



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BEST SUMMER EVER!

2021 YMCA SUMMER CAMP
SLATE BELT BRANCH
ENROLLMENT PACKET



- HIGHLIGHTS**
- Registration begins February 15, 2021
 - Licensed by the Department of Human Services
 - Keystone Stars Accredited
 - Accepting Title XX (ELRC)
 - Website: www.gv-ymca.org
 - Facebook: www.facebook.com/slatebeltymca

- Required for completed registration:**
- Completed Registration Packet
 - Updated Physical/Health Assessment with updated Immunization records.
 - \$25 Check or Money Order for Registration Fee
(One per family, except SACC)
- Any application that does not include each of these items will not be placed on the list until all items are included. Registrations are processed by date all items are received.

OFFICE USE:	Member or Non Member	Reg. Fee received: YES or NO (Check # _____)
Date Received: _____	By: _____	Payment Amount Received \$ _____ (Check # _____)

GREATER VALLEY YMCA SLATE BELT BRANCH
315 West Pennsylvania Avenue, Pen Argyl, PA 18072
P) 610-881-4470 (F) 610-881-4474 (W) gv-ymca.org

2021 GREATER VALLEY YMCA, SLATE BELT BRANCH SUMMER CAMP

HOW TO REGISTER

To register, simply complete the attached registration packet, physical, shot record and return it to the Greater Valley YMCA, Slate Belt Branch, 315 West Pennsylvania Ave, Pen Argyl, PA 18072 with a \$25 per family non-refundable reg. fee (excluding 2020-21 S.A.C.C.).

Registration deadline is the Tuesday prior to the week you are registering for. Late registration is subject to Director's approval and a \$25 late registration fee.

CONFIRMATIONS

- Incomplete paperwork will delay the registration process.
- Waiting List Status will be notified by phone.
- If all is complete, a confirmation will be sent VIA email.

PAYMENT INFORMATION

- Registration Fee, \$25 per family. Registration fee is paid at initial enrollment.
- The first week's tuition payment and registration fee is due the Monday prior to the week attending.
- Tuition payments are due on the start day of the service period; as per Parent Agreement Form Payment Option selected. Payments not received on time will result in a \$15.00 late fee.
- **Electronic Credit Card Payment:** Credit Card Payments will automatically be processed on scheduled due dates as per your parent agreement.
- **Electronic Bank Draft Transfer:** Bank Accounts will be drafted on scheduled due dates as per your parent agreement.
- **Checks:** Checks payable to Greater Valley YMCA are due the Friday prior to the payment due date.
- **Transactions completed in person or by phone:** For families who do not have a checking account and/or credit card, money order payments will be accepted. Approval must be obtained by the Director, prior to picking this option. A \$5.00 fee will apply to each payment. Additionally, a \$5.00 fee may apply to credit card transactions processed in person or by phone.

ACCOUNT STATEMENTS

Statements will be printed as per parent's request.

ENROLLMENT CHECKLIST

NAME: _____

PARENTS: (HIGHLIGHTED SECTIONS ARE INCOMPLETE. PLEASE UPDATE AND RESUBMIT DOCUMENTS TO COMPLETE YOUR REGISTRATION PACKET.)

- Child Getting to Know You Form: Signature and date required
- Camper Enrollment: Signature and date required
- Agreement Form: Signature & date required
- Field Trip/General/Statement of Understanding: Signature & date required
- Emergency Contact Form: Signature & date required
- Discipline Policy: Signature & date required
- Illness/Allergy Policy: Signature & date required
- Emergency Operations Manual: Signature & date required
- Tuition Express Enrollment Form: Signature & date required
- Payment Information: Signature & date required
- Health Appraisal and Shot Record: Must be received 30 days from start date. Due as follows:
 - Birth thru 23 months – Twice Annually
 - Age 2 thru 5 – Annually
 - Age 6 and older - Every other year
- Registration Fee (\$25) per family. (Both registration fee and the first week's tuition are non-refundable).

Paperwork must be updated every six months and/or when changes have occurred, as per DHS regulations.

