within the Y or Child Care Center
	Staff to apply sunscreen/lotion to my son/daughter that I will provide
	To use hand sanitizer to supplement hand washing
	Go for walks
	Swim/wading in outdoor and/or indoor pools
	Be transported by Y vehicles or vehicle contracted by the Y
	Permission to post my child's allergies in their classroom or binders.

Parent Signature _____

Date _____

Parent EMAIL address: _____

DAY CAMP CREDIT CARD/EFT AUTHORIZATION FORM

CHILD(REN) NAME(S) _____

START DATE _____

CAMP SITE

Payment Draft is valid for the current fiscal year (June 1-June 1) or unless otherwise authorized by the account holder. Any changes to your credit/debit account should be submitted in writing to the Greater Valley YMCA, Bethlehem Branch Childcare Billing Office. Any changes to your child's enrollment must be submitted in writing with a 2 week minimum notice. You are responsible for all program fees accrued during child's enrollment.

FREQUENCY Monthly - Always Ahead Bi Weekly - Always Ahead Weekly - Wednesday Before

OPTION 1 - Credit/Debit Type of Card Visa/Debit Visa MC Discover

**For split billing
(two parties will
each pay) make
a copy of this
form and
complete for the
second payer.**

Name on Card _____

Card Number _____

Expiration Date _____

CVV _____

Amount to be Charged _____

Complete Billing Address That Statements Are Mailed To _____

OPTION 2 - EFT/Bank Draft Attached a Voided Check

AUTHORIZATION

By signing below, I indicate my permission to charge the above account

I give permission to Y Childcare to make a charge to the above credit card/EFT as stated above.

I understand that if my transaction is declined I will be assessed a fee of \$25 per transaction plus the total tuition.

I understand that a Late Pick Up fee if occurred will be billed to the above account for each instance.

ACCOUNT HOLDER IS RESPONSIBLE FOR ANY UNPAID CHILD CARE/CAMP FEES

PARENT/GUARDIAN NAME _____

PARENT/GURDIAN _____

SIGNATURE _____

EMAIL ADDRESS _____

GREATER VALLEY YMCA BETHLEHEM BRANCH
430 East Broad Street, Bethlehem, PA 18018
(P) 610 867 7588 (F) 610 849 2240 (W) gv-ymca.org

GREATER VALLEY YMCA, BETHLEHEM BRANCH
Discipline Policy

The Greater Valley YMCA, Bethlehem Branch staff would like your child to have the best experience possible while at our childcare. Thus, all participants must understand and follow the camp guidelines and rules. These guidelines and expectations are in place to ensure the safety of your child and staff.

- **Toys/Electronics from Home**

we do not allow children to bring personal items from home (including but not limited to electronic devices, cell phones, sharp objects, weapons, firearms, explosives etc.). We are not responsible for any of these items should a child make the choice to bring them. Damages and theft of personal items are possible and the Y assumes no liability for said items. If participants are caught with any of the above items the staff reserves the right to confiscate them.

- **Children’s Rules**

It is our intent that each child enjoys the planned activities by understanding that they are responsible for their actions. With prior knowledge of our basic rules of safety and good conduct, each child is made aware of how to exercise self-discipline and to understand that we are here to assist her or him and that we expect them to succeed. Rules for behavior are posted in all of our classrooms. Character Development is an important part of our program.

- **Process**

When positive behavior is displayed; the benefit is participation and enjoyment of planned activities. In cases of negative or inappropriate behavior, the follow process will be adhered to.

- Redirection: Every effort will be made to help the child understand the inappropriateness of his or her actions and agree to an alternate form of behavior. When the conflict is child-to-child, every effort will be made to have them reason together face-to-face with staff facilitating.
- Removal from the Specific Activity: When redirection has been pursued and behavior has not changed, removing the child from the activity involved for an appropriate amount of time is necessary. The removal time will be age appropriate. Other duty-oriented consequences suitable to the inappropriate behavior may also be utilized at this stage.
- Behavior reports: When the child is not successful in correcting the behavior, or the behavior is of a serious nature, a behavior report will occur. This report will be discussed with the child and parent, and requires a parent signature. *If a child receives three behavior related write-ups a parent conference is required and or the center has the right to suspend or expel child from care.*

- **Suspension/Expulsion**

In the event that a child engages in behavior which poses a threat of bodily harm to himself, others, staff or facility property, an immediate meeting with the parent(s), or guardian may be called. If such behavior warrants it, an immediate suspension or expulsion may result.

