



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

THE KIRK FAMILY YMCA SUMMER CAMP 2017

The name of the game is FUN, FUN, FUN...

Dear Parents:

Welcome to the YMCA! We are pleased with your decision to select one of our outstanding YMCA Summer Camps. Our Summer Camps include singing, dancing, arts and crafts, and outdoor activities each day. Some of our special activities will include swimming and water play, sports activities, and of course, having a BLAST with all the YMCA Summer Camp Counselors.

You will discover that our Camp Director and Counselors bring years of experience and enthusiasm working with children to our program. We're excited about the 2017 Kirk Family YMCA's Summer Camps. We look forward to providing quality programming and excellent child care.

We have enclosed a copy of the Parent Handbook. Please take the time to carefully read this handbook which provides essential information for parents.

Our mission is to make the Kirk Family YMCA Summer Camp's a happy and memorable experience for your child while helping him or her build a healthy spirit, mind, and body. If we can be of any further assistance, please contact us at 342-9622.



KIRK YMCA SUMMER CAMP 2017 ENROLLMENT PACKET

(RETURN TO KIRK YMCA)

Parents must complete Enrollment Packet in its entirety before children will be admitted to camp.

Parent Check List:

Admin Use

Review of Parent Handbook		
Copy of Birth Certificate		
Camp Registration Form All fields must have information or N/A		
Initialed and Signed Camper Info & Agreement		
Signed Photo/Audio Visual/Narrative Release Completed Bus Form		
Signed Authorization for Non-prescription Over-the-Counter Skin Products		
Parent Statement of Understanding		
Signed Discipline Method Agreement		
Signature Form		
Bus Form		
Health Physical Form & Immunization Record		



KIRK FAMILY YMCA

Camp Registration - 2017

All fields must be filled out for registration to be complete.

CHILD'S NAME: FIRST MI LAST NICKNAME

DATE OF BIRTH GENDER GRADE LEVEL OTHER PREVIOUS CHILDCARE

CHILD'S ADDRESS (street, city, state, zip)

PARENT/GUARDIAN #1: FIRST MI LAST

ADDRESS (street, city, state, zip)

HOME PHONE CELL PHONE WORK PHONE

PLACE OF EMPLOYMENT EMAIL

PARENT/GUARDIAN #2: FIRST MI LAST

ADDRESS (street, city, state, zip)

HOME PHONE CELL PHONE WORK PHONE

PLACE OF EMPLOYMENT EMAIL

In the event that the parent/guardian cannot be reached TWO LOCAL emergency contact persons must be listed and authorized to pickup.

EMERGENCY CONTACT #1: NAME ADDRESS PHONE

EMERGENCY CONTACT #1: NAME ADDRESS PHONE

PICK UP AUTHORIZATION

I authorize the following people to pick up my child from Y Summer Camp:

1.) 2.) 3.) 4.)

List names(s) of any particular person(s) who may NOT pick your child up from Y Summer Camp:

1.) 2.) 3.) 4.)

Appropriate papers such as custody papers shall be attached if a parent is not allowed to pick up the child.

NOTE: Section 22.1-4.3 of the Code of Virginia states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.

MEDICAL INFORMATION

The YMCA welcomes children of all abilities. Will your child need special accommodations? YES NO

If yes, describe: _____

Does your child have allergies? YES NO If yes, describe: _____

Does your child take any medications? YES NO If yes, describe: _____

Doctors' Name Dentist's Name

Phone Phone

Preferred Hospital

If no physician or dentist is listed, the following health care provider will be used:
Carilion Clinic 981-7000 and Carilion Dental 224-4380



WEEKLY CAMP RATES

Payment in-full is required the Thursday prior to each camp week selected

PRESCHOOL & SCHOOL AGE CAMPS:

MON-FRI 8:00AM-6:00PM M: \$120 / NM \$135
 MON-FRI 8:00AM-2:00PM M: \$90 / NM: \$115

*A multi-child discount of \$5/week for each additional child is available.

CHILD'S NAME _____

PRESCHOOL CAMPS (AGES 4 YEARS)

	Mon-Fri 8:00-6:00 PM	Mon-Fri 8:00-2:00 PM	Tuition
<input type="checkbox"/> JUNE 12-16 ALOHA TO SUMMER			
<input type="checkbox"/> JUNE 19-23 OUTDOOR EXPLORERS			
<input type="checkbox"/> JUNE 26-30 MINI SCIENTISTS			
<input type="checkbox"/> JULY 3, 5-7 HOLIDAY PALOOZA			
<input type="checkbox"/> JULY 10-14 SUMMER OF SEUSS			
<input type="checkbox"/> JULY 17-21 OUT OF THIS WORLD			
<input type="checkbox"/> JULY 24-28 DISNEY ADVENTURES			
<input type="checkbox"/> JULY 31-AUG4 H2O-WOW!			
<input type="checkbox"/> AUG 7-11 Y'S GOT TALENT			
<input type="checkbox"/> AUG 14-18 ALL BALL			

SCHOOL AGE CAMPS (RISING K-7TH)

	Mon-Fri 8:00-6:00 PM	Mon-Fri 8:00-2:00 PM	Tuition
<input type="checkbox"/> JUNE 12-16 ALOHA TO SUMMER			
<input type="checkbox"/> JUNE 19-23 OUTDOOR EXPLORERS			
<input type="checkbox"/> JUNE 26-30 MAD SCIENTISTS			
<input type="checkbox"/> JULY 3, 5-7 HOLIDAY PALOOZA			
<input type="checkbox"/> JULY 10-14 GAME SHOW MADNESS			
<input type="checkbox"/> JULY 17-21 JEDI TRAINING ACADEMY			
<input type="checkbox"/> JULY 24-28 DISNEY ADVENTURES			
<input type="checkbox"/> JULY 31-AUG 4 H2O-WOW!			
<input type="checkbox"/> AUG 7-11 Y'S GOT TALENT			
<input type="checkbox"/> AUG 14-18 SPECTACULAR SPORTS			

Parent/Guardian Signature _____

Date _____



Camper Information & Agreements

Child's Name _____ Sex _____ DOB _____

School _____ Grade _____ Nickname _____

List brothers/sisters & ages _____

Health Information: (Complete both questions)

1. Please note conditions which affect your child and symptoms that may help us to identify possible problems and actions to take if these conditions occur. Allergies (drug, food, insect, etc.)

