



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
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**GROW
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Vacation Camp Program!

**SCHOOL AGE CHILD AGE PROGRAM
2017
YMCA of MARTHA'S VINEYARD**



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

Vacation Camp!

February 27th-March 3rd

Hello Families,

Our After School Program will be running a Vacation Week Program from February 27th-March 3rd. We are very excited for the opportunity to provide your child a variety of experiences with new games, explore new projects, participate in theme activities, and meet new friends!

Hours: 8:30am - 5:00pm

Fees: Member \$250/week; Non-member \$300/week. Member \$58/day; Non-member \$66/day.

Registration Deadline: Friday February 17th, 2017

Attached you'll find the enrollment packet. Please complete packet with required information (**packets will not be accepted unless fully completed**) and return with payment form as soon as possible. Enrollment packets will be accepted on a first come first serve basis as we have a maximum capacity per our EEC licensing regulations.

PLEASE NOTE: Full payment for the vacation camp is required for PRIOR to the program start. Campers will not be admitted to the program without payment.

Tara Dinkel
After School Program Director
tdinkel@ymcamv.org
508-696-7171 ext. 117



**YMCA OF MARTHA'S VINEYARD
SACC Vacation Program
CHILD ENROLLMENT FORM**

THIS IS A DOUBLE-SIDED DOCUMENT. Please fill out these forms completely. If a question does not apply to your child, write N/A (not applicable). **Forms must be submitted at least one week prior to the first day your child begins care.** Please notify your educator if any of the information changes.

CHILD'S INFORMATION:

Date: _____

Child's Name: _____ Date of Birth: _____

Child's Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Gender: _____

Primary Language: _____ Identifying Marks: _____

Height: _____ Weight: _____ Skin Color: _____

Eye Color: _____ Hair Color: _____ Age at Admission: _____

Current School: _____ Grade: _____

PARENT / GUARDIAN INFORMATION:

Name: _____ Name: _____

Relationship to Child: _____ Relationship to Child: _____

Address: _____ Address: _____

City/Zip: _____ City/Zip: _____

Home Number: _____ Home Number: _____

Cell Number: _____ Cell Number: _____

*E-Mail Address: _____ *E-Mail Address: _____

Business Name: _____ Business Name: _____

Business Number: _____ Business Number: _____

Hours at Work: _____ Hours at Work: _____

****An email address is required for parent communications.***

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM*

I authorize staff members in the School Age Child Care Program who are trained in the basics of First Aid/CPR to give my child first aid CPR when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my child.

Child's Physician Name: _____ Phone Number: _____

Address: _____

Child's Allergies/Special Diets: _____

Medications: _____

Chronic Health Conditions*: _____

** Please attach any Individual Health Plans regarding chronic health conditions for your child.*

Special Limitations or Concerns: _____

Health Insurance Coverage: _____ Policy #: _____

***PLEASE NOTE: Documentation of annual physical examinations, updated immunizations and lead screening must be provided to the program and kept on file.** In order to give the child any medication, prescription or non-prescription, the parent must give written authorization and consent by signing a separate Medical Release Form. No child will be permitted into the program until all required documentation is received.

EMERGENCY CONTACTS/AUTHORIZED PICK-UP LIST

In the event of an emergency or illness, the parent/caregiver will be contacted. If the parent cannot be reached, we will contact the following persons in the order listed below.

*The following people are authorized to pick up my child. All persons authorized to pick up my child must be listed in this enrollment packet and have a valid driver's license or picture ID with them at the time of pick up.

Name: _____ Relationship to Child: _____

Address: _____ Phone #: _____

Name: _____ Relationship to Child: _____

Address: _____ Phone #: _____

Name: _____ Relationship to Child: _____

Address: _____ Phone #: _____

I give permission for child to be released to the individuals listed above in my absence:

Parent Signature: _____ **Date:** _____

Child's Name: _____ Date of Birth: _____

ADDITIONAL INFORMATION (Required)

1. Does your child have an IEP* on file at their school? ___ No ___ Yes* * If yes, please provide copy.
An IEP is an individualized education program that is developed by the public school system to assist children with succeeding in school. Your child's school would have provided you with a copy of their IEP.

2. Are there custody agreements, court orders, or restraining orders pertaining to your child? ___ Yes* ___ No
* If so, please attach copy and briefly describe here: _____

3. Is there any other information we should be aware of prior to your child starting in our program?

Release of Information

To best meet the personal and educational needs of my child, I give permission to the After School Program to speak to teachers and administrators at my child's school. I understand that all information shared will be kept confidential and will only be used to work towards my child's personal and educational goals.

Parent Initials: _____

Non-Prescription and Topical/Sunscreen Application

I give permission for the After School Program to use unanticipated, non-prescription and topical, non-prescription medications, if applicable. I also give my permission to help apply sunscreen with UVB and UVA protection with a minimum of SPF 15 to my child when necessary.

Parent Initials: _____

Restroom Supervision

Staff members are to make sure the restroom is not occupied by suspicious or unknown individuals before allowing children to use the facilities. Staff will stand in the doorway while children are using the restroom. This policy allows privacy for the children and protection for the staff members (i.e. not being alone with a child).

