



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BROOKS YMCA SUMMER CAMP CAMPER ENROLLMENT PACKET

The Brooks Family YMCA Summer Day Camp is licensed by the State of Virginia and is committed to providing a safe and healthy environment for the growth and development of your child. Our camp is designed to support campers' physical and social-emotional development. We want your child's experience to be a memorable one. **All documentation listed on this page must be submitted before your child can start.**

STEP 1: ONLINE REGISTRATION

Campers must be registered online AND have paperwork submitted to be successfully registered for camp. Please reserve your spot online and pay the \$50 registration fee and \$25 weekly camp deposit at **PiedmontYMCA.org**. **To get 50% off your registration fee February 15-28, 2021, use code SDC2021**. If you need assistance with online registration, please speak to a YMCA camp staff member.

STEP 2: FORMS

In addition to registering online, you must complete the paperwork in this packet and submit all required items **within two weeks** of online registration to hold your child's spot at camp. The School Entrance Health Form is downloadable at PiedmontYMCA.org.

Parent Checklist: Required Items

- Camper Registration Form
- Parent Statement of Understanding
- Summer Day Camp Agreement
- Parent Handbook Acknowledgement
- Swim Form
- Sunscreen Permission Form
- Electronic Payment Authorization
- Medication Form (if necessary, must be signed by a doctor)
- F.A.R.E. Form (if necessary, must be signed by a doctor)
- Commonwealth of VA School Entrance Health Form*, including:**
 - Certificate of Immunization (to be completed by your child's doctor)**
 - Physical Exam (to be completed by your child's doctor)**
- Copy of Child's Birth Certificate***



* If your child was previously enrolled in a YMCA camp, After School, or YMCA Virtual Learning program you do not need to resubmit their School Entrance Health form or Birth Certificate.



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2021 CAMP DATES (PLEASE SELECT)

Please make sure these selections match your online registration.

Select	Date	Theme	+Add-on swim lessons	+Add-on sports camps
<input type="checkbox"/>	6/21-6/25	Art, Art, Baby	<input type="checkbox"/>	
<input type="checkbox"/>	6/28-7/2	Animal Planet	<input type="checkbox"/>	Flag football (grades 1-3) <input type="checkbox"/>
<input type="checkbox"/>	7/5-7/9	Full S.T.E.A.M. Ahead	<input type="checkbox"/>	
<input type="checkbox"/>	7/12-7/16	Sports Week	<input type="checkbox"/>	Basketball (grades 4-6) <input type="checkbox"/>
<input type="checkbox"/>	7/19-7/23	Splish Splash	<input type="checkbox"/>	
<input type="checkbox"/>	7/26-7/30	Color Wars	<input type="checkbox"/>	Flag football (grades 4-6) <input type="checkbox"/>
<input type="checkbox"/>	8/2-8/6	Superheroes	<input type="checkbox"/>	
<input type="checkbox"/>	8/9-8/13	Best Summer Ever	<input type="checkbox"/>	Basketball (grades 1-3) <input type="checkbox"/>
<input type="checkbox"/>	Day 8/16	Green Planet	<input type="checkbox"/>	
<input type="checkbox"/>	Day 8/17	Time Travel	<input type="checkbox"/>	

+Please visit PiedmontYMCA.org for sports camp & add-on swim lesson online registration.

Please indicate if your child attended:

- Greene After School
- Virtual Learning Center (Brooks or Walker)
- 2020 YMCA Summer Day Camp



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FEES & PAYMENT

Registration fee (non-refundable): \$50 for all participants

Early Bird Discount: For 50% off your registration fee Feb. 15–28, use code SDC2021.

Weekly fee: \$185 per week for Brooks YMCA members
\$225/week for non-members

Weekly deposit: A \$25/week deposit is required to reserve a spot in camp. **This deposit is non-refundable** and will be applied towards the balance due.

Daily Fees for August 16 & 17: \$37 for Brooks YMCA members, \$45 for non-members.

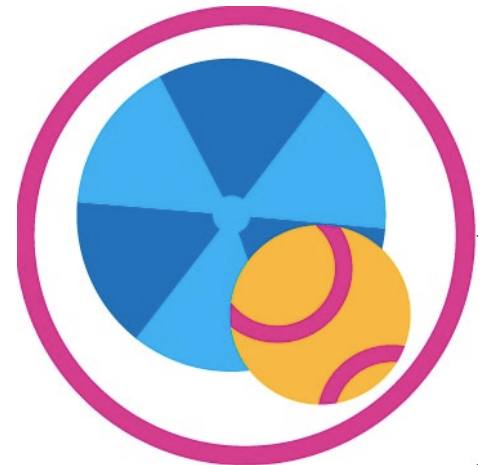
Sports & Swim: See PiedmontYMCA.org for sports camp & add-on swim lesson fees.

Subsidies: Please contact your local Department of Social Services to apply for subsidized childcare opportunities. If applying for a YMCA scholarship, income must be verified by providing a copy of your most recent tax return and documentation of all other sources of income. Examples include: two recent pay stubs, unemployment, SNAP, TANF, Social Security, disability, spousal/child support, etc.

Payment: Summer Camp operates on weekly fees so please ensure payments are made promptly. Fee reminders and accounts dues are the sole responsibility of the parent and reminders are not sent out unless payments are overdue or a return/late fee has been added to an account. All payments are due/will be automatically deducted on Thursday for the following week. A \$25 fee is added for all returned payments. Children will not be allowed to attend on Monday if payment is not received.

Absence Policy: Fees must be paid even if the child is absent. This includes days when the child is ill, bad weather closings, holidays, and vacations.

Late Pick-Up Fee: A fee of \$1.00 per minute per child will be assessed after 5:30pm. There is a five-minute grace period. This fee will be due within 7 days.





FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

CAMPER REGISTRATION FORM

Please check appropriate grade for your child below for the 2021-2022 school year:

- Kindergarten (age 5+ at beginning of camp) 4th grade
 1st grade 5th grade
 2nd grade 6th grade
 3rd grade

If applicable, please select the appropriate **subsidy/scholarship** category for your enrollment:

- Department of Social Services Child Care Aware (Military)
 YMCA Scholarship

Student Information **ALL FIELDS ARE REQUIRED**		
Last Name	First Name	Middle Initial
Nickname	Home Phone	Male or Female
Street Address	City/State	Zip Code
Current School	Date of Birth	Age
List all allergies, intolerance to food, medication, or any substances, and actions to take in an emergency situation: (FARE & Medication form required)		
List chronic physical problems and pertinent developmental information and any special accommodations needed. Does your child have an IEP or attend therapy for any reason?		
Physician's Name	Physician's Phone	
Who has Legal Custody*: <i>*Must provide documentation if applicable</i>	Code word (required at every pickup)	



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Parent Information		
Parent/Guardian 1	Employer	Business Phone
Street Address	City/State	Zip
Email Address	Date of Birth	Cell Phone
Parent/Guardian 2	Employer	Business Phone
Street Address	City/State	Zip
Email Address	Date of Birth	Cell Phone

Emergency Contacts		
In case of emergency if parents cannot be reached, please contact: (We require 2 different contacts other than the parents with different phone numbers)		
Name	Relationship to Child	Phone
Street Address	City/State	Zip
Name	Relationship to Child	Phone
Street Address	City/State	Zip

Authorized Pick-Up		
Who is authorized to pick up your child? We require I.D. when picking up a child and names must be on our list—if you need to add someone, please give a written note to your child’s camp counselor.		
Name	Relationship to Child	Phone
Name	Relationship to Child	Phone
Name	Relationship to Child	Phone



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PARENT STATEMENT OF UNDERSTANDING

The following information is important for the safety and protection of your child. Please read the information, initial and sign this form.

- I understand that YMCA staff and volunteers are not allowed to care for or transport children at any time outside of the YMCA program. ____
- I understand that I am not to leave my child at the Summer Day Camp Program or program site unless a Program staff member or volunteer is there to receive and supervise my child. ____
- I understand that my child will not be allowed to leave the program on his/her own or with an unauthorized person. Any person authorized to pick up my child must either be listed with the YMCA or other arrangements must be made by calling the Program Director. ____
- I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff will be required to contact the police. ____
- I understand that the YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation. ____
- I understand that I am responsible for the \$50 (or \$25 early bird) non-refundable Annual Registration Fee and for weekly Summer Camp payments. Weekly payments will be drafted by the Summer Day Camp Program on Thursdays prior to session attending. There will be no refunds if my child does not attend. There will be a \$25 fee for all returned checks or charges. A two-week notice is required for any child who is voluntarily withdrawn from the program. ____
- I understand that there will be a charge of \$1.00 for every minute that my child remains in care waiting to be picked up after the end of the program. If I or another authorized person has not been contacted within 30 minutes after the end of the program, Social Services and/or the Police Department will be notified. ____
- I understand that my child's participation in this program is a privilege that can be revoked if my child fails to exhibit proper respect for program staff or volunteers. ____
- I understand that a lunch, two snacks and water bottle are to be brought to camp each day. All items must be labeled with first/last name per licensing standards. ____

