



YMCA Camp Ockanickon, Inc.
School's Out Program
 www.ycamp.org

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Child's Information

Desired Start Date: _____
Child's Schedule Before School: ___M ___T ___W ___TH ___F ___ Drop In
 After School: ___M ___T ___W ___TH ___F ___ Drop In

**ATTACH CHILD'S
 PHOTO HERE**

Child's School: _____
Child's Name: _____ Male Female
Address: _____
City, State, Zip: _____
Home Phone: _____
Birthdate: _____
Age: _____
Grade Entering Sept '16 _____

Parent/Guardian Information

Parent 1 or Legal Guardian Information	Parent 2 or Legal Guardian Information
Last Name: _____	Last Name: _____
First Name: _____	First Name: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____
Employer: _____	Employer: _____
Email: _____	Email: _____

Joint Custody Information

Has there been a divorce or separation? Yes No
 If Yes, who has custody? _____
 The joint/non-custodial parent should be contacted in the event of an emergency Yes No

Emergency Contacts (Two contacts other than parent/guardian that child may be released to if parents are unavailable)

Emergency Contact #1	Emergency Contact #2
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Cell Phone: _____	Cell Phone: _____

Medical and Behavior Questions to help us provide the best care possible

Has your child been diagnosed or treated for the following:

Asthma Allergies Special Dietary Needs
 Allergies to Insect Stings Seizures Spectrum Disorder
 Allergy to Poison Ivy ADD/ADHD Other _____

Family Physician Information

Physician's Name: _____
 Phone Number: _____
 Insurance Carrier: _____
 Policy Number: _____

Please provide details for any of the above checked boxes:

Signs or symptoms to watch for:

Any additional information that may be helpful to us:

Please list current medications, prescribed or over the counter that your child is currently taking:

Would you like to discuss your child's personal, medical or behavioral needs with the School Age Child Care Director?
 Yes No

The YMCA has permission to view my child's IEP Yes No N/A
Contact Number: _____ **Best Time of Day to Be Reached:** _____

Parent/Guardian Signature: _____ **Date:** _____



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Parents / Guardians: Please print child(ren) name(s) below and initial and sign where indicated.

CHILD'S NAME _____	SCHOOL _____
CHILD'S NAME _____	SCHOOL _____
CHILD'S NAME _____	SCHOOL _____
CHILD'S NAME _____	SCHOOL _____

- I understand that an adult over the age of 18 must physically walk my child(ren) into the program and sign my child(ren) in and out each day.
- I understand that I am not to leave my child(ren) at the Y program site unless a Y Staff or volunteer is there to receive and supervise my child(ren).
- I understand that the Y staff and volunteers are not allowed to babysit or transport my child(ren) at any time outside the Y program. Immediate disciplinary action will be taken toward the staff or volunteer if a violation is discovered.
- I understand that my child(ren) will not be allowed to leave the program with any unauthorized person. Any person authorized to pick up my child(ren), including older siblings or other relatives must be listed with the Y and must be over the age of 18.
- I understand that if a person arrives to pick up my child(ren) and appears to be under the influence of drugs or alcohol, for the safety of my child(ren), staff may have no recourse but to contact the police to arrange alternate supervision. Please do not put staff in a position where they have to make this decision.
- I understand that I can help ensure my child(ren)'s safety by taking an active interest in his or her Y experience. I will monitor volunteer and staff interactions with my child(ren) and ask my child(ren) specific questions about program activities and volunteer/staff relationships with my child(ren).
- I understand that the YMCA is mandated by the state to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand the YMCA discourages the use of electronic equipment during program time. The YMCA will not be responsible for any lost, damaged or stolen property.
- I understand and will comply with the withdrawal and enrollment change policies.
- I understand in the case of an emergency, my child(ren) may be taken to the hospital and treated by emergency room physicians.
- I have received, read and understand the School's Out Program Parent Handbook and agree to all the policies contained therein.
- The Y has permission to use any photos, voice recordings or videos taken of my child(ren) for any and all promotional purposes.
- My child(ren) is in good health and can participate in the normal activities of the program.
- I agree to follow the School's Out Payment Policies.

Parent/Guardian's Name (Please Print) _____

Parent/Guardian's Signature _____

Date: _____



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YMCA CAMP OCKANICKON, INC.

Dear Parent:

In keeping with New Jersey's child care center licensing requirements, we are obliged to provide you, as the parent/guardian of a child enrolled at our center, with the informational statement contained on Pages 16-17 of the School's Out.

The statement highlights, among other things: your right to visit and observe our center at any time without having to secure prior permission; the center's obligation to be licensed and to comply with licensing standards; and the obligation of all citizens to report suspected child abuse/neglect/exploitation to the State Central Registry Hotline (877) NJ ABUSE/ (877) 652-2873.

Please read the complete information found on Pages 16-17 of the Parent Handbook, then complete the below section and return it to camp. If you have any questions, feel free to contact us at (609) 654-8225.



