

2025 YMCA Summer Camp



Thank you for choosing the YMCA for your child's summer camp experience! Please read the following carefully to ensure your child is fully registered for 2025 Summer Camp and to guarantee their spot.

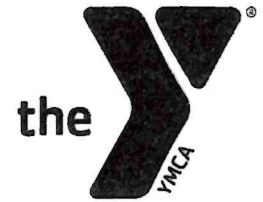
1. To secure your child's spot, you must complete the attached packet in full and return it within **10 days** of your registration date. If the packet is not returned within this timeframe, your child's spot will be forfeited.
2. Completed forms can be mailed, emailed, or dropped off at our front desk.
3. You will receive a confirmation email once the packet is received and reviewed

ATTN: Alexis Sheffield
Beaver County YMCA
2236 3rd Ave
New Brighton Pa 15066

youthprograms@beavercountyyymca.org

We look forward to a great summer!

Summer Camp Child Information Form



1. Camper Name _____
2. Allergies: (Check all that apply)
 - Gluten
 - Casein
 - Peanut
 - Lactose intolerant
 - Insect
 - Environmental reaction (type) _____
 - Other _____
3. Does your child have a formal behavior plan or positive support behavioral plan in place?
 - Yes (if yes, please provide a copy)
 - No
4. Are there any necessary dietary modifications?
 - Yes _____
 - No
5. Any additional info
needed _____

By signing below, I acknowledge that the information on this form is correct and complete to the best of my knowledge, and this individual has permission to engage in all camp activities, unless otherwise noted. Parent/Guardian Name:

_____ Date:
_____ Signature:

Instruction for Completing 2024 Household Income Application for Summer Meals

Please use these instructions to help you fill out the application for free meals. You only need to submit one application per household. The application must be filled out completely to certify your children for free meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact the SFSF.

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

<p>A) List each child's name. Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.</p>	<p>B) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing STEP 1, go to STEP 4. Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.</p>	<p>C) Are any children homeless, migrant, or runaway? If any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all appropriate steps of the application.</p>
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STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- The Food Distribution Program on Indian Reservations (FDPIR).

<p>A) If no one in your household participates in any of the above listed programs:</p> <ul style="list-style-type: none"> • Leave STEP 2 blank and go to STEP 3. 	<p>B) If anyone in your household participates in any of the above listed programs:</p> <ul style="list-style-type: none"> • Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact your County Assistance Office. • Go to STEP 4.
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STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

How do I report my income?

- Use the charts titled "Sources of Income for Adults" and "Sources of Income for Children," **printed** on the back side of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
 - Gross income is the total income received before taxes
 - Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

3.A. REPORT INCOME EARNED BY CHILDREN

A) Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.

What is Child Income? Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

3.B REPORT INCOME EARNED BY ADULTS

Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- **Do NOT include:**
 - People who live with you but are not supported by your household's income AND do not contribute income to your household.
 - Infants, Children and students already listed in STEP 1.

<p>B) List adult household members' names. Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Do not list any household members you listed in STEP 1. If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.</p>	<p>C) Report earnings from work. Report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.</p> <p>What if I am self-employed? Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.</p>	<p>D) Report income from public assistance/child support/alimony. Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. <u>Do not report the cash value of any public assistance benefits NOT listed on the chart.</u> If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.</p>
<p>E) Report income from pensions/retirement/all other income. Report all income that applies in the "Pensions/Retirement/ All Other Income" field on the application.</p>	<p>F) Report total household size. Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free meals.</p>	<p>G) Provide the last four digits of your Social Security Number. An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SSN."</p>

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.

<p>A) Provide your contact information. Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.</p>	<p>B) Print and sign your name. Print the name of the adult signing the application and that person signs in the box "Signature of adult."</p>	<p>C) Write today's date. In the space provided, write today's date in the box.</p>	<p>D) Share children's racial and ethnic identities (optional). On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free meals.</p>
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INSTRUCTIONS Sources of Income

Sources of Income for Children

Sources of Child Income	Example(s)	Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages	- Salary, wages, cash bonuses - Net income from self-employment (farm or business) If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay/FSSA or privatized housing allowances) - Allowances for off-base housing, food and lodging	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and Black Lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household
- Social Security - Disability Payments - Survivor's Benefits	- A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased and their child receives Social Security benefits			
- Income from person outside the household	- A friend or extended family member regularly gives a child spending money			
- Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust			

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free meals.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino
 Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Program or Food Distribution Program on Indian Reservations (FDPPIR) case number or other FDPPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, audits for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Do not fill out. This section is to be completed by the Sponsor.