- Situations that will result in an automatic Behavior report are: stealing, use of profanity, excessive violence (hitting, kicking, biting, etc.) and property damage.*
- *If a child commits a malicious and or violent act against another person or property it is within our right to suspend care until a complete and thorough investigation into said incident can be completed.*

I have read and understand the Greater Valley YMCA, Bethlehem Branch Behavior policy.

Parent/Guardian Signature: _____

Date: _____

STATEMENT OF UNDERSTANDING

The following information is important for the safety and protection of your child. Please read the information, sign the form and return to the Y. A copy will be placed in your child's records.

- I understand that my child will not be allowed to leave with any unauthorized person. All persons authorized to pick up my child, including older siblings or other relatives, must be listed with the Y and must be of the age required by this Y (age 18 yrs or older). Any other arrangements must be made by calling the Childcare Center offices at **610-867-7588 ext. 126, ext. 128, or ext. 123**
- I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police. Please do not put staff in a position where they have to make this judgment call.
- I understand that the Y is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that Y staff and volunteers are not allowed to babysit or transport children at any time outside the Y program. Immediate disciplinary action will be taken by the Y toward staff and volunteers if a violation is discovered.
- I understand that I am not to leave children unattended. I will wait for Y staff to receive and supervise the child.
- I understand that children should not receive excessive gifts (e.g., TV, video games, jewelry) from Y staff or volunteers, and that I should report this to a supervisor if they do.

I understand that I can help ensure my child's safety by taking an active interest in his or her Y experience. I, too, will monitor volunteer and staff interactions with my child and ask my child specific questions about program activities and volunteer or staff relationships with my child.

[Receipt of this document acknowledged on **page 6**]

EMERGENCY OPERATIONS PLAN

The Y recognizes safety as our first priority for all children attending Y programs. With this in mind, the Y has developed a comprehensive Emergency Operations Plan (EOP) that provides for a response to all types of emergencies. The specifics of the plan are located in the Childcare Services Office and can be viewed at any time upon request.

Depending on the circumstances of the emergency, children may be relocated to a different part of the facility and/or off site to a temporary shelter. Children will remain there until all is clear and/or accommodations for parent pick up have been established. Once children are in a safe location and/or emergency has been cleared parents will be contacted.

Immediate Evacuation: If there is an immediate evacuation of the Y, children will be evacuated to the playground; children in the Playground area will remain there. If there is an emergency in the playground area, children will be evacuated into the Y building.

In-Place Shelter: Sudden occurrences, weather or hazardous materials related, may dictate that taking cover inside the building is the best response. Day Camp will take cover in the School age room and the Weight room.

Evacuation: Total evacuation of the facility may become necessary if there is a danger in the area. School Age Child Care/Day Camp will relocate to Thomas Jefferson Elementary, 404 E North St, Bethlehem, PA 18018 as a primary site; Bartholomew House, 512 Elm Street Bethlehem pa, 1018, as a secondary site.

Modified Operation: This may include cancellation/postponement or rescheduling of normal activities. These actions are normally taken in instances of a winter storm or building problems (such as utility disruptions) that make it unsafe for students.

Please listen to WFMZ-TV Channel 69 for announcements relating to any of the emergencies listed above. You may visit www.wfmz.com, www.gv-ymca.org, or www.facebook.com for updates.

We do ask that you refrain from calling during an emergency. This will keep the main telephone line free to make emergency calls. We will call you to let you know if we have taken one of the precautions listed here and/or when it is safe for you to pick up your child at the Y or the relocation site.

If an emergency forces school to close, please do not attempt to bring your child to the Y. The designated persons to pick up your child during an emergency is listed on the Emergency Contact Form included in the registration packet.

We urge all families to have their own plan in place. Your plan should include a predetermined meeting spot for all family members along with designated family member and/or friend who are able and available to pick up your child in the event of an emergency.

In order to assure the safety of your camper and our staff, I ask for your understanding and cooperation. Should you have additional questions regarding our Emergency Operations Plan, please contact the School Age Child Care/Day Camp Office.

[Receipt of this document acknowledged on [page 6](#)]

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

DO NOT OMIT ANY INFORMATION
 This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):
 NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.
 NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):
 NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.
 NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?
 YES NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG) <input type="checkbox"/> YES <input type="checkbox"/> NO	NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">VISION (subjective until age 3)</td> <td></td> </tr> <tr> <td>HEARING (subjective until age 4)</td> <td></td> </tr> <tr> <td>LEAD</td> <td></td> </tr> </table>	VISION (subjective until age 3)		HEARING (subjective until age 4)		LEAD	
VISION (subjective until age 3)							
HEARING (subjective until age 4)							
LEAD							

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER: DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.