2. Any chronic physical problems/ pertinent developmental information/ special accommodations needed? _____

(Please provide legal documentation if a biological parent is listed)

NOTE: Section 22.1-4.3 of the Code of Virginia states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or daycare center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or daycare activities.

AGREEMENTS:

NOTIFICATION OF A SICK CHILD: The YMCA agrees to notify me whenever my child becomes ill, and I agree to pick my child up as soon as possible thereafter. If I cannot pick up my child immediately, I must contact someone who can. _____ Initial

PERMISSION FOR MEDICAL CARE: The YMCA has my permission to obtain immediate medical care if any emergency occurs when I cannot be reached.

If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardian(s) that states the objection and the reason for the objection. _____ Initial

AGREE TO INFORM THE YMCA: The parents/guardian agrees to inform the YMCA within 24 hours or the next business day after their child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for the life threatening disease which must be reported immediately.
_____ Initial

PERMISSION FOR TRANSPORTATION: The YMCA has my permission to walk my child to and from the site for field trips. I understand that all precautions will be taken to ensure the safety and health of my child. _____ Initial

PERMISSION FOR WATER ACTIVITIES: The YMCA has my permission for my child to participate in water activities. I understand that all precautions will be taken to ensure the safety of my child. My child's swimming skills are (Circle one below)

1. Excellent 2. Good 3. Fair 4. Poor _____Initial

PERMISSION FOR THE APPLICATION OF SUNSCREEN OR INSECT REPELLANT:

I give the YMCA permission to apply sunscreen to my child. I agree to provide a bottle of sunscreen at the beginning of summer camp, with my child's name and instructions for application. **Do you know of any adverse reactions your child(ren) may have to sunscreen or insect repellent?** No _____ Yes _____ _____Initial

If yes, please clarify _____

PERMISSION FOR WALKING FIELD TRIPS: The YMCA Camp has permission for my child to participate in specific field trips. _____ Initial

PERMISSION FOR YMCA BUS FIELD TRIPS: The YMCA Camp has permission for my child to participate in specific field trips. _____ Initial

REGISTRATION AGREEMENT: I agree to update my child's registration information every year, or sooner if information changes. _____ Initial

PHOTO WAIVER AND RELEASE: The YMCA has permission to take and use photographic images of my child(ren) for website, news media releases and other promotional purposes to benefit the YMCA of Roanoke Valley. _____ Initial

PAYMENT: I understand that a \$10 deposit per camp week that my child will be attending is due upon registration. Camp can be paid in-full at the time of registration or a payment plan can be arranged to make payments over time using a credit card or bank account. **Payment in-full is due the Thursday before camp starts** and any remaining balances for the upcoming week will be drafted from the credit card or bank account on file. _____Initial



PHOTO/ AUDIO VISUAL/NARRATIVE RELEASE

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

My Consent. For my participation in activities to be conducted by the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA), and/or YMCA OF ROANOKE VALLEY (YMCA), I give my consent, now and for all time, to YMCA of the USA, YMCA and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast:

- video film or footage of me,
- sound track recordings of me
- photo reproductions of me
- any narrative account of my experience

My consent gives permission to use the above materials for publication, display, sale or exhibition in promotions, advertising, education and legitimate business uses. Use includes reproductions in any form and media, adaptations and/or revisions, throughout the world and forever.

I understand and agree there may be no compensation for this, and I will not make any claim for payment of any kind. I may, or may not be, identified in such reproductions; however, my name will not be used to endorse any particular commercial products or commercial services.

Ownership, Confidentiality, and Shared Use. With respect to any of the above uses, I further agree:

- All uses shall belong to YMCA of the USA and YMCA and either may share them with others;
- There is no obligation of confidentiality
- YMCA of the USA, YMCA, and collaborating third parties will not be liable for any use or disclosure to a third party
- YMCA of the USA and YMCA shall exclusively own all known or later existing rights to the uses worldwide.
- YMCA of the USA and YMCA can use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account for any purpose and without compensation to me.

Release from Liability. I agree that my consent is irrevocable. I hereby release and discharge YMCA of the USA, YMCA, their related parties and those they have given permission to use the above, from any and all claims, actions, lawsuits or demands of any kind arising out of my consent, the use, or the shared use of the above materials.

Child's Name: _____ Age: _____ Date: _____

I am the Mother/Father/Legal Guardian of the child above. For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Signature of Mother/Father/Legal Guardian: _____

Printed name: _____

**Authorization Form for Non-prescription
Over-the-Counter Skin Products**
Licensed Child Day Centers

INSTRUCTIONS:

This form must be completed by the parent/guardian to authorize the use of:

- Sunscreen
- Insect repellent

Kirk Family YMCA Summer Camp has my permission to apply the non-prescription over-the-counter (OTC) skin product listed below to my child

_____ *Child's Name*

Product Name: _____

Known Adverse Reactions (if any): _____

-
- All OTC products must:
 - Be in original container and, if provided by the parent, labeled with the child's name
 - Be used according to manufacturer's recommendation and instructions for application
 - Not be used beyond the expiration date of the product
 - Sunscreen:
 - Must have a minimum sunburn protection factor (SPF) of 15
 - Shall be inaccessible to children under 5yrs. & children in therapeutic or special needs programs
 - Children 9 yrs. and older may self-administer sunscreen if supervised

This authorization is effective from: **June 12, 2017** until **August 18, 2017**

Parent's Signature: _____

Date: _____

**THE KIRK FAMILY YMCA
PARENT STATEMENT OF UNDERSTANDING**

The following information is important for the safety and protection of your child.

