

YWCA
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MISSION

YW CAmp Lakeside

Camper Enrollment Application

Summer 2021

Please complete the entire packet; missing information will delay processing.

YW C Camp Lakeside - Enrollment Form Summer 2021

Child's Full Name:

Date Of Birth: _____ / _____ / _____ Age: _____

Gender: Male Female NonBinary

Ethnicity/Race: Caucasian/White African American Hispanic Asian Pacific Islander American Indian Alaskan Native Other: _____

With whom does the child live: Mother Father Grandparent(s) Guardian(s) Camp Used as Child Care While Parents Working: YES NO

Child's Primary Language English: Yes No If No, please specify: _____

Mother/Guardian Name:

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Employer: _____

Father/Guardian Name:

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Employer: _____

2021 Camp Season: June 28, 2021 through August 27, 2021

**** CAMP WILL BE CLOSED ON MONDAY – JULY 5, 2021 ****

Camp Hours: 8:00am – 4:30pm

Emergency Contacts:

Persons NOT parents, MUST have at least one non-parental contact!

Emergency Contact & Authorized Pick Up Person Information:

1. Full Name: _____ Relationship To Child: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____

2. Full Name: _____ Relationship To Child: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____

3. Full Name: _____ Relationship To Child: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____

4. Full Name: _____ Relationship To Child: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____

I hereby authorize the above listed individuals to be contacted for any reason regarding my child. This may include if my child is not picked up by dismissal time, is injured or ill, or if the parent / guardians are not available. These individuals are also authorized to pick up my child at any time, unless I revoke such permission in writing to the camp.

_____ / _____ / _____
 Parent/Guardian Printed Name Signature of Parent/Guardian Date

Medical Contact Information:

My Child's Physician is: _____ Phone: _____
 My Child's Dentist is: _____ Phone: _____

**** Please Note: Camp Lakeside does NOT administer any medications at camp! ****

Insurance Information:

Carrier / Insurance Company: _____
 Policy / Group Number: _____

**** A copy of a valid insurance card for your child must be submitted with this application ****

Child Schedule & Enrollment:

How will your child be attending?

Your billing will be based upon this schedule. We bill based on enrollment not attendance.

Full Time: Enrolled every day, for 30 or more hours per week.

Part Time: Enrolled for less than 30 hours per week, with a set schedule.

Priority is given to Full Time enrollment, with a set schedule.

Please indicate which weeks your child will be attending, and if they will be attending Full Time or Part Time.

June 28 to July 2: Full Time Part-Time (If part-time, please complete below)
 Monday: _____ to _____ Tuesday: _____ to _____ Wednesday: _____ to _____ Thursday: _____ to _____ Friday: _____ to _____

July 6 to July 9: Full Time Part-Time (If part-time, please complete below)
 Monday: **CLOSED!** Tuesday: _____ to _____ Wednesday: _____ to _____ Thursday: _____ to _____ Friday: _____ to _____

July 12 to July 16: Full Time Part-Time (If part-time, please complete below)
 Monday: _____ to _____ Tuesday: _____ to _____ Wednesday: _____ to _____ Thursday: _____ to _____ Friday: _____ to _____

July 19 to July 23: Full Time Part-Time (If part-time, please complete below)
 Monday: _____ to _____ Tuesday: _____ to _____ Wednesday: _____ to _____ Thursday: _____ to _____ Friday: _____ to _____

July 26 to July 30: Full Time Part-Time (If part-time, please complete below)
 Monday: _____ to _____ Tuesday: _____ to _____ Wednesday: _____ to _____ Thursday: _____ to _____ Friday: _____ to _____

Aug. 2 to Aug. 6: Full Time Part-Time (If part-time, please complete below)
 Monday: _____ to _____ Tuesday: _____ to _____ Wednesday: _____ to _____ Thursday: _____ to _____ Friday: _____ to _____

Aug. 9 to Aug. 13: Full Time Part-Time (If part-time, please complete below)
 Monday: _____ to _____ Tuesday: _____ to _____ Wednesday: _____ to _____ Thursday: _____ to _____ Friday: _____ to _____

Aug. 16 to Aug. 20: Full Time Part-Time (If part-time, please complete below)
 Monday: _____ to _____ Tuesday: _____ to _____ Wednesday: _____ to _____ Thursday: _____ to _____ Friday: _____ to _____

Aug. 23 to Aug. 27: Full Time Part-Time (If part-time, please complete below)
 Monday: _____ to _____ Tuesday: _____ to _____ Wednesday: _____ to _____ Thursday: _____ to _____ Friday: _____ to _____

I, the undersigned, hereby certify that I understand that the information above is what YWCA Jamesotwn will use to determine the weekly billing for my child's enrollment at Camp Lakeside. I understand that I am responsible for the fees associated with the above schedule as well as any additional fees for additional service, late fees, and other charges as outlined in the parent handbook.