Parent/Guardian's Signature: _____

Date: _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2021 SUMMER DAY CAMP AGREEMENT

- The YMCA shall notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible if requested to by the YMCA. ____
- I will inform the Summer Day Camp Director within 24 hours or next business day after my child or any member of the immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately. ____
- I authorize the YMCA Staff to obtain immediate medical care if any emergency occurs when the parent/guardian cannot be located immediately. I understand that if I have an objection to the provision of such care on religious or other grounds this objection must be made in writing to the YMCA. ____
- I agree to provide the YMCA with all requested health information (a physical and immunization records). I understand that all registration materials must be completed within 2 weeks of registration or my spot in camp will be removed and the process will be restarted. ____
- I give permission for my child to be included in the YMCA Summer Day Camp photos and videos. I understand that these photos and videos may be used for promotional use and social media. ____
- I understand that I am responsible for the \$50 (or \$25 early bird) non-refundable Annual Registration Fee and for weekly Summer Camp payments. Weekly payments will be drafted by the Summer Day Camp Program on Thursdays prior to session attending. There will be no refunds if my child does not attend. There will be a \$25 fee for all returned checks or charges. A two-week notice is required for any child that is voluntarily withdrawn from the program. ____
- I agree that in the event of illness, vacation, or other absences, I will notify the Summer Camp program by 9:30AM that day. Regardless of illness and/or other activities, I am responsible for my child's tuition payment. Credit is given for medical emergencies, sudden illness, and death in the immediate family with documentation. ____
- I understand that if my child has any special needs or circumstances, I will provide documentation to help staff better serve my child's needs. An action plan to ensure success in the program may be needed if discipline or behavior becomes an issue. ____

Parent/Guardian's Signature: _____

Date: _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PARENT HANDBOOK ACKNOWLEDGEMENT

I have received a copy of the 2021 Brooks Summer Day Camp Parent Handbook and have read and understand its content.

Child's Name

Parent/Guardian's Signature _____ Date _____

SWIM FORM

Swim days are fun days for the children. To make sure they are also safe days, we remind you that we supervise the children on at least a 1:15 ratio, and that every swimming occasion has certified lifeguards present at all times. Some of the staff will be in the water with the children, while others will be watching them from an effective vantage point.

On swim days, to participate campers must bring a swimsuit, change of clothes, and a towel.

Campers may bring personal life vests (must be a Coast Guard approved life vest; water wings are not allowed). Puddle jumpers are very common for young swimmers and are Coast Guard approved. Pool toys are not allowed. Please choose one of the options below.

___ My child is a non-swimmer (unsafe in water above the shoulders). Children designated as non-swimmers will remain in the shallow end of the pool.

___ My child is a swimmer (safe in water above shoulders).

During summer camp, campers are not allowed past 4.5 ft. of water. We will not administer swim tests. Students marked as non-swimmers remain in the water below their shoulders (zero depth entry area). By signing below, you are giving permission for your student to go swimming at the Brooks Family YMCA.

Child's name: (One form per child) _____

Parent/Guardian's Signature: _____ Date: _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SUNSCREEN PERMISSION FORM

I give my permission for the staff at the Brooks YMCA Summer Day Camp Program to apply Rocky Mountain SPF 30 Kids Broad Spectrum Sunscreen to my child, as specified below, when he or she will be playing outside.

I further understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose, bare shoulders, arms, and legs. *Children nine years of age and older may administer their own sunscreen if supervised.

The YMCA Staff cannot apply the sunscreen except in the presences of multiple staff.

I have checked all applicable information regarding the type and use of the sunscreen for my child:

- Staff may apply Rocky Mountain SPF 30 Kids Broad Spectrum Sunscreen to my child as described above.
- I do not give the staff permission to apply Rocky Mountain SPF 30 Kids Broad Spectrum Sunscreen to my child. I will furnish sunscreen for my child (required to fill out another permission form).

Please note any adverse reactions:

Child's name: (One form per child) _____

Parent's or Guardian's Full Name (Please Print): _____

Parent's or Guardian's Signature: _____

Date: _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ELECTRONIC PAYMENT AUTHORIZATION

In order to serve you better, our center has implemented a weekly electronic payment schedule for all parents. Each Thursday, you will be automatically charged for the next week's tuition using the debit/credit card on file.