I understand that the YMCA counselors and volunteers are not permitted to babysit or transport children at any time outside of the program.

I understand that I am not to leave my child at the YMCA unless a director or counselor is there to receive and supervise my child.

I understand that my child will not be allowed to leave the YMCA Summer Camp with an unauthorized person. Any person who will pick up my child must either be listed with the YMCA or other arrangements must be made by calling the YMCA or talking directly with the Camp Director.

I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for my child's safety, a counselor may have no recourse but to contact the police.

I understand that the Kirk Family YMCA is mandated by State Law to report any suspected case of child abuse or neglect to the appropriate authorities for investigation.

I understand and agree that all Enrollment Information must be completed prior to my child's first day of attendance.

I have read and understand the Parent Statement of Understanding.

Parent/Guardian Signature

Date

Signature of Camp Director

Date

**THE KIRK FAMILY YMCA
DISCIPLINE METHOD AGREEMENT**

I understand the behavior management/discipline method to be used in the Kirk Family YMCA Summer Camps.

1. Adequate supervision at all times.
2. Rules will be discussed and reviewed often.
3. Discipline is a teaching tool to help children learn a better way of behavior.
4. Care givers will serve as role models and will use positive techniques of guidance.
5. Discipline will be fair and consistent.
6. There will be no physical punishment or disciplinary action applied to a child's body.
7. Children will not be disciplined for toileting accidents; however, parents will be notified and required to bring clean clothes.
8. "Time out" will be used as needed and will be age appropriate.
9. The YMCA will not withhold food, water or bathroom privileges as a form of discipline.
10. The YMCA reserves the right to terminate a child's participation in the program based on repeated behavior problems in accordance with the Discipline and Discharge section in the Parent's Handbook.
11. Unacceptable behavior includes kicking, spitting, abusive language or profanity, sexually inappropriate behavior, refusal to follow care giver's instructions, destroying property, leaving the area without permission, or any other behavior which may be physically or psychologically harmful to others.
12. Problems will be discussed with the parents/guardians, child and Camp Director.

I have read and discussed the discipline method with my child.

Parent/Guardian Signature

Date

Child's Signature (if age appropriate)

Date

SIGNATURES

I have completed the requested information and guarantee its accuracy; further I have read, understand and agree to the terms of the Parent Handbook of the Kirk Family YMCA Summer Camp.

Parent / Guardian Signature _____ Date _____

Camp Director _____ Date _____

Date Child Entered Summer Camp _____

Date Child Exited Summer Camp _____

OFFICE USE ONLY IDENTITY VERIFICATION

If proof of identity is required and a copy is not kept, fill out the following:

Place of Birth: _____ Birth Date: _____

Birth Certification Number: _____

Date Issued: _____

Other Forms of Proof: _____

Date Document Viewed: _____ Person Viewing: _____

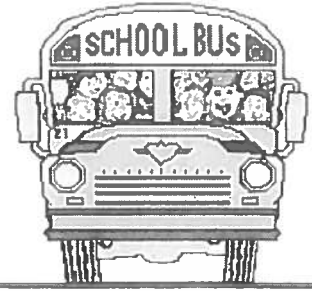
Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided): Date _____

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency (foster care and adoption agencies), record from a public school in Virginia, certification by a principal or his designee of public school in the U.S. that a certified copy of the child's birth record was previously presented or copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia and the center assumes responsibility for the child directly from school (i.e., after school program) or the center transfers responsibility of the child directly to the school (i.e., before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child. Section 63.2-1809 of the Code of Virginia states that the proof of identity, if reproduced or retained by the child day program or both, shall be destroyed upon the conclusion of the requisite period of retention. The procedures for the disposal, physical destruction or other disposition of the proof of identity containing social security numbers shall include all reasonable steps to destroy such documents by (i) shredding, (ii) erasing, or (iii) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means.

032-05-252/11 (6/05)



BUS FORM



Child's Information:

Child's Full Name: _____ Nickname: _____

Address: _____ City: _____ Zip: _____

Age: _____ DOB: _____ Gender: _____ School: _____ Grade: _____

Parent/Guardian Information

Last Name: _____ First: _____

Address: _____

Home Phone: _____ Cell: _____

Employer: _____

Work Phone: _____

Parent/Guardian Information

Last Name: _____ First: _____

Address: _____

Home Phone: _____ Cell: _____

Employer: _____

Work Phone: _____

Please list 2 local emergency contacts:

Emergency Contact #1

Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: _____

Emergency Contact #2

Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: _____

Medical Information

Doctor's Name: _____

Phone: _____

Dentist: _____

Phone: _____

Preferred Hospital: _____

Any Medicines to be taken: _____

Allergies: _____

*Must have a completed Medication Authorization form signed by a Physician.

Is there any Medical or Behavioral Information the YMCA needs to be aware off?

If no physician or dentist is listed, the following health care provider will be used- Carilion Clinic 981-7000 and Carilion Dental Clinic 224-4380

**COMMONWEALTH OF VIRGINIA
SCHOOL ENTRANCE HEALTH FORM**
Health Information Form/Comprehensive Physical Examination Report/Certification of Immunization

Part I – HEALTH INFORMATION FORM

State law (Ref. Code of Virginia § 22.1-270) requires that your child is immunized and receives a comprehensive physical examination before entering public kindergarten or elementary school. The parent or guardian completes this page (Part I) of the form. The Medical Provider completes Part II and Part III of the form. This form must be completed no longer than one year before your child's entry into school.