Annual Income Conversion Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12
 Total Income Yearly Single 2-Up 3-Up 4-Up 5-Up 6-Up
 Household Size Categorically Eligible

Yes Reduced Child

Determining Official's Signature _____ Date _____ Confirming Official's Signature _____ Date _____

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#) (AD-3027) found online at <https://www.usda.gov/about-us/office-of-equity-and-access/3027> and submit it to the nearest USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410
 fax: (202) 690-7442, or
 email: program.intake@usda.gov

This institution is an equal opportunity provider.



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PHOTO AND VIDEO/AUDIO RECORDING RELEASE

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

For my participation in activities to be conducted by the Beaver County Young Men's Christian Association, I hereby give my permission and consent, now and for all time, to the Beaver County YMCA and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities, for publication, display, or exhibition thereof in promotions, advertising, education and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

- Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience during said activities, I authorize, according to this Release, shall belong to the Beaver County YMCA and collaborating third parties. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities;
- Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities will not be subject to any obligation of confidentiality and may be shared with and used by the Beaver County YMCA and collaborating third parties;
- Beaver County YMCA and collaborating third parties collaborating shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience; and
- Beaver County YMCA and collaborating third parties shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge Beaver County YMCA and collaborating third parties from any and all claims in connection with the uses and reproductions, any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience as described herein.

Signature: _____

Date: _____

Printed Name: _____

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

All information is required. If an item is not applicable to your child, please write "None" or "N/A".

EMERGENCY CONTACT PARENTAL CONSENT FORM

CHILD'S NAME		BIRTH DATE
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
E-MAIL ADDRESS		MOBILE TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
E-MAIL ADDRESS		MOBILE TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
EMERGENCY CONTACT PERSON(S)	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE
PERSON(S) TO WHOM CHILD MAY BE RELEASED	NAME	ADDRESS
		TELEPHONE NUMBER WHEN CHILD IS IN CARE
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)	ALLERGIES (INCLUDING MEDICATION REACTIONS)	
MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION	MEDICATION, SPECIAL CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
PARENTS SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE		ADMIN. OF MINOR FIRST - AID PROCEDURES
WALKS AND TRIPS		SWIMMING
TRANSPORTATION BY THE FACILITY		WADING

PERIODIC REVIEW

SIGNATURE OF PARENT OR GUARDIAN

DATE

SIGNATURE OF PARENT OR GUARDIAN

DATE



Beaver County YMCA 2025 Summer Camp Program Parent Handbook

Beaver County YMCA
2236 3rd Ave
New Brighton, PA. 15066
Phone: 724-891-8439 EXT 311
youthprograms@beavercountyyymca.org



Welcome to the Beaver County YMCA Summer Camp 2025. We're excited that you and your Campers have decided to spend the summer with us! Our safe, caring environment gives Campers the opportunity to experience fun activities, try new things, and challenge themselves. Teamwork and character development, including the Y's 5 core values of caring, honesty, faith, respect, and responsibility, play an important role in all aspects of Camp.

The Beaver County YMCA Summer Camp Program provides care for children in a setting that is safe and secure. We provide exciting, engaging activities to help your child grow and learn over the summer months, as well as opportunity to build lasting friendships. We provide community and a real "camp feel" to our program.

The Beaver County YMCA program operates in accordance with Pennsylvania's Office of Child Development and Early Learning's inclusion policy. Inclusion embodies the values, policies, and practices that support the right of every infant and young child and his or her family, regardless of ability, to participate in a broad range of activities and contexts as full members of families, communities, and society. The desired results of inclusive experiences for children with and without disabilities and their families include a sense of belonging, membership, positive social relationships and friendships, and development and learning to reach their full potential. The defining features of inclusion that can be used to identify high quality early childhood programs and services are access, participation, and supports.

We are committed to making Summer Camp a positive and exciting experience for your child/children, and look forward to seeing all of our happy campers soon! If you have any questions, please feel free to contact us using the information below. Let's have a great summer together!

Alexis Sheffield
Youth Director
Beaver County YMCA
724-891-8439 Ext. 311

youthprograms@beavercountyymca.org

Registration

Please visit beavercountymca.org under the “Youth” tab for more information on how to register. Once you complete all portions of registration process, the Director will reach out to you with next steps to complete before you receive your start date.

After completing the online registration process, you must submit the following paperwork to youthprograms@beavercountymca.org. Paperwork will be emailed to you, and is also available on our website at beavercountymca.org under the “Youth” tab.

- **Emergency Contact Form-** Fill out all portions of this sheet, including the signature boxes at the bottom and all portions of the requested health insurance information, etc. This form also has a place to list all of the individuals to whom your child may be released.
- **Photo/Video Recording Release-** Either accept or decline this release and sign.
- **Permission Slip-** Various permissions for Summer Camp.

Payment Procedures

All payments will be made through the online registration portal. When you select the weeks for which you need care, you will be prompted to enter a method of payment. If you have any questions or concerns, please contact Chasity Smith by phone at 724-891-8439 ext. 312, or by email at officemanager@beavercountymca.org.

Babysitting

YMCA staff shall not socialize with children enrolled in YMCA programs outside of approved YMCA activities, including babysitting or transporting children. Immediate disciplinary action will be taken by the YMCA toward YMCA staff if a violation is discovered. Please, do not ask staff to babysit.

Authorization to Pick Up Child

For the child’s protection, only persons authorized in writing by the parents may pick up a child from camp. We must have your written consent on the agreement form and a submitted photo i.d. in order for your child to be released. A Verbal Request for Release of Child form will be completed to document a verbal request by a parent for the release of a child to a person(s) not indicated on the written agreement.

Late Pick Up Policy

Camp ends at 4pm, and after camp care closes at 6pm each day (Monday through Friday). If you arrive to pick up your child between 1 and 5 minutes late of your respective pick up time, a \$5 late pick up fee will be applied to your account. For each additional five minutes, you will be charged \$10. In the event that we are not able to reach someone to pick up your child by 6:30

PM, the local police department will be contacted. Late pick up fees must be paid before the child can be dropped off for care on his/her next scheduled day.

Pick Up & Drop Off

Drop Off:

The YMCA requires that all Campers are to be properly signed in by an adult and turned over to a YMCA staff person. Before Care check in will be located in the Gym. At 8:45 a.m., students will be checked out of Before Care and checked into their "Camp Cabin". For those students attending Camp only, Campers will be checked in at The Commons. Once checked in, Campers will be taken to their "Cabin".

Pick Up:

Parents/Guardians will need to sign their Campers out to pick them up from Camp. Campers can be signed out and picked up at 4 p.m. at The Commons. If your Camper is attending After Camp Care, they will be checked out of Camp and taken to the gym for pick up. After Camp Care closes at 6 p.m. For the Campers' protection, only persons authorized in writing by parents/guardians may pick up a Camper from the gym. We must have written consent on the agreement form in order for your child to be released. Please inform the person picking up your child that photo identification (driver's license, etc.) will be asked of them until staff members are able to identify them by sight.

Personal Items

Please do not send any non-essential personal items, toys, games, electronics, or phones, etc. to Camp with your Camper. A list of essential items to bring to Camp will be included later in this handbook.

Emergency Procedures

In the event of an emergency at Summer Camp, whereas there is an accident or injury to a child in care, the following procedure will be followed:

- The Camp Director, Youth Director, or Camp Counselor will accompany the child to an Emergency Treatment Facility with the child's file and emergency contact data.
- Office personnel or other designated staff member will make every attempt to contact the parent/guardian or other emergency contacts to inform them of the injury.

In the event of an emergency on a field trip of Summer Camp, whereas there is an accident or injury to a child in care, the following procedures will be followed:

- The Camp Director who is with the child will call 911 for an ambulance transport.
- The YMCA will also be called. Office personnel or other designated staff member will make every attempt to contact the parent/guardian or other emergency contacts to inform them of the injury.
- The Camp Director will accompany the injured child to the Emergency Treatment Facility with the child's file and emergency contact data.

Meals

The YMCA will provide a daily lunch and snack. Your Camper may pack a lunch if desired. If you send a refillable water bottle with your child, PLEASE make sure their name is clearly visible on it.

Holidays

The Beaver County YMCA will observe and be closed on Independence Day.

Health Policy

1. Staff will perform a health check for each child upon drop off at Camp daily. If a child displays any signs of illness, including but not limited to respiratory symptoms or fever, (s)he will not be admitted to Camp.
2. A child who is ill will not be permitted to stay at Camp.
3. Any Camper with an infectious or contagious virus or disease (i.e., conjunctivitis, measles, mumps, chicken pox, tuberculosis, viral flu, impetigo, etc.) shall not attend Camp.
4. Any Camper who becomes ill (i.e., fever of 100.4 or higher, vomiting or diarrhea two times, unexplained rash, etc.) at Camp and/or is suspected of having an infectious virus or communicable disease shall be separated from the other children until a parent, guardian, or other authorized pick up person comes for them. An ill child must be picked up within an hour of notification. They may not return to the Camp for a minimum of 24 hours from the time they are picked up, or until the illness has been cured or diagnosed by a physician or authorized health professional as not being infectious or contagious.
5. Any child attending Camp must be able to participate in regularly scheduled activities.
6. Camp staff will not administer any daily medications. The only prescription medications we will accept/administer are those related to emergency situations (EpiPen, inhaler, etc.) If a camper does require emergency medication, it must be handed to a camp staff member in its original container, clearly labeled with the pharmacy label containing the child's first and last name and administration instructions.

Discipline

Discipline will be administered in a firm, but positive manner. A stimulating environment with scheduled activities shall be provided to prevent behavior problems. Being aware of the problem and redirection should eliminate any need for discipline; however, a “thinking spot” or a “cool down” area will be used if needed. During this time, the teacher will talk with the child and when ready, the child will return to the group.

If a child behaves in such a way that is uncontrollable, causing harm to self, other children, staff, or property, the YMCA Summer Camp Staff will take the following steps:

1. Document all situations and types of behavior involving the child for three days, alerting the parent either by phone or in person each time a situation occurs.
2. If no improvement is seen in behavior, the Director will schedule a meeting with the parent to discuss behaviors and steps to improve them.
3. If harmful behavior continues, the YMCA reserves the right to terminate the camper’s enrollment.

We strive to provide a safe, secure environment for both children and staff. The following behaviors are not acceptable:

- Verbal attacks toward other children and staff.
- Fighting with other children and staff.
- Swearing, kicking, hitting, spitting, biting, and stealing
- Destroying property belonging to the YMCA or to another child.
- Leaving/running away from their group

The YMCA has established developmentally appropriate social-emotional and behavioral health promotion practices, and discipline and intervention procedures. These practices and procedures are clearly communicated to all staff, families, and community partners, and implemented consistently and without bias or discrimination.

Preventive and discipline practices are used as learning opportunities to guide children’s appropriate behavioral development. Children’s desired behavior are reinforced and consequences for challenging behavior are developmentally appropriate and consistent. Our program pays distinct attention to the developmental appropriateness of both behavioral expectations and consequences for challenging behavior, given the substantial developmental and experiential differences. The YMCA will create positive climates and focus on prevention; develop clear, appropriate, and consistent expectations and consequences to address disruptive student behaviors; and ensure fairness, equity, and continuous improvement.

(PLEASE SIGN & RETURN)

Parent Statement of Understanding

I have reviewed the Parent Handbook and acknowledge that it is my responsibility to review the handbook and comply with the policies. If I have questions regarding a specific area of content, a YMCA staff member will clarify for me.

Child's Name: _____

Parent Name: _____

Parent Signature: _____

Date: _____

SUMMER CAMP ENROLLMENT CHECKLIST

DID I...

- ✓ Fill out **EVERY FORM** for Summer Camp?
- ✓ Sign parent statement of understanding?
- ✓ Fill out Emergency Contact Form in its entirety?
- ✓ Complete and sign photo/video release form?
- ✓ 2024 Household Income form (even if you won't qualify)



A DAY AT CAMP



What to Bring:

- Labeled backpack
- Change of clothes (don't forget socks!)
- Labeled swimsuit and towel (bag for wet clothes)
- Labeled water bottle
- Sunscreen



What to Wear:

- Comfortable play clothes
- Weather Appropriate Clothing
- Tennis shoes or other closed-toe shoes
- Sunglasses (optional)

Leave at Home:

- Items from home (toys, anything of great value, electronics, stuffed animals, etc...)

