



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BEST SUMMER EVER!

**2019 YMCA MUNCHKIN CAMP
SLATE BELT YMCA
ENROLLMENT PACKET**

AGES 3-5 (POTTY TRAINED)



OFFICE USE:

Member or Non Member

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

Child's Name _____

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

CAMPER ENROLLMENT

Member

Non Member

SESSION

#1 All About Me

Jun 17-21

#2 Sports Week

Jun 24-28

#3 Wet and Wild

Jul 15-19

#4 Pirates Week

Jul 22-26

#5 On The Farm

Aug 5-9

#6 All Around the World

Aug 12-16

MUNCHKIN

9:30 AM – 12 PM

\$58/wk

\$75/wk

Parent Signature _____

Date _____

Director 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.

Allergy Plan

Child's Name _____

Allergy to: _____

Asthmatic Yes* No * higher risk for severe reaction

Medication: _____

***Please write N/A if there are no allergies. If medication is needed, please ask for a medication log. Medication log must be accompanied by medication in its original container with the script attached.**

Camper's Name _____

Birth Date _____

GENERAL PERMISSIONS

By initialing below, I indicate my permission for field trips and 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
		Permission to post my child's allergies in their classroom or binders.

Parent 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 Child Care 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 _____

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). I understand that the Y will be observing the holiday on Wed., July 4, 2019. 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.

Camper's Name: _____

Parent/Guardian Name (printed): _____

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

2019 SLATE BELT MUNCHKIN 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			
MOTHER'S NAME/LEGAL GUARDIAN	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>		BIRTHDATE
ADDRESS		CELL NUMBER (Will be added to ClassTag for updates)	
BUSINESS NAME		EMAIL ADDRESS	
BUSINESS ADDRESS		BUSINESS TELEPHONE NUMBER	
FATHER'S NAME/LEGAL GUARDIAN	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>		BIRTHDATE
ADDRESS		CELL NUMBER (Will be added to ClassTag 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		POLICY NUMBER (REQUIRED)	
PARENT'S 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