CONTACT

Andrea Kio
AndreaKio@gv-ymca.org
610-881-4470

QUICK FEE LIST

Registration Fee- \$25 per family (except 2020-21 S.A.C.C.) Non-Refundable

Camp Member Rate- \$150 a week due the Monday prior to week attending (money order or check payments due Friday prior to payment date) First week is Non-Refundable

Camp Non-Member Rate- \$175 a week due the Monday prior to week attending (money order or check payments due Friday prior to payment date) First week is Non-Refundable

Early Bird Member Rate-\$24 a week due with payment

Early Bird Non-Member Rate-\$30 a week due with payment

Night Owl Member Rate-\$24 a week due with payment

Night Owl Non-Member Rate-\$30 a week due with payment

Late Registration Fee- \$25 when signing up after Monday prior

Late Payment Fee- \$15 per week if not paid by Monday prior to registered week

Returned/Declined Payment- \$25 each time (after 2 times, Money Orders will be required)

Late Pick Up Fee- \$20 for the first 15 mins, \$1 every minute after

Change of Program Fee- \$15 each time

Week Cancellation Fee- \$50 if done by Wednesday the week prior

Registered but Not Attended Fee- Full price will be charged if not canceled by Wednesday prior

Refund Request Processing Fee- \$10 each time

Transactions completed in person or by phone Fee- \$5 each payment

**GREATER VALLEY YMCA, SLATE BELT BRANCH
SUMMER CAMP 2021
GETTING TO KNOW YOU FORM**

Thank you for choosing the Greater Valley YMCA-Slate Belt Branch. 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

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

Are there people who you would like us to contact who have worked with your child? Name/Phone _____ 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. I understand and agree to the contents of this page.

Parent/Guardian Signature _____ *Date* _____

- 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- Slate Belt Branch to send my child to the nearest hospital: _____ (Easton 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 Greater Valley YMCA-Slate Belt Branch to administer basic First Aid to my child.

CAMPER ENROLLMENT	EARLY BIRD	DAY CAMP	NIGHT OWL
	6-9 AM	9 AM-4 PM	4-6 PM
Member	\$24/wk	\$150/wk	\$24/wk
Non Member	\$30/wk	\$175/wk	\$30/wk
SESSION			
#1 SPLASHtacular Jun 14-18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#2 Decades of Fun Jun 21-25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#3 Discover What's Under Your Feet Jun 28- Jul 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#4 America the Beautiful Jul 5- Jul 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#5 Beach Party Jul 12-16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#6 STEAM Week Jul 19-23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#7 Animal Planet Jul 26-30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#8 Express Yourself Aug 2-6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#9 Fun and Fitness Aug 9-13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#10 Camp Luau Aug 16-20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#11 FUNtastic Finale Aug 23-27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Any registration packet received after TUE. at 6:00 PM, the week prior to registered week will incur a \$25 late fee.

Child's Name _____

****All weeks subject to change****

Expected Time of: Arrival _____ Departure _____

Parent/Guardian Signature

Date

Director Signature

Date

Financial Policy & Procedure- Agreement Form

Session Tuition includes: Swimming, field trip admission, and transportation to field trips/swimming are 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 Mondays.

Payment Due Date: Initial camp week payment due at time of registration and \$25 registration fee per family. Any registration received after MONDAY 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. Payment for Summer Camp must be completed by **Monday, the week prior to the start of the camp session.**

Late Payment/Registration Fee: Any registration packet received after **MONDAY at 6:00 PM** will incur a \$25.00 late fee. Any payment received after Monday will incur a \$15.00 late fee.

Returned Check /Bank Draft: A \$35.00 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: \$20 for the first 15 minutes past program hours selected and \$1.00 each minute thereafter.

Change of Program Fee: A \$15.00 fee will be assessed for any enrollment change (i.e. session or schedule change)

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 YMCA, 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. Cancellation of the weeks signed up for must be received by Wednesday prior to the week in question, a **\$50.00 nonrefundable fee will be charged for improper cancellations.** Cancellations must be received in writing. All refund requests must be approved by Director and may be subject to a \$10 processing fee.

Subsidy Provider Information- TXX (ELRC)

- YMCA 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: \$ _____
- YMCA Copay: \$ _____

PAYMENT SCHEDULE

<u>Camp Week</u>	<u>Payment Due Date</u>
Session 1 June 14-18	Monday, June 7th
Session 2 June 21-25	Monday, June 14th
Session 3 June 28- July 2	Monday, June 21st
Session 4 July 5-9	Monday, June 28th
Session 5 July 12-16	Monday, July 5th
Session 6 July 19-23	Monday, July 12th
Session 7 July 26-30	Monday, July 19th
Session 8 Aug 2-6	Monday, July 26th
Session 9 Aug 9-13	Monday, Aug 2nd
Session 10 Aug 16-20	Monday, Aug 9th
Session 11 Aug 23-27	Monday, Aug 16th

Reminder- Registration is Due Monday prior or will be charged a \$25 late fee.
Payments are Due Monday prior or will be accessed a \$10 late fee

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 YMCA 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).