Name of School: _____ Current Grade: _____

Student's Name: _____

Student's Date of Birth: _____ / _____ / _____ Sex: _____ State or Country of Birth: _____ Middle Main Language Spoken: _____

Student's Address: _____ City: _____ State: _____ Zip: _____

Name of Mother or Legal Guardian: _____ Phone: _____ - _____ - _____ Work or Cell: _____ - _____ - _____

Name of Father or Legal Guardian: _____ Phone: _____ - _____ - _____ Work or Cell: _____ - _____ - _____

Emergency Contact: _____ Phone: _____ - _____ - _____ Work or Cell: _____ - _____ - _____

Condition	Yes	Comments	Condition	Yes	Comments
Allergies (food, insects, drugs, latex)			Diabetes		
Allergies (seasonal)			Head injury, concussions		
Asthma or breathing problems			Hearing problems or deafness		
Attention-Deficit/Hyperactivity Disorder			Heart problems		
Behavioral problems			Lead poisoning		
Developmental problems			Muscle problems		
Bladder problem			Seizures		
Bleeding problem			Sickle Cell Disease (not trait)		
Bowel problem			Speech problems		
Cerebral Palsy			Spinal injury		
Cystic fibrosis			Surgery		
Dental problems			Vision problems		

Describe any other important health-related information about your child (for example, feeding tube, hospitalizations, oxygen support, hearing aid, etc.).

List all prescription, over-the-counter, and herbal medications your child takes regularly

Check here if you want to discuss confidential information with the school nurse or other school authority. Yes No

Please provide the following information:

	Name	Phone	Date of Last Appointment
Pediatrician/primary care provider			
Specialist			
Dentist			
Case Worker (if applicable)			

Child's Health Insurance: ___ None ___ FAMIS Plus (Medicaid) ___ FAMIS ___ Private/Commercial Employer sponsored

I, _____ (do ___) (do not ___) authorize my child's health care provider and designated provider of health care in the school setting to discuss my child's health concerns and/or exchange information pertaining to this form. This authorization will be in place until or unless you withdraw it. You may withdraw your authorization at any time by contacting your child's school. When information is released from your child's record, documentation of the disclosure is maintained in your child's health or scholastic record.

Signature of Parent or Legal Guardian: _____ Date: _____ / _____ / _____

Signature of person completing this form: _____ Date: _____ / _____ / _____

Signature of Interpreter: _____ Date: _____ / _____ / _____

Student's Name: _____ Date of Birth: [] [] [] []

Section II
Conditional Enrollment and Exemptions

Complete the medical exemption or conditional enrollment section as appropriate to include signature and date.

MEDICAL EXEMPTION: As specified in the *Code of Virginia* § 22.1-271.2, C (ii), I certify that administration of the vaccine(s) designated below would be detrimental to this student's health. The vaccine(s) is (are) specifically contraindicated because (please specify):

DTP/DTaP/Tdap: [] []; DT/Td: [] []; OPV/IPV: [] []; Hib: [] []; Pneum: [] []; Measles: [] []; Rubella: [] []; Mumps: [] []; HBV: [] []; Varicella: [] []

This contraindication is permanent [] [], or temporary [] [] and expected to preclude immunizations until: Date (Mo., Day, Yr.): [] [] [] []

Signature of Medical Provider or Health Department Official: _____ Date (Mo., Day, Yr.): [] [] [] []

RELIGIOUS EXEMPTION: The *Code of Virginia* allows a child an exemption from receiving immunizations required for school attendance if the student or the student's parent/guardian submits an affidavit to the school's admitting official stating that the administration of immunizing agents conflicts with the student's religious tenets or practices. Any student entering school must submit this affidavit on a CERTIFICATE OF RELIGIOUS EXEMPTION (Form CRE-1), which may be obtained at any local health department, school division superintendent's office or local department of social services. Ref. *Code of Virginia* § 22.1-271.2, C (i).

CONDITIONAL ENROLLMENT: As specified in the *Code of Virginia* § 22.1-271.2, B, I certify that this child has received at least one dose of each of the vaccines required by the State Board of Health for attending school and that this child has a plan for the completion of his/her requirements within the next 90 calendar days. Next immunization due on _____

Signature of Medical Provider or Health Department Official: _____ Date (Mo., Day, Yr.): [] [] [] []

Section III
Requirements

For Minimum Immunization Requirements for Entry into School and Day Care, consult the Division of Immunization web site at <http://www.vdh.virginia.gov/epidemiology/immunization>

Children shall be immunized in accordance with the Immunization Schedule developed and published by the Centers for Disease Control (CDC), Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP), otherwise known as ACIP recommendations (Ref. *Code of Virginia* § 32.1-46(a)). (requirements are subject to change.)

Part III – COMPREHENSIVE PHYSICAL EXAMINATION REPORT

A qualified licensed physician, nurse practitioner, or physician assistant must complete Part III. The exam must be done no longer than one year before entry into kindergarten or elementary school (Ref. Code of Virginia § 22.1-270). Instructions for completing this form can be found at www.vahealth.org/schoolhealth

Student's Name: _____ Date of Birth: ____/____/____ Sex: M F

Health Assessment	Date of Assessment: ____/____/____	Physical Examination									
	Weight: _____ lbs. Height: _____ ft. _____ in.	1 = Within normal 2 = Abnormal finding 3 = Referred for evaluation or treatment									
	Body Mass Index (BMI): _____ BP _____ <input type="checkbox"/> Age / gender appropriate history completed <input type="checkbox"/> Anticipatory guidance provided TB Risk Assessment: <input type="checkbox"/> No Risk <input type="checkbox"/> Positive/Referred Mantoux results: _____ mm	1	2	3	1	2	3	1	2	3	
EPSDT Screens <u>Required</u> for Head Start – include specific results and date: Blood Lead: _____ Hct/Hgb _____		HEENT		Neurological		Skin					
		Lungs		Abdomen		Genital					
		Heart		Extremities		Urinary					

Developmental Screen	Assessed for:	Assessment Method:	Within normal	Concern identified:	Referred for Evaluation
	Emotional/Social				
	Problem Solving				
	Language/Communication				
	Fine Motor Skills				
	Gross Motor Skills				

Hearing Screen	<input type="checkbox"/> Screened at 20dB; Indicate Pass (P) or Refer (R) in each box.				<input type="checkbox"/> Referred to Audiologist/ENT <input type="checkbox"/> Unable to test – needs rescreen <input type="checkbox"/> Permanent Hearing Loss Previously identified: ___Left ___Right <input type="checkbox"/> Hearing aid or other assistive device
		1000	2000	4000	
	R				
	L				
<input type="checkbox"/> Screened by OAE (Otoacoustic Emissions): <input type="checkbox"/> Pass <input type="checkbox"/> Refer					

Vision Screen	<input type="checkbox"/> With Corrective Lenses (check if yes)				
	Stereopsis	<input type="checkbox"/> Pass <input type="checkbox"/> Fail		<input type="checkbox"/> Not tested	
	Distance	Both	R	L	Test used:
	20/	20/	20/	20/	
<input type="checkbox"/> Pass <input type="checkbox"/> Referred to eye doctor <input type="checkbox"/> Unable to test – needs rescreen					

Dental Screen	<input type="checkbox"/> Problem Identified: Referred for treatment <input type="checkbox"/> No Problem: Referred for prevention <input type="checkbox"/> No Referral: Already receiving dental care
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Recommendations to (Pre) School, Child Care, or Early Intervention Personnel	Summary of Findings (check one):	
	<input type="checkbox"/> Well child; no conditions identified of concern to school program activities	
	<input type="checkbox"/> Conditions identified that are important to schooling or physical activity (complete sections below and/or explain here): _____	

	Allergy <input type="checkbox"/> food: _____ <input type="checkbox"/> insect: _____ <input type="checkbox"/> medicine: _____ <input type="checkbox"/> other: _____	
	Type of allergic reaction: <input type="checkbox"/> anaphylaxis <input type="checkbox"/> local reaction Response required: <input type="checkbox"/> none <input type="checkbox"/> epi pen <input type="checkbox"/> other: _____	
	Individualized Health Care Plan needed (e.g., asthma, diabetes, seizure disorder, severe allergy, etc)	
	Restricted Activity Specify: _____	
Developmental Evaluation <input type="checkbox"/> Has IEP <input type="checkbox"/> Further evaluation needed for: _____		
Medication. Child takes medicine for specific health condition(s). <input type="checkbox"/> Medication must be given and/or available at school.		
Special Diet Specify: _____		
Special Needs Specify: _____		
Other Comments: _____		

Health Care Professional's Certification (Write legibly or stamp):		
Name: _____	Signature: _____	Date: ____/____/____
Practice/Clinic Name: _____	Address: _____	
Phone: _____ - _____ - _____	Fax: _____ - _____ - _____	Email: _____

PARENT HANDBOOK

MISSION STATEMENT AND PHILOSOPHY

The YMCA of Roanoke Valley is an association of people of all ages, ethnic backgrounds and religious affiliations. We are united in a common effort to put Christian principles into practice through programs that build a healthy spirit, mind and body for all.

At the Kirk Family YMCA, our commitment is to youth. We want to provide children with activities which will develop and enrich their lives.

We believe that each child is entitled to a safe, secure and nurturing environment when separated from his/her parents. We also believe:

- * Children deserve respect
- * Children should not be humiliated, hurt or embarrassed
- * Children's self-respect should be treated with TLC
- * Children have the right to make choices
- * Children should be taught rather than trained

GENERAL INFORMATION

WHO: Children, Pre-school (age 4), Rising Grades K-7th (ages 5-13)

HOURS: 2 options: 8 am-6 pm or 9 am-2 pm

DAYS: Monday - Friday

FEE: 5 Days 8am-6pm option \$120./member \$135./non-member
5 Days 9am-2pm option \$ 90./member \$115./non-member
*Fees are non-refundable based on high demand and limited spaces

REGISTRATION:

Registration is not complete until we receive the registration form, enrollment packet forms which include: Enrollment form, Agreements form, Photo Release form, Parent Statement of Understanding form, Discipline Method Agreement form, Signatures page, Copy of Birth Certificate (proof of identity), Immunization records, Physical form, and payment.

Registration deadline is Thursday at close prior to camp start on Monday.

FINANCIAL ASSISTANCE:

The YMCA of Roanoke Valley turns no one away due to the inability to pay. Inquiries are confidential and are handled promptly. Financial assistance to members is made possible by the generosity of friends of the YMCA who donate to the Y annual giving campaign.

There is a 50% minimum payment per each camp registration.

ENROLLMENT:

As mentioned above, registration will be done at the Welcome Desk. Once registered, parents will need to complete a set of enrollment forms in their entirety.

PAYMENTS:

Fees are non-refundable for days of illness, early pick up, or absences due to participation in other activities. Parents are responsible for payment the weeks their child is registered whether the child attends the program or not. If a child is absent due to an extended illness or family emergency, please contact Camp Director.

ABSENCES:

Parents are required to pay for all weeks selected on the Summer Camp registration form regardless of the child's attendance. If you have an extenuating circumstance, please contact Camp Director.

DISCIPLINE AND DISMISSAL:

Children are entitled to a pleasant and harmonious environment at the Kirk Family YMCA. We cannot serve children who display chronically disruptive behavior.

Chronically disruptive behavior is defined as verbal or physical activity which may include, but is not limited to such behavior that: requires constant attention from counselors, inflicts physical or emotional harm on other children, abuse of the counselors, ignores or disobeys the rules. If a child cannot adjust to the summer camps, the YMCA has the right to request that the child not attend the camp.

The YMCA tries to prevent discipline problems from developing by providing a program of interest to the children and allowing for a variety of choices among activities. When specific problems occur, the counselors try to allow the children to experience the logical and natural consequences of their action, unless such consequences would be unsafe. The counselors talk with children about their actions, divert their behavior, separate children and/or separate children from specific activities.

Disruptive behavior will be dealt with in the following manner:

1. The misbehaving child will be given a time out based on their age. (example 5 years = 5 minutes) This is time for the child to cool off and think about his/her actions. Counselors will explain to the child what they did wrong and discuss appropriate behavior.
2. If a 2nd time-out is given to a child in a single day, the behavior will be documented and discussed with the parent.

3. If a child receives three (3) documented behavior reports, a meeting will be scheduled with the Youth and Family Director.
4. A child may be suspended if they display undesired behavior, which includes verbal abuse or physical abuse with the intent to harm.
5. Parents may be called to pick up their child immediately if they continually exhibit negative and/or disruptive behavior.

The YMCA counselors will not use corporal punishment; will not isolate children out of sight or sound of the group; and will not deprive any child of food, water or bathroom privileges as a part of punishment. Reasonable efforts will be made to assist children in adjusting to the YMCA Summer Camps.

At no time in the YMCA are parents allowed to discipline children other than their own. If a situation arises concerning another child, please speak to a counselor and not the child.

The YMCA has the right to dismiss a child from the program, because of a parent's/guardian's inappropriate behavior or conduct.

The YMCA will:

1. Respect personal privacy
2. Respect differences in cultural, ethnic, and family backgrounds
3. Encourage decision-making abilities
4. Encourage independence and self-direction
5. Use consistency in applying expectations

The following actions are forbidden by the YMCA staff:

1. Physical punishment
2. Enclosure in a small confined space
3. Punishment by another child
4. Separation from the group
5. Withholding or forcing food or rest
6. Verbal remarks which are demeaning
7. Punishment for toileting accidents
8. Punishment by applying unpleasant or harmful substances

TRANSPORTATION:

Not offered.

LATE PICK UP:

Please pick up your child/children on time. Parents who are continuously late may be terminated from the program.

NON-PICK UP:

In the unlikelihood of this situation, counselors will alert the Camp Director. If parents cannot be reached, the Camp Director will call emergency numbers on file. If no one can be reached and the child or children are still at facility an hour after the program end time, a decision will be made as to whether Roanoke City Police or Department of Social Services will be called.

ARRIVAL AND DEPARTURE:

Parents must check in their child every morning. They also must come in to sign the child out. We strongly recommend that parents speak to a counselor at arrival and pick up.

If someone unfamiliar to the Camp Staff is going to pick up your child, a written notice must be given in advance. If an emergency arises, a phone call from a parent will suffice. Camp Staff may ask for photo identification upon pick up, if they are unfamiliar with a new person. Any person picking up a child from the YMCA must be at least 18 years or older.

The YMCA must be provided a copy of all appropriate legal paperwork when the custodial parent requests the program not release the child to the other parent.

PARENT VISITATION:

You are welcome to visit the YMCA at any time without an appointment. Our staff welcomes comments from you. Sometimes when you pick up your child, the staff may be too involved with other children to engage in an extended conversation. Feel free to talk to them informally. Some parents enjoy lingering at the summer camps watching or participating in the activities for a while. You are encouraged to do so if it is convenient for you.

CAMP STAFF:

At each summer camp, the Camp Director is the person in charge. YMCA follows state licensing guidelines for staff and child ratios.

REPORTING OBLIGATION:

As a licensed child care provider, we are required by law to report to the Virginia Department of Social Service and Child Protective Services anything we suspect to be child abuse or neglect. Our Camp Director and Camp Counselors receive special training on this topic from Child Abuse Prevention Council and the YMCA of the USA. This also includes the reporting of parents who appear to be impaired by drugs or alcohol.

SICK CHILDREN:

If your child has a known medical condition (asthma, diabetes, seizure disorder, etc.) please be sure the Camp Director knows what to do if a problem should occur during the program hours.

If a Camp Counselor judges that a child is sick upon arrival, having an elevated temperature of 100 degrees or above, vomiting or diarrhea, the parent may not leave the child. If a child becomes sick later at the YMCA suffering from the above complaints, a contagious disease or an accident requiring medical attention, the parents will be notified to pick up the child immediately. If the parents cannot be reached, the emergency numbers will be called.

Immediate arrangements must be made for picking up a sick child. A child will be isolated away from other children until a parent or guardian arrives.

Children with visible signs of illness will not be allowed to stay at camp. We reserve the right to deny access for any child with any of the following visible signs of illness:

- Fever (100 degrees underarm)
- Sore Throat, Swollen Glands, Severe Coughing, Rash, Vomiting, Diarrhea, Earache, Irritability or Confusion accompanied by Fever (100 degrees underarm)
- Diarrhea (runny, watery or bloody stools)
- Vomiting (twice or more in 24 hours)
- Eye Discharge (thick mucus or pus draining from eye, or pink eye)
- Yellowish skin or eyes
- Runny nose with color
- Child is irritable, continuously crying, or requires more attention that we can provide without risking the health and safety of other children in our care
- Head Lice
- Any childhood communicable disease such as Chicken Pox, Hand Foot Mouth, Fifth Disease, Impetigo, etc.

In order to help prevent the spread of sickness and disease, we take many precautions such as hand washing and cleaning of toys and equipment in our environment.

Working together, we can make sure that we provide a safe, healthy and happy environment for your child.

If a child in our program has contracted a communicable disease the YMCA, we will notify parents within 24 hours. If your child comes in contact with a life threatening disease, please contact the Camp Director immediately at 342-9622.

HAND WASHING AND TOILETING:

Children are required to wash with soap and running water after toileting, after any contact with blood, feces or urine and before and after meals. Staff are required to wash their hands with soap and running water prior to serving lunch, before and after helping a child use the toilet, toileting, or any bodily fluid contact. If running water is not available, a germicide-cleaning agent administered per manufacturer's instructions may be used.

