



(RETURN TO SALEM YMCA)

SALEM YMCA SUMMER CAMP 2017 ENROLLMENT PACKET

***Parents must complete enrollment packet in its entirety
before children will be admitted to camp***

Parent Check List:

Camp Registration Form All fields must have information or N/A	
Initialed and Signed Enrollment Agreements	
Copy of Birth Certificate	
Completed Bus Form	
Signed Photo/Audio Visual/Narrative Release	
Signed Behavior Management Guidelines	
Health Physical Form	
Immunization Record	
Signed Authorization for Non-prescription Over-the-Counter Skin Products	
Review of Parent Handbook	



SALEM 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:
LEWIS-GALE MEDICAL CENTER 1900 Electric Road, Salem, VA

WEEKLY CAMP RATES

A \$10 non-refundable deposit per camp week is due at the time of registration. Payment in-full is required the Thursday prior to each camp week selected. Campers should bring a nut-free lunch and two snacks daily.

PRESCHOOL CAMPS:

MON-THUR 9:00AM-1:30PM M: \$95 / NM: \$120

SCHOOL AGE CAMPS:

MON-FRI 8:00AM-6:00PM M: \$130 / NM: \$145

MON-FRI 8:00AM-2:00PM M: \$110 / NM: \$125

CHILD'S NAME _____

PRESCHOOL CAMPS (AGES 3-4 YEARS)

All campers must be potty trained

- JUNE 19-22 STAR WARS & SPACE EXPLORERS
- JUNE 26-29 PASSPORT AROUND THE WORLD
- JULY 3, 5-7 TINY EINSTEIN
- JULY 10-13 CREATURE FEATURE CAMP
- JULY 17-20 OCEAN COMMOTION
- JULY 24-27 CONSTRUCTION ZONE
- JULY 31-AUG 3 FIT KIDS THE FUN WAY
- AUG 7-10 SUPER HERO
- AUG 14-17 GARDEN WEEK

Mon-Thur 9:00-1:30 PM	Tuition

SCHOOL AGE CAMPS (RISING K-5TH)

- JUNE 19-23 STAR WARS & SPACE EXPLORERS
- JUNE 26-30 PASSPORT AROUND THE WORLD
- JULY 3,5-7 SCI KIDS
- JULY 10-14 CREATURE FEATURE CAMP
- JULY 17-21 SOAKING WET
- JULY 24-28 CONSTRUCTION ZONE
- JULY 31-AUG 4 GREAT AMERICAN NINJA WARRIOR
- AUG 7-11 SUPER HERO (K-2nd) / I SPY (3-5th)
- AUG 14-18 GARDEN WEEK
- AUG 21-25 LICENSED TO THRILL
- AUG 28-SEP 1 ANYTHING GOES

Mon-Fri 8:00-6:00 PM	Mon-Fri 8:00-2:00 PM	Tuition

SWIM LESSON ADD ON: M\$16 / NM \$24

Preschool: Mon-Thur 1:30-2:10 pm | School Age: Mon-Thur 8:10-8:50am

Week's my child will participate: _____

Parent/Guardian Signature _____

Date _____

We must receive the following information the Thursday prior to the first day of camp:

- Completed registration form
- Completed enrollment packet
- Copy of birth certificate
- Copy of immunization records
- Copy of physical
- Payment



ENROLLMENT 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 permission to transport my child on fieldtrips using the YMCA school bus to any location they deem appropriate for each week of camp. I also understand, and give permission for my child to walk to locations outside of YMCA property, as long as there is proper supervision and staff/child ratio is within Virginia law guidelines. I give permission for my child to receive medical care to any medical facility should an emergency occur. This includes but not limited to, any hospitalization, surgery or medicine needed to provide proper care for the 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

I will apply sunscreen daily to my child before they come to YMCA camp _____Initial

POTTY TRAINING REQUIREMENT: I understand that my child must be fully potty trained and cannot wear pull ups or swim diapers to YMCA camp. I understand if accidents are re-occurring and bathroom breaks are within licensing standards, my child will not be able to attend camp and no refunds will be given. _____Initial

STAFF: The YMCA of Roanoke Valley code of conduct prohibits staff members from babysitting children met through any YMCA programs. _____Initial

PICK UP POLICY: Parents must come into the YMCA each morning/afternoon to check their child in/out. Due to camp schedule, field trips and other program plans we ask that drop-off and pick-up times are as follows:

- Half-day program: drop-off no later than 9:00am and pick-up no earlier than 1:30pm (preschool) and 2:00 pm (school age)
- Full-day program: drop-off no later than 9:00 am and pick-up no earlier than 5:00 pm

Special allowances will need to be discussed with camp director. This allows the schedule to flow seamlessly and keep our staff with proper staff/child ratio at all times. Advance notice of schedule changes in writing via email to camp director Felicia Branham fbranham@ymcaroanoke.org is encouraged. _____Initial

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 via contacting camp director or sending a letter in advance to camp counselor. _____Initial

ENROLLMENT PACKAGE: I understand and agree that all enrollment information must be completed prior to my child's first day of attendance. _____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

REFUND POLICY: Due to high demand, there are no refunds for our summer camp program. _____Initial

FOOD: I understand that I am responsible to provide **nut free** lunch and snacks, which are labeled **DAILY** with name and date. _____Initial

I parent/guardian of _____ have read the Y Summer Camp Parent Handbook and agree to abide by the policies in it as well as those outlined above.

Parent/Guardian Signature Date

Director/Administrator Signature Date

Y Summer Camp Use Only	
IDENTITY VERIFICATION	
Place of Birth_____	Birth Date_____
Birth Certificate Number_____	Date Issued_____
Other Form of Proof_____	
Name of Verifier_____	Date Verified_____



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: _____

**If no physician or dentist is listed, the following health care provider will be used- Lewis Gale Medical Center
1900 Electric Road, Salem, VA**

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?



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: _____



BEHAVIOR MANAGEMENT GUIDELINES

It is the Y's goal to provide a healthy, safe, and secure environment for all day camp participants. Children who attend the program are expected to follow the behavior guidelines based on the Y's four core values and to interact appropriately in a group setting.

Behavior Guidelines:

- We will **care** for ourselves and for those around us.
- **Honesty** will be the basis for all relationships and interactions.
- People are **responsible** for their actions.
- We **respect** each other and the environment.

When a camper does not follow the behavior guidelines, we will take the following steps:

1. Staff will redirect the camper to more appropriate behavior.
2. The camper will be reminded of the behavior guidelines and day camp rules, and a discussion will take place.
3. If the behavior persists, a parent or caregiver will be notified of the problem.
4. The staff will document the situation. This written documentation will include what the behavior problem is, what provoked the problem, and the corrective action taken.
5. Staff will schedule a conference with the parent or caregiver so they can determine the appropriate action to take.
6. Staff will schedule a progress check or a follow-up conference.
7. If the problem persists, staff will schedule a conference that includes the parent or caregiver, camper, staff, and program director. The program director will have all documentation and the notes from the previous conferences for review. If subsequent conferences have to be scheduled, a counselor may also be present.
8. If a child's behavior at any time threatens the immediate safety of that child, other children, or staff, the parent or caregiver may be notified and expected to pick up the child immediately.
9. If a problem persists and a child continues to disrupt the day camp program, the Y reserves the right to suspend the child from the program. Expulsion from the program will be considered in extreme situations.

The following behaviors are not acceptable and may result in the immediate suspension of a camper for the remainder of the current day and the next day:

- Endangering the health and safety of children or staff, members, and volunteers
- Stealing or damaging Y or personal property
 - Leaving the day camp program without permission
- Continually disrupting the program
- Refusing to follow the behavior guidelines or day camp rules
 - Using profanity, vulgarity, or obscenity frequently
- Acting in a lewd manner

If any of these behaviors persists, staff may suspend the camper a second time before expulsion. Immediate expulsion may occur if a camper is in possession of or using tobacco, alcohol, illegal drugs, firecrackers, firearms, or explosives.

Parent or Caregiver Signature

I have reviewed with my child the Behavior Management Guidelines. I understand and agree to all of the terms presented in this document.

Parent or caregiver's signature

Date

**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 Parent or Legal Guardian 1: _____ Phone: _____ - _____ - _____ Work or Cell: _____ - _____ - _____

Name of Parent or Legal Guardian 2: _____ 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, dental appliance, 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: _____ / _____ / _____

**COMMONWEALTH OF VIRGINIA
SCHOOL ENTRANCE HEALTH FORM**

Part II - Certification of Immunization

Section I

**To be completed by a physician or his designee, registered nurse, or health department official.
See Section II for conditional enrollment and exemptions.**

A copy of the immunization record signed or stamped by a physician or designee, registered nurse, or health department official indicating the dates of administration including month, day, and year of the required vaccines shall be acceptable in lieu of recording these dates on this form as long as the record is attached to this form.

Only vaccines marked with an asterisk are currently required for school entry. Form must be signed and dated by the Medical Provider or Health Department Official in the appropriate box.

Student's Name: _____ Date of Birth: _____
Last First Middle Mo Day Yr.

IMMUNIZATION	RECORD COMPLETE DATES (month, day, year) OF VACCINE DOSES GIVEN				
*Diphtheria, Tetanus, Pertussis (DTP, DTaP)	1	2	3	4	5
*Diphtheria, Tetanus (DT) or Td (given after 7 years of age)	1	2	3	4	5
*Tdap booster (6 th grade entry)	1				
*Poliomyelitis (IPV, OPV)	1	2	3	4	
*Haemophilus influenzae Type b (Hib conjugate) *only for children <60 months of age	1	2	3	4	
*Pneumococcal (PCV conjugate) *only for children <60 months of age	1	2	3	4	
Measles, Mumps, Rubella (MMR vaccine)	1	2			
*Measles (Rubeola)	1	2	Serological Confirmation of Measles Immunity:		
*Rubella	1		Serological Confirmation of Rubella Immunity:		
*Mumps	1	2			
*Hepatitis B Vaccine (HBV) <input type="checkbox"/> Merck adult formulation used	1	2	3		
*Varicella Vaccine	1	2	Date of Varicella Disease OR Serological Confirmation of Varicella Immunity:		
Hepatitis A Vaccine	1	2			
Meningococcal Vaccine	1				
Human Papillomavirus Vaccine	1	2	3		
Other	1	2	3	4	5
Other	1	2	3	4	5

I certify that this child is **ADEQUATELY OR AGE APPROPRIATELY IMMUNIZED** in accordance with the **MINIMUM** requirements for attending school, child care or preschool prescribed by the State Board of Health's *Regulations for the Immunization of School Children* (Reference Section III).

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

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:[] ; Pncum:[] ; 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: ____/____/____ Weight: _____ lbs. Height: _____ ft. ____ in. Body Mass Index (BMI): _____ BP _____ <input type="checkbox"/> Age / gender appropriate history completed <input type="checkbox"/> Anticipatory guidance provided	Physical Examination																
	I = Within normal 2 = Abnormal finding 3 = Referred for evaluation or treatment																	
				1	2	3				1	2	3				1	2	3
	HEENT			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neurological			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lungs			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Genital			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heart			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extremities			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Urinary			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TB Screening: <input type="checkbox"/> No risk for TB infection identified <input type="checkbox"/> No symptoms compatible with active TB disease <input type="checkbox"/> Risk for TB infection or symptoms identified Test for TB Infection: TST IGRA Date: _____ TST Reading ____ mm TST/IGRA Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative CXR required if positive test for TB infection or TB symptoms. CXR Date: _____ <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal																		
EPSDT Screens Required for Head Start – include specific results and date: Blood Lead: _____ Hct/Hgb _____																		

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				
		1000	2000	4000					
	R				<input type="checkbox"/> Permanent Hearing Loss Previously identified: ___Left ___Right				
L				<input type="checkbox"/> Hearing aid or other assistive device					
<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/	
<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"/> epinephrine auto-injector <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) <input type="checkbox"/> By checking this box, I certify with an electronic signature that all of the information entered above is accurate (enter name and date on signature and date lines below).	
Name: _____	Signature: _____ Date: ____/____/____
Practice/Clinic Name: _____	Address: _____
Phone: _____ Fax: _____	Email: _____



VIRGINIA DEPARTMENT OF
SOCIAL SERVICES

**Authorization Form for
Non-prescription Over-the-Counter Skin Products
Licensed Child Day Centers
VDSS Division of Licensing Programs Model Form**

INSTRUCTIONS:

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

- Sunscreen
- Diaper ointment or cream
- Insect repellent

_____ has my permission to apply the non-prescription
(Name of Provider)

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 the 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 5 yrs. & children in therapeutic or special needs programs
 - Children nine yrs. and older may self administer sunscreen if supervised
- Diaper ointment/cream and Insect repellents:
 - Shall be kept inaccessible to children
 - Record of use shall be kept that includes child's name, date, frequency of application, and any adverse reactions

This authorization is effective from: _____ until: _____
(Start date) (End date)

Parent's Signature: _____ Date: _____



(KEEP FOR YOUR REFERENCE AND CONVENIENCE)

THE SALEM FAMILY YMCA SUMMER CAMP 2017

Dear Summer Camp Family,

The YMCA has a grand tradition of camping. We are excited and honored to serve your family this summer and add your child to the vast legacy of YMCA campers. We take pride in the quality that we offer our families.

Y Camp provides youth with supervised activities that teach core values, conflict resolution and leadership skills. Campers have fun while making new friends, building self-confidence, appreciating teamwork and growing in self-reliance. For youth, Y Camp is a fun and happy place to enjoy the summer, play games, create arts and crafts, explore science and technology, swim, participate in field trips, appreciate nature and discover and value our many cultures.

Each staff person is thoroughly screened and receives instruction and training related to safety, risk management, child development, behavior management, and program delivery. All staff members are CPR/First Aid certified and Child Abuse Awareness trained yearly.

Please read through our enrollment packet, fill out, initial and sign all appropriate forms (all fields must be filled out, even if N/A is the only option) and return to the Salem Family YMCA. Please keep this handbook for your convenience. The deadline for enrollment package is the Thursday before your child will be attending camp for the first time. If you should have additional questions, please contact us at any time.

Happy Camping,

Felicia Branham
Youth and Family Director

YMCA OF ROANOKE VALLEY
Salem Family YMCA
1126 Kime Lane., Salem, VA 24153
(P) 540.387.9622
(E) fbranham@ymcaroanoke.org
www.ymcaroanoke.org

The Y: We're for youth development, healthy living and social responsibility



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 Salem Family YMCA, our commitment is to youth. We desire for campers to have fun learning essential life skills that build positive relationships, a feeling of belonging and a sense of achievement in a safe, supportive environment.

The YMCA works to help youth to discover their full potential by providing opportunities to learn, grow and thrive amidst caring, supportive adults.

These experiences are grounded in the set of objectives that characterize our core values.

- Honesty
- Respect
- Caring
- Responsibility

GENERAL INFORMATION

WHO:

Preschool: 3-4 years
Rising Kindergarten – 5th grade

DAYS/HOURS:

Rising Kindergarten- 5th grade
8:00am-2:00pm Mo- Fri
8:00am-6:00pm Mo- Fri
Preschool: 9:00am-1:30pm Mo-Th

FEE:

Preschool – M: \$95 / NM: \$120
Rising kindergarten – 5th grade – 8a.m.-2pm M:\$110.00 / NM: \$125.00
8a.m.-6pm M:\$130.00 / NM: \$145.00

***Fees are non-refundable based on high demand and limited spaces**

REGISTRATION:

Registration is not complete until we receive the following

- Registration form
- Enrollment packet form in its entirety

Registration deadline is Thursday prior to participants first day of camp. Failure to have all documentation on time will result in child being unable to attend camp, no exceptions and no refunds will be granted.

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's safety is our first priority. The YMCA behavior management guideline form can be found in the enrollment packet. Please take some time to go over this information with your camper and sign before their first day of camp.

TRANSPORTATION:

Field trips are the only time YMCA transportation is offered.

LATE PICK UP:

Please pick up your child/children on time. A late fee of \$1.00 per minute after program end will be applied and due at time of arrival. If by 6:30pm no form of contact has been made, local authorities will be called. Continued late pickups could result in suspension or termination of camp involvement.

ARRIVAL AND DEPARTURE:

Parents must come into the YMCA each morning/afternoon to check their child in/out. Due to camp schedule, field trips and other program plans we ask that drop-off and pick-up times are as follows:

- Half-day program: drop-off no later than 9:00 am and pick-up no earlier than 1:30pm (preschool) and 2:00 pm (school age)
- Full-day program: drop-off no later than 9:00 am and pick-up no earlier than 5:00 pm

Special allowances will need to be discussed with camp director. This allows the schedule to flow seamlessly and keep our staff with proper staff/child ratio at all times.

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 will ask for photo identification upon pick up, please have identification with you at all times, this is for the safety of your child.

Any person picking up a child from the YMCA must be at least 16 years or older and be on the authorized list.

Any Custodial matters and dealings with court issued documents that cause concern for your child's safety in our care must be discussed with the camp director before child's first day of camp.

PARENT VISITATION:

You are welcome to visit the YMCA at any time without an appointment. We like when our parents observe the fun we are having. However, please be mindful that staff/volunteers are engaged and building memories with your kids. Distraction can occur when a parent is present. Remember, we have a Salem Family YMCA Facebook that keeps you updated as well.

CAMP STAFF:

Each staff person is thoroughly screened and receives instruction and training related to safety, risk management, child development, behavior management, and program delivery. All staff members are CPR/First Aid certified and Child Abuse Awareness trained yearly. The camp Director is available to parents who have questions and concerns.

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 CHILD POLICY:

If your child has a known medical condition (asthma, diabetes, seizure disorder, etc.) please be sure to note on enrollment packet. If there are any special instructions, feel free to contact the camp director.

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 540-387-9622.

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.

LUNCH AND SNACK:

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

SAMPLE OF A DAILY SCHEDULE: Rising Kindergarten – 5th grade 8am-6pm

8:00-9:00am	Arrival Morning activities
9:00-9:30am	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)
11:00-11:15am	Story Time
11:15-11:45am	Special Themed Activity
11:45am-12:15pm	Stem Activity
12:15-12:30pm	Bathroom Break / Wash Hands
12:30-1:00pm	Lunch
1:00-1:15pm	Bathroom Break / Wash Hands
1:15-2:30pm	Rest Time / Quiet Activities
2:30-2:45pm	Bathroom Break / Wash Hands/snacks
2:45-3:15pm	Swim
3:15-4:00pm	Arts and Crafts
4:00-4:45pm	Inflatable
5:00-5:15pm	Themed activity
5:15-6:00pm	Outside Play / Playground / Pick-up

Daily Schedule: 3years – 5th grade 8am-2pm

8:00-9:00am	Arrival, Imagination Stations
9:00-9:30am	Camp Sing-A-Long
9:30-10:00am	Arts and Crafts
10:00-10:25am	Bathroom Break / Wash Hands/snack
10:25-11:00am	Outside Play (weather permitting)
11:00-11:15am	Themed story time
11:15-11:45am	Themed activity
11:45am-12:15pm	Inflatable
12:15-12:30pm	Bathroom Break / Wash Hands
12:30-1:00pm	Lunch
1:00-1:15pm	Bathroom Break / Wash Hands
1.15-2:00pm	Swim

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 medication.

TRANSPORTATION AND FIELD TRIPS:

Youth and Tween camps may be transported via the Y Bus 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 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 unless 2 staff assisting.
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 3 years old to play on the playground equipment.
4. Shade will be provided.
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 Salem 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 noted in all camp areas.

INSURANCE:

The Salem 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,

LICENSING INFORMATION:

The Salem 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 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 Salem Family YMCA Summer Camps, we encourage you to discuss them with the Camp Director at 540-387-9622. If further assistance is required, you may contact the Youth and Family Director, Felicia Branham at 540-387-9622.

LOCATION, ADDRESSES AND TELEPHONE NUMBERS:

Salem Family YMCA
540-387-9622
1126 Kime Lane
Salem, Va 24153

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. You are responsible for payment the Thursday before your child’s camp. 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.

- **Enrollment Packet**
- **Agreement Form**
- **Photo /Audio visual/narrative release**
- **Division of Licensing programs department of social services child registration form. Completed emergency contacts? (all fields must have information or N/A**
- **Immunization record**
- **Birth certificate**
- **Authorization form for non-prescription over the counter skin products**
- **Behavior management guidelines**
- **Health physical form**

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

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.

Arrival – Camp opens at 8:00am/ 9:00am. No early drop off.

Departure – Camp ends at 1:30pm 2:00pm and 6:00pm depending on the option you register for. Please be punctual. **We do not allow early pick up during primary program hours 9a.m.-2p.m. for 2pm option or before 5pm on 6pm option without camp director permission. Please be sure to talk with him/her if special accommodations are needed. There may be weeks these accommodations cannot be met due to field trips etc..**

Activity Calendar – There will be a posted Activity Calendar at camp each week.

Lunch/Snack – Parents are asked to pack their child’s lunch/snack (must be NUT FREE), label and date each day.

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

Y SUMMER CAMP 2017

ORGANIZATIONAL CHART

YMCA BOARD OF DIRECTORS

Chair – Tom Bowers
Vice Chair – David Thornhill
Treasurer – Skip Zubrod
Troy Henderson
Mitch Davis

YMCA PRESIDENT AND CEO – Mark Johnson

CHIEF OPERATING OFFICER – Scott Williams

BRANCH EXECUTIVE – Tricia Reynolds

YOUTH AND FAMILY DIRECTOR – Felicia Branham

CAMP DIRECTOR

CAMP COUNSELORS