Debit/Credit Card

Please Circle: Visa MasterCard Discover

Name of Account Holder: _____

Credit Card Account Number: _____

Expiration Date: _____ CVV Code: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

I agree to pay by automatic electronic payments and authorize Piedmont Family YMCA to charge the above referenced card each Thursday to cover the weekly fees. I understand that this agreement will be in effect for the duration of the program, and can be cancelled by sending a written notice to Piedmont Family YMCA at least 2 weeks before the scheduled payment date.

It is my responsibility to notify the YMCA of any changes to my credit/debit card, including new card, new expiration date, etc. Any returned payments will be charged a \$25 return fee. Additionally, any unpaid balances must be resolved each Friday before your child can return to camp on the following Monday.

Child's Name: _____

Parent/Guardian's Name: _____

Medication Authorization Form

For Prescription and Non-prescription Medications

VDSS Division of Licensing Programs Model Form



INSTRUCTIONS:

- **Section A** must be completed by the parent/guardian for **ALL** medication authorizations.
- **Section A and Section B** must be completed for any **long-term medication authorizations** (those lasting longer than 10 working days).

Section A: To be completed by parent/guardian

Medication authorization for: _____
(Child's name)

_____ has my permission to administer the following medication:
(Name of Child Care Provider)

Medication name: _____

Dosage and times to be administered: _____

Special instructions (if any): _____

This authorization is effective from: _____ until: _____
(Start date) (End date)

Parent's or Guardian's Signature: _____ Date: _____

Section B: to be completed by child's physician

I, _____ certify that it is medically necessary for the medication(s) listed
(Name of Physician)

below to be administered to: _____ for a duration that exceeds 10 work days.
(Child's name)

Medication(s): _____

Dosage and Times to be administered: _____

Special instructions (if any): _____

This authorization is effective from: _____ until: _____
(Start date) (End date)

Physician's Signature: _____ Date: _____

**PLACE
PICTURE
HERE**

Name: _____ D.O.B.: _____

Allergy to: _____

Weight: _____ lbs. Asthma: **Yes (higher risk for a severe reaction)** **No**

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____

THEREFORE:

- If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.
- If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING:
SEVERE SYMPTOMS



LUNG

Shortness of breath, wheezing, repetitive cough



HEART

Pale or bluish skin, faintness, weak pulse, dizziness



THROAT

Tight or hoarse throat, trouble breathing or swallowing



MOUTH

Significant swelling of the tongue or lips



SKIN

Many hives over body, widespread redness



GUT

Repetitive vomiting, severe diarrhea



OTHER

Feeling something bad is about to happen, anxiety, confusion

**OR A
COMBINATION**
of symptoms
from different
body areas.



1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS



NOSE

Itchy or runny nose, sneezing



MOUTH

Itchy mouth



SKIN

A few hives, mild itch



GUT

Mild nausea or discomfort

FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: 0.1 mg IM 0.15 mg IM 0.3 mg IM

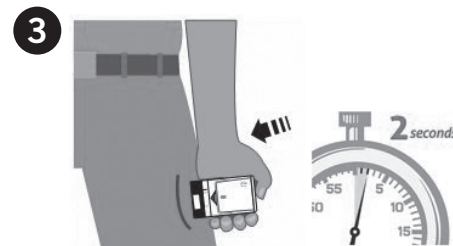
Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

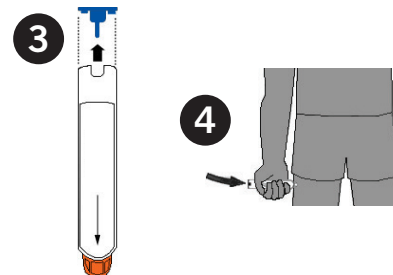
HOW TO USE AUVI-Q® (EPINEPRHINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case.
2. Pull off red safety guard.
3. Place black end of Auvi-Q against the middle of the outer thigh.
4. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
5. Call 911 and get emergency medical help right away.



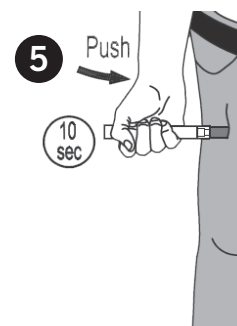
HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.



HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENACLICK®), USP AUTO-INJECTOR, IMPAX LABORATORIES

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip.
3. Grasp the auto-injector in your fist with the red tip pointing downward.
4. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh.
5. Press down hard and hold firmly against the thigh for approximately 10 seconds.
6. Remove and massage the area for 10 seconds.
7. Call 911 and get emergency medical help right away.



ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____

PHONE: _____

NAME/RELATIONSHIP: _____

PHONE: _____