BACKPACK AND WATER BOTTLE:

All campers will be required to bring a backpack and water bottle every day to camp. The backpack will travel with the camper throughout the day to keep all of their belongings together.

LUNCH AND SNACK:

Parents are required to pack a **nut free** lunch and snacks.

SAMPLE OF A DAILY SCHEDULE: 8am-6pm

8:00-9:00am	Arrival / Outside Play (weather permitting)
9:15-9:30am	Camp sing along
9:30-10:00am	Arts and Crafts
10:00-10:25am	Bathroom Break / Wash Hands/ Snack
10:25-11:00am	Outside Play (weather permitting)
11:00-11:45am	Rotation Activity (EXAMPLE Swim Lessons)
11:45am-12:15pm	Rotation Activity (EXAMPLE Drama / Music)
12:15-12:30pm	Bathroom Break / Wash Hands
12:30-1:00pm	Lunch
1:00-1:15pm	Bathroom Break / Wash Hands
1:15-1:45pm	Y-Arcade & Clubhouse Play Time
1:45-2:30pm	Rotation Activity (EXAMPLE Board Games)
2:30-2:45pm	Bathroom Break / Wash Hands/ Snack
2:45-3:15pm	Swim
3:15-4:00pm	Rotation Activity (EXAMPLE Gym Games)
4:00-4:45pm	Rotation Activity (EXAMPLE Story Time)
4:45-5:15pm	Imagination Stations
5:15-6:00pm	Outside Play (weather permitting) / Pick up

SAMPLE Daily Schedule: 9am-2pm

9:00-9:15am	Arrival / Outside Play (weather permitting)
9:15-9:30am	Camp sing along
9:30-10:00am	Arts and Crafts
10:00-10:25am	Bathroom Break / Wash Hands/ Snack
10:25-11:00am	Outside Play (weather permitting)
11:00-11:45am	Rotation Activity (EXAMPLE Swim Lessons)
11:45am-12:15pm	Rotation Activity (EXAMPLE Drama / Music)
12:15-12:30pm	Bathroom Break / Wash Hands
12:30-1:00pm	Lunch
1:00-1:15pm	Bathroom Break / Wash Hands
1:15-1:45pm	Y-Arcade & Clubhouse Play Time
1:45-2:00pm	Imagination Stations / Prepare for Departure

SUNSCREEN AND INSECT REPELLANT:

Parents are required to give written parental authorization for the application of sunscreen and/or insect repellent. We require each parent to provide the bottles labeled with your child's name, and any specific instructions. The sunscreen and insect repellent will be kept away from children, but not locked. A record of use of insect repellent will be recorded daily. Camp Director will be trained if the skin product is prescribed.

OUTDOOR PLAY:

A shady area shall be provided on playground during the month of June, July and August.

MEDICATION:

We will not be administering daily medication. Emergency medication administration is available with proper paperwork from a physician. Contact the Camp Director for more information.

TRANSPORTATION AND FIELD TRIPS:

All camps may be transported via the Y Bus for weekly field trips as scheduled. There will always be the appropriate amount of staff with the children as well as a list of the children's names and phone numbers and a first aid kit.

INJURY PREVENTION PLAN:

All the cleaning supplies will be locked in a safe cabinet away from the reach of the children. There will no access to refrigerators at facility.

All teachers must check classrooms daily for any hazards and remove anything that can be harmful to a child (broken toys, plug covers).

Summer Camp setting will consider safe sleep, safe indoor and outdoor play, safe indoor and outdoor environments and equipment, and child abuse prevention.

The YMCA Accidents and Injuries Procedures will be followed.

ACCIDENTS AND INJURIES PROCEDURE:

1. Contact front desk and 911, if needed.
2. Administer first aid as appropriate to the injury.
3. Notify the Camp Director. Have staff assist, if necessary.
4. Keep spectators away from the immediate area.
5. Assist rescue staff, if requested.
6. Contact Youth and Family Director and Branch Executive.
7. Branch Executive will notify family.
8. Complete Incident Report and send to Branch Executive immediately. Due to Corporate office within 24 hours.
9. Refer all media contacts, if applicable, to Communications Director.

EMERGENCY INFORMATION:

THE YMCA of ROANOKE VALLEY EMERGENCY INFORMATION GUIDE WILL BE POSTED AT CAMP.

SAFETY PROCEDURE:

The procedure to identify where children are at all times:

1. Frequent counts, every 15 minutes.
2. Monitor bathroom use, one child at a time.
3. Designate groups of children to specific counselors.

The procedure to ensure that all children return to the site after a walking field trip:

1. Each child will be accounted for before the group leaves and upon arrival.
2. Each counselor will be responsible for his/her group.
3. Close communication will be kept between all counselors.

The procedure for the search of a missing child:

1. Keep the group assembled and orderly.
2. Assign a counselor or other responsible person to search for the child.
3. Notify the Camp Director.
4. Ask others if they know where the child might be.
5. Check with other camp staff and Y staff.
6. Check with the contact at child's last known location.
7. Check to see if the child was checked out early, if applicable.
8. Check all possible locations at your location.
9. Check daily attendance records to determine if a pattern is present, if applicable
10. Notify police (911). Have the following information available:
 - *child's full time address
 - *age
 - *current location or group
 - *parent information
 - *medical information
 - *summary of events leading up to disappearance
 - *what the child was wearing
 - *if possible, a picture of the child
 - *child's history, as you know it
11. Notify Youth and Family Director / Branch Executive.
12. Branch Executive should notify family.
13. Complete incident report and send to Branch Executive immediately; due to Corporate office within 24 hours.

