

**BELVIDERE FAMILY YMCA
CAMPLOTSOFUN**

DEAR PARENTS:

WELCOME TO CAMPLOTSOFUN AT THE BELVIDERE FAMILY YMCA. WE ARE GLAD TO HAVE YOU AND YOUR CHILDREN INVOLVED IN THIS PROGRAM.

WE HOPE THIS PACKET WILL SERVE A USEFUL TOOL FOR ANY QUESTIONS YOU MAY HAVE CONCERNING SUMMER CAMP.

THE SUMMER CAMP CONSISTS OF DAILY CRAFTS, SWIMMING, GAMES, SNACKS, AND A WEEKLY FIELD TRIP.

WE SWIM ALMOST DAILY. YOUR CHILD WILL NEED TO HAVE THEIR SWIMMING SUIT AT THE YMCA DAILY. SWIMMING IS PART OF OUR CURRICULUM. WE WILL NEED A NOTE FROM THE PARENT OR GUARDIAN TO EXCUSE THE CHILD FROM SWIM TIME. IF YOUR CHILD CAN'T SWIM, WE WOULD SUGGEST ENROLLING THEM IN LESSONS. ANY CHILD THAT CAN'T SWIM WILL NOT BE ALLOWED IN THE POOL.

IF AT ANY TIME THERE IS A QUESTION I CAN ANSWER OR A PROBLEM I CAN HELP WITH, PLEASE FEEL FREE TO CONTACT ME. I WILL DO EVERYTHING I CAN TO ASSIST YOU.

THANK YOU,

PEGGY BARBER
CAMP DIRECTOR

CAMP RULES

1. Respect counselors and campers at all times.
2. Use appropriate language.
3. Only walking is allowed in the Social Room and the YMCA (except gym)
4. No playing with sports equipment in the Social Room.
5. Inside voices in Social Room and YMCA (except gym)
6. When outside, leave wildlife and insects alone.
7. No wrestling, hitting, fighting, spitting etc. allowed.
8. Always ask your counselor to leave Social Room, gym, or sand area.
9. No toys, cards, c.d. players, cell phones, or game boys from home are allowed at camp unless notified.

YMCA VAN RULES

1. Seat belts are to be worn at all times.
2. Radio will be played only when everyone is quite and orderly.
3. Hands and arms will remain inside the van at all times.
4. Open food and drink is not permitted in the van.
5. Inside voices will be used in van at all times.

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DISCIPLINE PROCEDURES

1. A short time out will be used if a child needs to re-establish control.
2. A staff person will discuss the problem with the child.
3. If the problem needs to be discussed with a parent, a time will be arranged.
4. Incident reports explaining behavioral problems will be made available to the parents of the child.
5. If the problem persists, it will be up to the discretions of the Camp Director, and the Executive Director, whether the child should be removed from the program.
6. If a child is removed from Summer Camp, he/she will be ineligible to participate in Schools Out Day activities and the Summer Camp program for that school year.

Special Instructions: _____

In case of an emergency, when either parent/guardian can be reached, permission is given to contact and release my child, to the following individuals:

1. _____ Phone _____
First Last

Address _____

2. _____ Phone _____
First Last

Address _____

3. _____ Phone _____
First Last

Name of Child's Doctor _____
First Last

Doctor's Phone Number _____ Doctor's Address _____

Name of Child's Dentist _____
First Last

Dentist's Phone Number _____ Dentist's Address _____

Allergies _____

The Above Information was Provided by _____

the Child's _____ on _____.

Parent/Guardian Signature Date

MEDICATION RULES AND REGULATIONS

- 1. The Belvidere Family YMCA requires a prescription for all medicines that are to be administered in the CAMPLOTSOFUN.
- 2. Over the counter products are administered ONLY with a note from a physician indicating:
 - a. The dosage amount
 - b. The frequency of the dosage
 - c. The duration of the medication
- 3. Medications are ONLY given from the original prescription container, having the child's name, date, prescription number, doctor's name and dosage amount. NO EXCEPTIONS!!!!
- 4. Medications are to be given at home at least once before it can be given at the Belvidere YMCA in case of allergic reactions.
- 5. All medications are administered by Camp Director or Counselor.
- 6. Parent(s) must fill out medication request form.

I have read the above information on medication.

Signature

Date

Signature of Parent or Legal Guardian

Date

Signature of Camp Director

Date

EMERGENCY MEDICAL CARE

I give permission for my child _____ to receive emergency medical treatment. I understand that the Belvidere Family YMCA will provide medical treatment in an emergency situation. This may include, but is not limited to: first aid given by

Camp Staff, care by a physician, paramedic or local hospital. I understand that I will be responsible for any fees incurred in emergency care.

Signature of Parent or Legal Guardian

Date

Signature of Parent or Legal Guardian

Date

CHILD RELEASE FORM

In the event I am unable to pick up my child personally, I give my consent for my child _____ to be released ONLY to the following individuals who are over the age of 21:

1. NAME _____
RELATIONSHIP _____
ADDRESS _____
PHONE _____

2. NAME _____
RELATIONSHIP _____
ADDRESS _____

PHONE _____

3. NAME _____

RELATIONSHIP _____

ADDRESS _____

PHONE _____

A staff member will ask to see a phone I.D. for verification of the individual before the child is released to the named adult.

Signature

Date

Parent Cooperative Information Sheet

Date _____

Child's Name _____

Nickname child prefers _____ Birth Date _____

Grade in School (current) _____

Any Brothers? _____ Ages? _____

Any Sisters? _____ Ages? _____

Who else lives in the home? _____

Has the child ever been to camp? _____

Where and the length of time? _____

How does the child feel about going to camp? Misgivings, fears, hopes, etc.?

What do you hope your child will get of camp? (The way you wish they might be different in which you feel the camp might help.)

What skills do you hope they he/she might develop at camp?

Does your child swim? _____

What foods does your child refuse to eat?

Do you insist on your child eating all foods served?

Is your child allergic to some foods? _____ Which?

What regular duties or responsibilities does your child have around home?

What is your child good at doing? School?

Sports?

—

Hobbies?

—

Music?

—

Other?

What does your child do with most their spare time?

—

Is your child usually with children their own age? _____ Younger? _____ Older?

For what kinds of behavior do you most often punish or discipline your child?

—

What methods of discipline have you found most effective?

—

Are there any health problems the camp should know about?

Will your child be required to take any special medications while at camp?

What? _____ Will they need help from a counselor?

What kinds of problems is your child's counselor most likely to have with them at camp?

TRANSPORTATION RELEASE FORM

I give consent for my child _____ who lives in the immediate vicinity of the Belvidere Family YMCA is mature enough, to walk or ride their bicycle to and from the Belvidere Family YMCA. In the event of adverse weather, I will make arrangements for myself or a designated individual (stated on Child Release Form) to drop off/pick-up my child from Camp.

Parent/Guardian Signature

Date

I _____, authorize The Belvidere Family YMCA to transport my child _____ to and from field trips, the Belvidere Park and when we deem necessary.

Parent's Signature

Date