If staff members are assisting younger children, doors to the facility must remain open. No child, regardless of age, should be allowed to enter a bathroom alone on a field trip or at other off-site locations. Children will always be sent with at least one other child and a staff member, known as the rule of three.

Parent Initials: _____

Field Trip Permission (Basic Transport)

During school vacation program days, we often take children on field trips off-site. Your written permission is required for us to do so. By signing this form, I hereby give the YMCA of Martha's Vineyard permission to take my child off the premises of the child care facility for the field trips using the school bus system.

Parent Initials: _____

Parent Signature: _____ **Date:** _____



**YMCA of Martha's Vineyard
SACC Vacation Program
SWIM AND PHOTO CONSENT FORM**

Child's Name: _____ Date of Birth: _____

SWIM CONSENT

As a unique part of the YMCA After School Child Care Program, open swim is offered from September to June. Open swim will be offered here at our YMCA pool. The After School Child Care Staff are participating in and around the pool with the children during your child's specific swim time. There is no additional charge for your child to participate in the Open Swim Program. Please be sure to send your child's bathing suit and towel on swim days.

I give my child permission to participate in the YMCA of Martha's Vineyard After School Child Care Program Open Swim Program.

Parent Signature: _____ **Date:** _____



PHOTO CONSENT AND RELEASE FORM

I, the undersigned, consent to the use of my or my child's likeness (photographic, non-photographic, or otherwise), actions and appearance by the YMCA of Martha's Vineyard in connection with any publication, program or in any and all media, including the YMCA of Martha's Vineyard website, authorized by made or published by the YMCA of Martha's Vineyard, and to the advertising and publicity in any and all media now known or hereafter devised. The result and proceeds of my services in connection with the photographs, tapes, films and drawings shall be and remain solely the property of the YMCA of Martha's Vineyard. I hereby release all rights or claims in law or equity for any injuries, loss, or damage, which I may have now or in the future against the YMCA of Martha's Vineyard, and any other person or entity connected with these media products.

If the foregoing is a minor, at least one parent/guardian must sign the following:

I hereby acknowledge that I have read and fully understood and accepted the foregoing by signing this consent and release form. I have read and understood and agreed with the provisions of the foregoing release and give my consent for my afore mentioned minor child or ward to be photographed, taped, filmed, or drawn in connection with the YMCA of Martha's Vineyard for the use set forth in the foregoing release and consent.

Parent Signature: _____ **Date:** _____

OR

I do not give my child, _____, permission to have pictures taken.

Parent Signature: _____ **Date:** _____



**YMCA of Martha's Vineyard
SACC Vacation Program
PAYMENT FORM**

Child's Name: _____ Date of Birth: _____

PAYMENT METHOD

Please indicate below payment method accompanying enrollment packet by marking appropriate line(s)

_____ **Check Enclosed**

_____ **Credit Card**

Credit Card Number: _____

Exp. Date: _____ CID #: _____

Billing Address: _____

_____ **Checking Account:**

Account Number: _____

Routing Number: _____

Name on Account: _____

Exp. Date: _____

_____ **Subsidy***

Please note: Please be aware that Financial Assistance and third-party subsidies are only valid from the date that they are approved from the agency; any fees incurred prior to that approval will be your responsibility. **You will still need to provide a payment method for your portion of the fees.**

PARENT/GUARDIAN AGREEMENT

I acknowledge that I am aware of and agree to the following policy:

All programs have registration deadlines in order to give us time to determine staffing, supplies needed, field trips, etc. Registration is on a first come, first serve basis; we cannot guarantee availability of space. Late registration and schedule changes will only be accepted based on availability. Minimum numbers must be met in order for program to run. Payment is due at registration.

Parent Signature: _____ **Date:** _____



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For Your Information!

What to bring each day:

- Backpack
- Bathing Suit/Goggles/Cap
- Towel
- Warm clothing for Ice Skating next door
- Packed Lunch **PLEASE NOTE:** We try to incorporate healthy eating habits here at the Y! Please be sure to pack healthy items for your child.
- Morning & afternoon snack will be provided, along with water to drink.

Activities:

- arts & crafts
- recreational swimming
- fun games & activities
- field trips
- ice skating at the Ice Arena
- Movies & popcorn
- Outside play if weather permits

Drop-Off & Pick-Up

- Drop off starts at 8:30AM. Children will be dropped off in the After School Program room. No early drop offs!
- Pick up is ongoing until 5:00PM. Be sure that each child is signed out prior to leaving for the day.
- If someone is picking up your child who is not on their emergency contacts in the enrollment pack, you must provide a signed note with the individual's name and address prior to this individual arriving.
- Any individual attempting to pick-up a child must provide a photo I.D. (license, passport, work I.D., etc.) Children will not be released to any adult who cannot provide a photo I.D.!
- If you have any questions at all, feel free to contact Tara Dinkel, Program Director at tdinkel@ymcamv.org or 508-696-7171 ext. 117

**WE LOOK FORWARD TO SEEING YOU SOON FOR A FUN
VACATION CAMP!**