The playground safety plan:

1. Children will be required to wear closed toe shoes to go outside.
2. Children must be 2 years old to play on the playground equipment.
3. Gate must remain locked at all times.
4. Shade will be provided.
5. Door to Child Watch must be closed at all times.
6. Counselors are on the playground area near each group of children.
7. If an injury occurs, the nearest counselor attends to the child. An incident report will be completed.
8. If needed, emergency services will be notified.
9. A Director or designated Camp Counselor will accompany the child to the hospital if necessary.
10. The YMCA will contact the parents.

Procedure for a child arriving late to our program:

1. Welcome late arriving child.
2. Make them feel welcome.
3. Quickly involve child in current activity.

PROCEDURE TO FOLLOW IN CASE OF A DISASTER (NATURAL OR MAN-

MADE): In the event of a fire, thunderstorm, severe winter weather, tornado, earthquake, flood, bomb threat, terrorist attack, or any other natural or man-made disaster, the Camp Director, and the Youth and Family Director will be in contact. The YMCA will contact each parent of the child/ren at our program, and inform them of any location changes or pick up instructions. If the Camp Director is unable to contact parents, Membership Director will be asked to assist in locating parents. YMCA will evaluate environment for safety and determine if the children need to be moved to a safer location. All attendance information, emergency and health supplies and each child's registration file will be taken with them. Director and Counselors will complete the evacuation checklist prior to leaving the site.

The Kirk Family YMCA has an emergency evacuation plan and shelter available. If a disaster or emergency occurs, our Camp Director will have at least two cell phones available to contact parents and/or emergency personnel.

SHELTERS:

The summer camps will have designated emergency shelter at the Jefferson Center.

INSURANCE:

The Kirk Family YMCA has an accident insurance policy that covers the children while participating in sponsored activities in our programs.

LOST AND FOUND:

We encourage you to label your child's clothing and belongings. Please be observant of clothing, belongings, etc. that may accidentally come home with another name in them. Please help us maintain our supplies by returning any that are taken home. For the safety of your child's belongings, please do not allow your child to bring toys and games from home. Any items not claimed prior to the end of each month, will be discarded.

HOLIDAYS:

4th of July is on a Tuesday and we will not have camp. Camp this week will run Monday, Wednesday-Friday and the registration fee reflects this schedule.

LICENSING INFORMATION:

The Kirk Family YMCA Summer Camp is a licensed child care program through the Commonwealth of Virginia. Standards for licensed child care centers address certain health precautions, adequate play space, and ratio of children to Camp Counselor, equipment, program and record keeping.

Criminal record checks and specific qualifications for Camp Specialist and Counselors are also required. Standards require the facility to meet applicable fire, health and building codes. If you would like additional information about the licensing of child care, the address is: Piedmont Regional Office, Commonwealth of Virginia Building, 210 Church Avenue, SW., Suite 100, Roanoke, Virginia 24011-1779, or contact them at (540) 857-7971.

QUESTIONS AND CONCERNS ABOUT THE YMCA SUMMER CAMPS:

If you have any questions about the Kirk Family YMCA Summer Camps, we encourage you to contact us at 342-9622, ext. 3124.

LOCATION, ADDRESSES AND TELEPHONE NUMBERS:

Kirk Family YMCA
342-9622
520 Church Avenue SW
Roanoke, Virginia 24016

**THE KIRK FAMILY YMCA
SUMMER CAMP PROGRAM 2017**

ORGANIZATIONAL CHART

YMCA BOARD OF DIRECTORS

Chair – Mike Kemp
Vice Chair – Lee Wilhelm
Secretary – William Sparrow
Treasurer – Rob Cassell
Past Chair – John Carlin
At Large – Bill Kirk

Members:

Rita Bishop, John Blanton, Kevin Bloomfield, Thomas Brashears
Matthew S. Churchill, Nancy Goehring, Shirley Holland
David Howison, Mark Hudzik, J. W. Kirk III
Sherman Lee, Jr., Richard Macher, Charlie Phillips
Tom Robertson, Brooke Rosen, Edward M. Smith
Robert M. Smith, Lucas Thornton, Charles Withers, Mike Wray

YMCA PRESIDENT AND CEO – Mark Johnson
CHIEF OPERATING OFFICER – Scott Williams
BRANCH EXECUTIVE – Nancy Brattain
YOUTH AND FAMILY DIRECTOR / CAMP DIRECTOR
CAMP COUNSELORS

Kirk Family YMCA Summer Camp – Reminders

The following is a list of enrollment requirements and camp reminders:

Registration Form and Payment – Please fill out your registration form carefully ensuring that you mark all camps that you want to register for and a \$10 deposit must be paid at time of registration. You are responsible for completing the payment and submission of all required documents by Thursday prior to camp start. We staff based on the number of children signed up for a particular week. **WE MUST HAVE A WORKING EMAIL FOR OUR SUMMER CAMP COMMUNICATION.**

Please fill out all forms listed below in their entirety. These forms must be turned in prior to the start of camp.

Camper Info & Agreement Form

Photo Release Form

Bus Form

Parent Statement of Understanding Form

Discipline Method Agreement Form

Signatures Form

Copy of your Child's Immunization Forms, Physical Forms, and Birth

Certificate (proof of identity) – all must be turned in prior to start of camp.

Custody Papers (if necessary) – must be turned in prior to start of camp.

***Note:** Children will not be admitted to camp without all the required documents.*

Parent Handbook – Please take time to read this Parent Handbook, it is filled with valuable information.

Arrival – Camp opens at 8:00 or 9:00 am depending on the option you register for.. Please do not drop off early.

Departure – Camp ends at 2:00pm or 6:00pm depending on the option you register for. Please be punctual.

Backpack & Water Bottle – Campers are required to bring these items each day.

Lunch & Snack – Parents will pack their child's **nut free** morning snack, lunch, and afternoon snack; label and date their container each day.

Swimming – All campers will have swim lessons included in camp at no extra cost. All campers have FUN swim on Fridays. You will be informed of swim lesson days and times via email.