SCHOOL'S OUT PROGRAM

Please complete with names of all registered children and return this portion to the camp office with your registration. (Please print)

Name of Child: _____

Name of Child: _____

Name of Child: _____

Name of Child: _____

Name of Parent/Guardian: _____

I have read and received a copy of the Information to Parents statement prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families.

Signature: _____ Date: _____



YMCA CAMP OCKANICKON, INC. PROGRAM WAIVER

YMCA Camp Ockanickon, Inc. (the Camp) conducts its programs with the best interests of all participants in mind. The Camp attempts at all times to run programs that are educational, enjoyable and safe. Further, the activities of the Camp are designed to further the educational, motivational and charitable objectives of the Camp. Nonetheless, participants must understand that some of the activities may involve inherent risks and hazards for which the Camp cannot be held responsible. Because of the nature of activities, injuries may still result even after reasonable precautions have been taken but it is acknowledged that the Camp cannot be held responsible in the event that injury occurs.

The undersigned represents that it knows of no legal, physical or health reason why he or she or the participating child (if the participant is a minor) cannot fully participate in the registered program.

The undersigned understands that due to the nature of activities, there may be instances where we cannot accommodate children whose needs are beyond the scope of our services. YMCA Camp Ockanickon, Inc. in its sole discretion, reserves the exclusive right to refuse any registration and/or dismiss any child for any reason.

The undersigned gives permission for the participating child to be transported for approved activities.

The undersigned grants YMCA Camp Ockanickon Inc. full rights to copyright, exhibit, and publish in any medium including, but not limited to, editorial, illustration, promotion, advertising, Internet, or trade all photographs taken by the Camp and its agents of me and/or my child while the child is participating.

The undersigned affirms that they have read, understand and agree with the entirety of the 2016-2017 Parent Handbook and have reviewed, understand and agree to the terms. Further, the undersigned affirms they have reviewed the materials with their child.

By signing below, the undersigned hereby acknowledges that it is understood that YMCA Camp Ockanickon, Inc. is a non-profit corporation, organized exclusively for charitable and educational purposes, and as such, is immune from liability for the negligence of its agents, servants or employees under N.J.S.A. 2A:53A-7.

Signature of Applicant/Parent

Date

Print Name of Child in Program

Print Name of Applicant/Parent

Date

Print Name of Child in Program

Print Name of Child in Program

Print Name of Child in Program



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**SCHOOL'S OUT PROGRAM
 CREDIT CARD AUTHORIZATION CHARGE FORM**
 (Check spelling for accuracy)

Child's First Name

Child's Last Name

Name: 1) _____

2) _____

3) _____

4) _____

Home Address: _____

School: _____ Home Phone: _____

Payment Amount: \$ _____ Credit Card Type: Amex Discover MC Visa

Card # _____ Exp. Date: _____ Sec. Code # _____

Name on Card: _____

Billing Address (If different): _____

I, _____, have read and understand the terms and conditions and hereby give authority to YMCA Camp Ockanickon to charge my charge card indicated above for monthly tuition payments. Additionally, I authorize YMCA Camp Ockanickon to charge the credit card indicated above for any extra services (i.e. drop in charges, late pick-up fees, etc...) that may be incurred during the school year.

Cardholder's signature: _____ Date: _____

Terms and Conditions:

1. I understand that these payments will remain in effect for 10 payments.
2. I understand that if I wish to terminate or change my payments in any way, I must give the YMCA 30-day written notice.
3. Should any automatic payment not be honored for any reason, I am still responsible for the payment plus any service charges that may be applied by the YMCA.
4. Automatic payments will be processed on the 25th day of each month with the exceptions if the 25th is a weekend or Holiday, the payment will be processed the next business day. **November 2016 payment will be charged 11/22 and December 2016 payment will be charged 12/22.**
5. Monthly statements will not be mailed. If you would like a statement, please contact YMCA Camp Ockanickon.



MEDICATION PERMISSION SLIP

I (parent/guardian), _____, give permission to the School's Out Staff to administer the following prescription medicine to (child) _____ in accordance with the directions provided by the doctor and parent(s).

Prescription medication must be in the original container with the complete pharmacy label attached. Non-prescription medication must be in its original container. All medication must be accompanied by a doctor's note indicating dosage and when to be administered. The parent or a healthcare professional designated by the parent must instruct the staff on the proper use and administration of the medication. Please indicate if the child has permission to self-administer medication with the oversight of the School's Out staff. The medication must be handed to the Site Supervisor and not left in the possession of the child. It is requested that only one School's Out days dosage of medicine be at School's Out at any one time. (See medication information on pages 9-11 of your Parent Packet.)

Name of medicine: _____

Dosage to be given: _____

Time to be given: _____

To be self-administered with the supervision of School's Out Staff: ___ yes ___ no

Any special reactions to be aware of?

Name of medicine: _____

Dosage to be given: _____

Time to be given: _____

Any special reactions to be aware of?

Parent/Guardian Signature

Date