Parent/Guardian Printed Name

Signature of Parent/Guardian

Date

Policies Acknowledgement:

1. I understand that I am required to provide copies of any/all court related documents pertaining to my child. I understand without official court documents on file with the camp, the camp can only uphold the requests of any parent/guardian to the extent the law allows.
2. I understand that acceptable behavior is a condition of my child's enrollment in the camp, that my child must follow the rules, policies and procedures set out in this packet, and that he/she will be subject to consequences detailed under the Discipline Action Guidelines.
3. I understand that a violation of any YWCA policies on my part or on the part of my child may result in termination from camp.
4. I give permission to the YWCA to communicate with its partners, contractors, vendors, funders, and/or Jamestown Public Schools / my child's public school on behalf of my child, and for said communications to be permissible in any format (phone, email, in-person, etc...) as deemed necessary.

The YWCA is committed to providing equal enrichment opportunities to all children enrolled at Camp, and maintains a strict policy prohibiting unlawful discrimination. No qualified participant shall, on the basis of disability, race, religion, color, sex, national origin, or ability to pay, be excluded from participation in, be denied benefits of, or otherwise be subject to discrimination under the YWCA.

Informed Consent, Release Agreement, & Authorization:

I understand that participation in camp activities may involve the risk of personal injury, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the Camp Director. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving my herein named child, I understand that efforts will be made to contact the parents/guardians and/or individuals listed as the emergency contacts regarding the situation. In the event that an authorized person cannot be reached, permission is hereby given to the medical provider selected by the YWCA and/or Camp Director to secure proper treatment, including hospitalization, anesthesia, surgery, medical transportation, or injections of medication for my child. Medical providers are authorized to disclose protected health information to the YWCA and/or Camp Director, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to my child. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§ 160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the camp activities.

In the event of an emergency regardless of the ability to contact parents, guardians, or other authorized emergency contact I hereby authorize the YWCA and/or Camp Director to arrange for the safe transportation of my child to a medical facility of their choice, this may include calling EMS services for appropriate transportation (ie. ambulance, helicopter, etc) for which I will be responsible for.

I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered by the camp.

I further authorize the sharing of the information on this enrollment packet and medical information on file with the camp with any camp staff, contractors, vendors, volunteers, or professionals who need to know of medical conditions that may require special consideration in conducting camp activities. With appreciation of the dangers and risks associated with camp activities, on behalf of my child, I hereby fully and completely release and waive any and all claims for liability, personal injury, death, or loss that may arise against the YWCA Jamestown, activity coordinators, and all employees, volunteers, related parties, officers, trustees, agents, servants, and other organizations associated with any program or activity as delivered as a part of a YWCA program, in this case I waive all liability against YWCA Jamestown while my child is participating in the Summer Camp.

Alternative Care Arrangements:

I understand that I am responsible to make suitable arrangements for alternative care for my child when my child is unable to attend the camp, or when the camp is not available to my child. I understand that in the event of cancellation of the camp, I will be contacted by camp staff via a variety of communication methods to make suitable arrangements for the safe dismissal of my child. I take full responsibility for making appropriate arrangements for alternative care of my child when the camp is not available as care for my child, regardless of the reason care is not available (ie. Parent/guardian removal, discipline removal, cancellation, etc).

Parental Consent:

I hereby give my permission for my child to participate in the YWCA Jamestown Summer Camp and, to the best of my knowledge, my child has no physical conditions which will make it dangerous for him/her to participate in YWCA sponsored activities. I hereby willingly waive any liability against the Jamestown Young Women's Christian Association (YWCA) it's officers, directors, trustees, agents, servants, and employees, that they shall not be liable for any occurred bodily injury to my child while my child is practicing for, or participating in any camp activity sponsored by the YWCA, or in any activities as a part of the YWCA Jamestown Summer Camp. I agree and support that participants are expected to follow camp rules and regulations for the health, safety, and rights of all participants. I understand that camp staff will exercise a reasonable amount of discipline to enforce these rules and that parents will be notified and expected to take home any child who infringes on the rights of others. In the event that I cannot be reached in an emergency, I hereby give my permission for my child to be transported to the nearest hospital by ambulance and to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named herein.

Child's Full Name: _____

I agree to all terms and conditions enclosed herein, and herein this enrollment packet as a whole. My signature below binds me to these terms, and I solely and fully accept the responsibility of those obligations in their entirety.

Parent/Guardian Printed Name

Signature of Parent/Guardian

____/____/____
Date

Permission Acknowledgements:

Child's Full Name: _____

1. Sunscreen / Bug Spray:

Yes. I **DO GIVE** my permission for my herein named child to apply, or have a staff member assist in the application of, sunscreen and/or bug spray when participating in outdoor activities as needed. I agree to provide the sunscreen or bug spray I wish for my child to use.

No. I **DO NOT** give my permission for my herein named child to apply, or have a staff member assist in the application of sunscreen and/or bug spray when participating in outdoor activities. Additionally, I understand the risk of exposure to the sun with unprotected skin while outdoors, and that by not providing authorization for sunscreen and/or bug spray that my child will be **unable** to participate in outdoor activities.

2. Photo Opt In / Out:

Yes. I **DO GIVE** my permission for my herein named child's likeness and/or photo and/or video and/or name and/or projects or artwork to be used by YWCA Jamestown. This includes, but is not limited to: social media, website, print materials, and all other media as deemed fit. I understand that this authorization does not expire, and remains valid until I revoke such permissions in writing to the YWCA of Jamestown.

- I hereby assign and grant to the YWCA of Jamestown, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of my child, and I hereby release the YWCA of Jamestown, activity coordinators, and all employees, volunteers, related parties, officers, trustees, agents, servants, and other organizations associated with any program or activity as delivered as a part of a YWCA program from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the YWCA, and I specifically waive any right to any compensation I may have for any of the foregoing.

No. I **DO NOT** give my permission for my herein named child's likeness and/or photo and/or video and/or name and/or projects or artwork to be used by YWCA Jamestown and/or Jamestown Public Schools.

3. Notification of Camp Enrollment:

Yes. I **DO GIVE** my permission for YWCA Jamestown to share my herein named child's name with its camp partner organizations in order to notify their agency of the enrollment of my child in this camp. I understand that this authorization does not expire, and remains valid until I revoke such permissions in writing to YWCA Jamestown.

No. I **DO NOT** give my permission for YWCA Jamestown to share my herein named child's name with its camp partner organizations in order to notify their agency of the enrollment of my child in this camp. I understand that by not providing authorization for the Notification of Camp Enrollment that some services may not be made available to my child because of the lack of authorization.

4. Water Activities:

Yes. I **DO GIVE** my permission for my herein named child to participate in water activities at Camp Lakeside either on-site or at an off-site location. A certified Lifeguard and YWCA Staff/Camp Counselor will always be present. Water activities may include, but are not limited to water balloons, sprinkler, canoeing, kayaking, paddle boating, and/or swimming. I understand that this authorization expires on the last day of camp, or until I revoke such permissions in writing to YWCA Jamestown.

No. I **DO NOT** give my permission for my herein named child to participate in water activities at Camp Lakeside either on-site or at an off-site location.

Parent / Guardian Authorization:

By signing below, I acknowledge the above indicated permissions to be authorized or not as based on my response for each section. Further I understand that certain authorizations require written notice if I choose to later revoke my permissions.

Parent/Guardian Printed Name

Signature of Parent/Guardian

Date

Camp Lakeside Financial Responsibility Contract:

How do you intend to pay for Camp Lakeside? (Please Check One)

Parent Pay. I, the parent/guardian, will pay for this camp at the rates outlined herein.

DHHS/DSS. Choose One: I already have an open case with DHHS, and my copay is: \$_____. I will add the YWCA Bush or Fletcher Summer Camp to my case.

I intend to apply to DHHS, making full rate on-time payments until my case is evaluated by DHHS, and YWCA is notified of the case.

All DHHS/DSS Cases will be required to complete additional paperwork BEFORE your child can attend Camp Lakeside!

The following is an agreement between YWCA Jamestown, operating Camp Lakeside and the financially responsible parent/guardian of the herein listed child, to provide summer camp type services, in accordance with the terms and conditions outlined in this document and all associated policies, procedures, and documents of the YWCA and Camp Lakeside.

Fees & Rates:

- I agree to pay the rates listed below in accordance with how my child is enrolled, regardless of their actual attendance.
 - Weekly Rate: \$175.00 per week (6 hours or more per day for 5 days per week)
 - Daily Rate: \$35.00 per day (6 hours per day or more, when not attending all 5 days per week)
 - Part-Time: \$25.00 per day (for less than 6 hours per day)
- There is a \$25.00 per child registration fee that must be paid prior to first attendance.
- I agree to make on time, full rate payments until any tuition assistance applications are completed / approved, or until DHHS cases are approved / verified by the YWCA.

Camp Operation & Hours:

- Monday through Friday, July 6, 2021 through August 27, 2021. 8:00am – 4:30pm
 - Camp closed Monday July 5, 2021.

Payment Agreement:

- I agree to make payment in full regardless of my child(ren)'s attendance.
- I agree to make payment on a weekly basis, with all payments made by the last day of camp each week for the following week. Prepayment is required.
- I understand a late fee will be charged in the amount of \$10.00 per week that my payment is late, for each week my account is delinquent if not paid in advance of the week due.
- I understand that if my account is more than one-week delinquent, my child(ren)'s spot in the camp will be terminated and my account will continue to accrue late payment fees until my account is paid in full or sent to a collection agency.
- I understand that if my account is delinquent, the YWCA will submit my account to a collection agency, at an additional \$25.00 charge for which I am responsible.
- I understand that any outstanding balance will prevent the enrollment of any child(ren) in any YWCA program in my name or any other parent/guardian name listed on my child(ren)'s enrollment form until the delinquent balance is paid in full.
- I understand that it is my responsibility to collect and retain the provided receipt for all payments I make.
- I agree to the conditions of the late pick-up policy as outlined in the policies herein this enrollment packet, and will pay any/all late pick-up fees.
- I agree to be held liable for all payments due for past services rendered to my child(ren) in the event that a clerical error is made, DHHS case changes, or any other circumstance deemed reasonable by the YWCA.
- I agree to all terms and conditions outlined in the policies contained in this enrollment application, including payments, late payment fees, and late pick-up fees.

Forms of Payment:

- YWCA Jamestown accepts the following forms of payment: (payments are not accepted at camp, all payments must be made online or in person at the YWCA)
 - Check - must be made payable to: **YWCA**.
 - Credit Cards. (Visa, Mastercard, & Discover. Accepted in person at the YWCA office)
 - Online Payments: www.TuitionExpress.com (registration forms and information available from the YWCA Main Office)
 - Cash.

My signature below signifies my financial responsibility for the herein named child, and acknowledges that I will be held financially responsible to YWCA Jamestown for the charges and fees outlined in this document and in the Camp Lakeside Parent Handbook as associated with Camp Lakeside. My signature below indicates my acknowledgement that I accept all terms and conditions outlined in this Finance Agreement and enrollment packet.

I acknowledge that the information below will be used by the YWCA to maintain financial accounting for my child in this camp, and may be used in the collections process should my account become delinquent.

Child's Full Name: _____

All information below is REQUIRED!

Financially Responsible Adult Name (Print): _____

Financially Responsible Adult Social Security Number: _____

Adult Date Of Birth: ____/____/____

Signature of Financially Responsible Adult: _____

Date: ____/____/____

Release of Information:

I, the undersigned, hereby authorize YWCA Jamestown to receive information about myself and/or my child as indicated herein from any of the individuals or agencies listed:

Required Authorization:

Doctor: _____ Phone: _____

Optional Authorizations:

Dentist: _____ Phone: _____

School: _____ Phone: _____

Lawyer: _____ Phone: _____

I hereby authorize release of the following information to YWCA Jamestown from any of the sources contained herein:

1. My child's immunization records.
2. My child's current / most recent physical examination report.
3. My child's pertinent school records.
4. My child's pertinent custody arrangements, orders of protection, or other needed legal documents for the safety of my child while in attendance at Camp Lakeside.

I authorize the above agencies to release information regarding my child:

Child's Name: _____ Date of Birth: ____ / ____ / ____

Parent/Guardian Printed Name

Signature of Parent/Guardian

Date

This authorization will expire one year from the date of my signature above.

Breakfast & Lunch:

Breakfast and lunch will be provided in partnership with the Jamestown YMCA, through the USDA's Summer Feeding Program. Nutritious meals will be prepared and delivered daily to the Camp Lakeside for each child. There is no charge for this.

Meal menus will be provided as available from the Jamestown YMCA.

Do you want your child to participate in the Summer Feeding Program where they will receive healthy and nutritious meals while at Camp Lakeside:

Yes. I want my child to receive the herein described breakfasts and lunches.

No. I **DO NOT** want my child to receive the herein described breakfasts and lunches, and instead I will ensure that my child receives breakfast PRIOR to arriving at Camp Lakeside, and additionally I will provide a healthy and nutritious lunch for my child while in attendance at Camp Lakeside.

Parent Handbook:

I acknowledge that I am responsible to access the YWCA Camp Lakeside Parent Handbook which is available **online at: www.ywcajamestown.com/camp**

I agree and understand that I am responsible for reading that information and agree to be held responsible for everything contained in that handbook.

I hereby agree to all policies and procedures contained in the handbook. I understand that if I need a printed copy of the handbook I will request that from YWCA Jamestown and one will be provided to me at no charge.

Parent/Guardian Printed Name

Signature of Parent/Guardian

/ /
Date

If preferred the child's doctor may fax us a copy of their most recent physical and immunization record to (716) 484-1752

OCFS-LDSS-4433 (Rev. 06/2019)

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
CHILD IN CARE MEDICAL STATEMENT

To Be Completed By Licensed Physician, Physician Assistant or Nurse Practitioner

Name of Child:	Date of Birth: / /	Date of Examination: / /
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Immunizations required for entry into day care

Medical Exemption The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s). Yes No

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /	5 th Date / /
Polio (IPV or OPV)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /	
Haemophilus influenzae type B (Hib)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date OR 1 st Date (if given on or after 15 months of age) / /	
Pneumococcal Conjugate (PCV) for those born on or after 1/1/08)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /	
Hepatitis B	1 st Date / /	2 nd Date / /	3 rd Date / /		
Measles, Mumps and Rubella (MMR)	1 st Date / /	2 nd Date / /			
Varicella (also known as Chicken Pox)	1 st Date / /	2 nd Date / /			

Other Immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A

Type of Immunization:	Date: / /	Type of Immunization:	Date: / /
Type of Immunization:	Date: / /	Type of Immunization:	Date: / /
Type of Immunization:	Date: / /	Type of Immunization:	Date: / /

Tests

Tuberculin Test Date: / / Mantoux Results: Positive Negative _____ mm
TB Tests are at the physician's discretion. Acceptable tests include Mantoux or other federally approved test. If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.

Lead Screening Date: / /
Attach lead level statement

Lead Screening (Include All Dates and Results)

1 year / / Result: _____ mcg/dL Venous Capillary

2 years / / Result: _____ mcg/dL Venous Capillary

Most recent date of lead screening (if different from above):
/ / Result: _____ mcg/dL Venous Capillary

Per NYS law, a blood lead test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely. If the child has not been tested for lead, the day care provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the county health department for a lead blood screening test.

(Continued on reverse side)

CHILD IN CARE MEDICAL STATEMENT *(continued)*

Health Specifics

Comments

Are there allergies? (Specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is medication regularly taken? (Specify drug and condition)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a special diet required? (Specify diet and condition)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any hearing, visual or dental conditions requiring special attention?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any medical or developmental conditions requiring special attention?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Summary of Physical Exam

Include special recommendations to child day care providers

On the basis of my findings as indicated above and on my knowledge of the named child, I find that: he/she is free from contagious and communicable disease and is able to participate in child day care. Yes No

Signature of Examiner	Address
Please Print Name	City, State, Zip
Title	() - / / Phone Date