Camper's Name: _____

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____

Date: _____

Registrar/Director's Signature: _____

Date: _____ **Confirmation Sent:** _____ **Billing Date:** _____

Enroll Date: _____ **Withdrawal Date:** _____

Slate Belt Branch Handbook Understanding

I have read and understand the SBY handbook and policies.

Parent/Guardian Sig.: _____

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 Slate Belt Branch will be providing transportation to and from all field trips. I accept full responsibility and release the Slate Belt Branch of all liability. I understand that field trip days are subject to change based on session enrollment and COVID-19 restrictions.

*Field trips TBA *

Parent/Guardian Signature _____

Date _____

GENERAL PERMISSIONS

By initialing below, I indicate my permission for field trips and preferences for the camper named above: (If checking no to walks, swimming, transportation or field trips, other arrangements will need to be made by the parent or guardian for times these things occur.)

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
	Field Trips (listed above)
	Permission to post my child's allergies in their classroom or binders.

Parent/Guardian Signature _____

Date _____

STATEMENT OF UNDERSTANDING/YMCA CHILD ABUSE POLICY

The following information is important for the safety and protection of your child. Please read the information, and sign the permission form indicating your understanding. 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 18 or older. Any other arrangements must be made by calling the office at 610-881-4470.
- 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 or volunteer 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.

Parent Signature _____

Date _____

2021 SLATE BELT SUMMER CAMP EMERGENCY CONTACT / PARENTAL CONSENT FORM

(ALL LINES MUST BE COMPLETED – WRITE N/A IF NOT APPLICABLE)

CHILD'S NAME	SHIRT SIZE	BIRTH DATE	GENDER
ADDRESS			
PARENT'S NAME/LEGAL GUARDIAN	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>	BIRTHDATE	
ADDRESS		CELL NUMBER (Will be added to ClassDojo for updates)	
BUSINESS NAME		EMAIL ADDRESS	
BUSINESS ADDRESS		BUSINESS TELEPHONE NUMBER	
PARENT'S NAME/LEGAL GUARDIAN	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>	BIRTHDATE	
ADDRESS		CELL NUMBER (Will be added to ClassDojo for updates)	
BUSINESS NAME		EMAIL ADDRESS	
BUSINESS ADDRESS		BUSINESS TELEPHONE NUMBER	
EMERGENCY CONTACT PERSON NAME:	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>	DAYTIME PHONE NUMBER	
ADDRESS:			
EMERGENCY CONTACT PERSON NAME:	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>	DAYTIME PHONE NUMBER	
ADDRESS:			
EMERGENCY CONTACT PERSON NAME:	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>	DAYTIME PHONE NUMBER	
ADDRESS:			
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- DOES YOUR CHILD HAVE AN IFSP/IEP? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, PLEASE PROVIDE)			
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS		<u>POLICY NUMBER (REQUIRED)</u>	
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT			
OBTAINING EMERGENCY MEDICAL CARE (initial)		ADMINISTRATION OF MINOR FIRST - AID PROCEDURES (initial)	
WALKS AND TRIPS (initial)		SWIMMING (initial)	
TRANSPORTATION BY THE FACILITY (initial)		WADING (initial)	

(If no initial to walks, swimming, wading, transportation or field trips, other arrangements will need to be made by the parent or guardian for times these things occur.)

SIGNATURE OF PARENT OR GUARDIAN

DATE

GREATER VALLEY YMCA, SLATE BELT BRANCH

CREDIT CARD/EFT AUTHORIZATION FORM

CHILD(REN) NAME(S) _____

START DATE _____

Changes to your credit/debit account should be submitted in writing to the Greater Valley YMCA. 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**
- Weekly – (Monday, the week before)
 - Bi-Weekly – (Monday, the week before)
 - Monthly - (The 1st Monday of each month)

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

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 hereby authorize the Greater Valley YMCA to initiate and continue auto transactions to my account as indicated above. I understand that I must submit a 15 day written notice to cancel my membership and associated billing.

I understand that if my credit card transaction is declined, I will be assessed a fee of \$25 per transaction plus the total tuition. Returned checks/EFT will be assessed a \$35 fee per transaction plus the total tuition.

I understand that if an Early Drop Off or Late Pick-Up fee is billed, it will be charged to the above account for each instance.

ACCOUNT HOLDER IS RESPONSIBLE FOR ANY UNPAID CHILD CARE FEES

CARDHOLDER NAME _____

CARDHOLDER SIGNATURE _____

DATE _____

EMAIL ADDRESS _____

GREATER VALLEY YMCA SLATE BELT BRANCH
 315 West Pennsylvania Avenue, Pen Argyl, PA 18072
 P 610-881-4470 F 610-881-4474 W gv-ymca.org

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:		

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

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.
	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: