

**Dumont Tri-County YMCA
Kiddie Camp
Summer 2024
Enrollment Form**

Child' Name	Date of Birth	Sex	Grade
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Child's Address	Phone Number
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1.

Parent/Guardian Name	Relationship to Child
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2.

Parent/Guardian Name	Relationship to Child
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Address (if different from Child) Phone	Home
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Employer (of person on line #1)	Work Phone
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Employer (of person on line #2)	Work Phone
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If child does not reside with above, please describe arrangement _____

Who should be contacted first? _____

If there is a separation or divorce/custody problem of which childcare staff should be aware of, please explain _____

EMERGENCY INFORMATION

These should be local persons who may be notified in case of emergency or illness when the Parent/Guardian are unavailable.

1.

Name	Relationship to Child	Phone Number
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2.

Name	Relationship to Child	Phone Number
------	-----------------------	--------------

3.

Name	Relationship to Child	Phone Number
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**Dumont Tri-County YMCA
Kiddie Camp 2024
Release Form**

Photograph, Video, Audio Release

I (DO – DO NOT) (circle one) give permission to have my child appear in any media type coverage approved by the Dumont Tri-County YMCA.

Initial

Swimming Permission

I (DO – DO NOT) (circle one) give permission for my child to participate in swimming activities planned by the Dumont Tri-County YMCA Childcare Center and Staff

Initial

Sunscreen Permission

I (DO – DO NOT) (circle one) give permission to the Dumont Tri-County YMCA Childcare Center staff to apply sunscreen, which I provide for my child _____ as needed due to sun exposure.

Initial

Travel Permission

I (DO – DO NOT) (circle one) give permission for my child to leave the Camp to participate in special events or field trips. I understand that they may be transported in the YMCA bus, county school bus, or charter bus.

We the parent(s) of _____, do hereby acknowledge that I/we have received, read and understand the Dumont Tri-County YMCA Childcare Center Parent Handbook. Furthermore, I/we agree to abide by the policies and procedures set forth therein and I/we understand that failure to adhere to them may result in our child being discharged from the program.

Parent/Guardian Signature Date

Preschool Director Signature Date

HEALTH FORM

This form will be presented upon admission for treatment.

Insurance Information:

Is the participant covered by family medical/hospital insurance? ____ Yes ____ No

If so, indicate carrier or plan name: _____

Group Number: _____ ID Number: _____

Carrier Address: _____

Name of insured: _____ Relationship to participant: _____

Permission to Provide Necessary Treatment or Emergency Care:

I hereby give permission to the medical personnel selected by the Preschool Director to order X-Rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary transportation for my child or me. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the program director to secure and administer treatment, including hospitalization for the name person. This complete form may be photocopied for trips from the Dumont Tri-County YMCA Child Care Center to any off-site location. I agree to pay the entire costs and fees contingent on emergency medical care and/or treatment for my child as secured or authorized under this consent.

Signature of parent/guardian _____ Date _____

Witness _____ Date _____

Every effort will be made to notify parent/guardian immediately in case of emergency.

I DO NOT GIVE permission to provide necessary treatment or emergency care to my child:

Signature of parent/guardian Date

ALLERGIES
Medication Allergies

Describe reaction/management of reaction.

Food Allergies

If for any reason you do not give permission to provide necessary treatment or emergency care to your child, the following steps will be taken:

- 1) The YMCA will try to contact the parent/guardian at their contact phone numbers.
- 2) If a parent/guardian cannot be reached, the YMCA will phone those listed on the Emergency Contact information list.
- 3) If neither a parent/guardian nor emergency contact person can be reached, Dumont Tri-County YMCA will make the decision to provide treatment or call medical emergency personnel.

I hereby have read and understand the above policy concerning my refusal to give permission to provide necessary treatment or emergency care to my child. I understand if a parent/guardian or person listed on the Emergency Contact list cannot be reached, Dumont Tri-County YMCA will make the decision to provide treatment or call medical emergency personnel.

Signature of Parent/Guardian

Date

EMERGENCY INFORMATION CARD

Child name: Last	First	Middle	Birth Date
Address			Home Phone
Child's Physician	Physician Address		Phone

List any food or drug allergies:

List any medications that are currently being taken:

List any other conditions that may be important in an emergency:

In the event of an accident or serious illness, the YMCA will attempt to contact the parent/guardian and any alternates in succession. If the YMCA is unable to contact the person(s) on this card, the physician will be contacted and/or arrangements made for immediate treatment. Payment of fees will be assumed by the parent/guardian. I hereby certify that I have read, understand, and agree to the conditions outlined in the emergency information card.

My child may be released to:

	Name/Relationship	Address	Phone #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Signature of parent/guardian

Date

If your child must leave the program with someone not listed here, you must provide written verification, in person, to the Preschool Director before the child can be released.

If there are person(s) with whom your child is **NOT PERMITTED** to leave the program with, please list them below.

1. _____ 2. _____
3. _____ 4. _____

Note: In order to have authority to enforce restraining orders or limited custody arrangements, a copy of the decree or restraining order must be on file with the Summer Kiddie Camp program.

WAIVER OF LAIBILITY

I desire to register my child in the Summer Kiddie Camp program. I understand that my child will be involved in a variety of physical activities. In consideration for allowing my child to participate in the Dumont Tri-County YMCA Summer Kiddie Camp program, I agree to assume the risk of such a program, and further agree to hold harmless the Dumont Tri-County YMCA and its staff members and/or volunteers conducting the program from any and all claims, suits, losses, or related causes of action for damages, including but not limited to such claims that may result from my child's injury or death, accidental or otherwise, during or arising in any way from the Summer Kiddie Camp program.

Parent/Guardian Signature

Date

We the parent(s) of _____, do hereby acknowledge that I/we have received, read, and understand the Dumont Tri-County YMCA Preschool/Childcare Parent Handbook. Furthermore, I/we agree to abide by the policies and procedures set forth therein and I/we understand that failure to adhere to them may result in our child being discharged from the program.

Parent/Guardian Signature

Date

Dumont Tri-County YMCA Staff Signature

Date

NONDISCRIMINATION POLICY

In accordance with the requirements of Title III of the Americans with Disabilities Act of 1990, Dumont Tri-- County YMCA will not discriminate against any individual on the basis of disability. Dumont Tri-County YMCA will make every reasonable modification in policies, practices, or procedures when such modifications are necessary to afford its services and facilities to individuals with disabilities, unless the modifications would fundamentally alter the nature of its services. Dumont Tri-County YMCA will not exclude any individual with a disability from the full and equal enjoyment of its services and facilities, unless the individual poses a direct threat to the health or safety of others that cannot be eliminated by a modification of policies, practices, or procedures or by the provision of auxiliary aids or services. Dumont Tri- County YMCA will not exclude any individual from the full and equal enjoyment of its services and facilities because of the individual’s association with a person with a disability.

Signature of Parent/Guardian _____

Date _____ Relationship to Child _____

REPORTING CHILD ABUSE/NEGLECT

Although the YMCA supports everyone’s choice of child discipline, everyone, including parents, are prohibited from administering physical punishment of any kind at Dumont Tri-County YMCA Summer Kiddie Camp program. If a staff member observes or receives a report from a child or other person that a child has been violated in any way at camp or elsewhere, it must be reported immediately so steps can be taken to protect the child. The procedure is as follows:

A written incident report must be made to the Preschool Director.

A copy of the report must be sent the Executive Directory immediately.

After a thorough investigation, the Preschool Director or the Executive Director will take appropriate action.

Dumont Tri-County YMCA is a “mandated reporter” which means we are required by law to report suspicions of abuse or neglect to Child Protective Services. Violation of this policy by YMCA employees will be considered grounds for immediate termination.

Signature of Parent/Guardian _____

Date _____ Relationship to Child _____

Please circle the dates that your child will attend camp for the Summer Session.
KIDDIE CAMP DATES ARE FROM June 3rd – AUGUST 16 2024 (7am-6pm)

MAY

M	T	W	T	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

JUNE

M	T	W	T	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28

JULY

M	T	W	T	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30	31		

AUG

M	T	W	T	F
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30