



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Camp Hiawatha

Ages 6-8

Cumberland Cape Atlantic YMCA

JORDAN RD CAMP REGISTRATION

General Information

2021

Camper's Last Name: _____ Camper's First Name: _____

Address _____ City, State, Zip _____

Birth Date: ____/____/____ ☐ Male ☐ Female

Home Phone _____ Cell Phone _____

Age as of June 17th, 2021 _____ E-mail Address _____

PLEASE
ATTACH
PHOTO

Payments are due on Wednesdays the week prior

Week 1 <input type="checkbox"/> June 28-July 2 – Friendship Fun – This week campers will learn all about building friendships, teamwork, and good sportsmanship. Campers will get to know their fellow campers through welcome activities, writing letters in small or large groups, and end the week with making an autograph book that they can use throughout summer camp.	Camp Fee \$175
Week 2 <input type="checkbox"/> July 5 – July 9 – Artful Antics – A week of creativity and fun using only elements of nature and tools to release the inner artist. Which group can be the most creative and can turn our entire campsite into an art studio?	Camp Fee \$175
Week 3 <input type="checkbox"/> July 12 – July 16- Big Game Challenge – Campers will join in kicking off the week with fun filled sports, wacky relays, and competitions throughout the week. Campers will share the biggest prize of them all – building friendships.	Camp Fee \$175
Week 4 <input type="checkbox"/> July 19 – July 23 – Lights, Camera, ACTION! Campers will be introduced to the world of theatre experience through acting, music, and dance. So, let's bring out all the producers, directors, and actors in all of us.	Camp Fee \$175
Week 5 <input type="checkbox"/> July 26 – July 30 – Super Splash Week – Get ready to make a splash during this wet and wild week of camp! Campers will enjoy various water activities such as water bucket relays, water balloons, water tag, and more.	Camp Fee \$175
Week 6 <input type="checkbox"/> August 2 – August 6 – Mad Scientist – Campers will spend the entire week exploring nature from the elements around them. Campers will employ components of science and conduct various experiments while working together as a team.	Camp Fee \$175
Week 7 <input type="checkbox"/> August 9 – August 13 – Animal Planet – Learn about the relationships between animals all over the world, while our campers play games and participate in experiments about these fantastic animals.	Camp Fee \$175
Week 8 <input type="checkbox"/> August 16 – August 20 – Captain Y and the Super Heroes – Campers will celebrate our community super heroes throughout the week. They will engage in activities, while creating their own super heroes and power.	Camp Fee \$175

Early Bird for Camp:

6:30-7:30am The fee for early bird is an additional \$15 per week. If you sign up for early bird, you must also be signed up for Before and After for camp and must be paid the week prior.

Before and After for Camp:

7:30-9:00am & 4:00-5:30pm

This covers before and after the regular time of camp. Fee will be \$35 per week and must be paid the week prior.

Payments and Registration:

All payments are due by Wednesday, the week prior.

Any payments made after that will be assessed a \$20 late fee.

By checking the box next to the week does not mean you are automatically enrolled, until a payment is made.

Registration for each week is not guaranteed without a \$20 deposit to hold your camper's spot.





Cumberland Cape Atlantic YMCA 2021 CAMP REGISTRATION Emergency Contact & Health



*Please ask for an additional sheet if you need to add more than 4 pick-up people or contacts.

Camper's Name _____

Parent/Guardian Information – Must be able to pick up camper

Parent 1 or Legal Guardian Information

Last Name: _____
First Name: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Employer: _____
*Email: _____

Parent 2 or Legal Guardian Information

Last Name: _____
First Name: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Employer: _____
*Email: _____

Joint Custody Information

Has there been a divorce or separation? ☐ Yes ☐ No

If Yes, who has custody? _____

The joint/non-custodial parent can be contacted in the event of an emergency ☐ Yes ☐ No

Emergency Contacts (Other than Parent/Guardian) – Must be able to pick up camper

Emergency Contact #1

Name: _____
Relationship: _____
Cell Phone: _____
Work Phone: _____
Address: _____

Emergency Contact #2

Name: _____
Relationship: _____
Cell Phone: _____
Work Phone: _____
Address: _____

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

Copies of immunization records must be turned in at sign up

Has your child been diagnosed or treated for the following:

- | | | | | |
|---|---|--|---|-----------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Allergies | <input type="checkbox"/> Special Dietary Needs | <input type="checkbox"/> Allergies to Insect Stings | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Spectrum Disorder | <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Allergy to Poison Ivy | <input type="checkbox"/> Other | |
| <input type="checkbox"/> Special Needs: _____ | <input type="checkbox"/> Learning Disability: _____ | | | |

Please provide details for any of the above checked boxes:

Signs or symptoms to watch for:

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 Camp Director prior to the start of camp? Must turn in paperwork by June 1st for a phone conference. Or attach a letter with additional concerns. ☐ Yes ☐ No

Family Physician Information

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

Contact Number: _____

Best Time to be reached: _____

Parent/Guardian Signature: _____ Date: _____



Cumberland Cape Atlantic YMCA 2021 CAMP REGISTRATION Camp Rules & Authorizations



Camp Rules

In order for all campers to have the best possible experience, all campers need to be aware of the rules and agree to follow them. If a camper consistently or excessively breaks the rules and chooses not to take part in camp, they negatively impact other campers by jeopardizing their physical or emotional safety. When this happens, all other campers fail to receive the best possible camp experience.

Camp Rules:

- 1) Treat myself, others, and camp with Caring, Honesty, Respect, and Responsibility
- 2) Follow directions and instructions from staff
- 3) Keep hands, feet and all other body parts to myself
- 4) Respect all camp facilities, equipment, and property
- 5) Have FUN!

Camper Consequences:

- 1) Redirection of camper
- 2) Verbal warning or thinking time
- 3) Visit with camp director and/or call home. Child may speak to parents at that time
- 4) In the event that a second phone call is necessary, the child will be sent home
- 5) In the event of consistent/excessive failure to follow the rules, the camper will be sent home and a suspension may be issued
- 6) If a camper endangers the physical, mental or emotional health of themselves or others, the camper may be immediately suspended or expelled

Parent Signature: _____

Camper Signature: _____

Camp Authorization

My child is in good health and can participate in the normal activities of the program _____ Initial Here

I agree to follow Camp Payment Policies; if not I will be subject to fees and refused admittance _____ Initial Here

I have received and reviewed a copy of the YMCA Camp Parent Handbook _____ Initial Here

*I have received and reviewed a copy of the YMCA Transportation Policy (in handbook) and agree to let my child participate (only sign if child is attending Sequoia/Arrow) * _____ Initial Here

I have received and reviewed a copy of the Merrywood Activities Form & agree to let my child participate _____ Initial Here

I understand that my child must be physically signed in and out of the program by an authorized adult daily _____ Initial Here

I understand that the YMCA is not responsible for lost, stolen or damaged personal articles _____ Initial Here

My child and I have reviewed the Camper Behavior Policy _____ Initial Here

I understand that breakfast and lunch will be provided for my camper starting June 28th _____ Initial Here

I give permission for the Cumberland Cape Atlantic YMCA to:

Seek medical treatment for my child, in my absence, in the event of an emergency _____ Initial Here

Use any photo, voice recordings or videos taken of my child for any projects and all promotional purposes at the YMCA and Summer affiliates (including but not limited to, Girl Scouts, National Inclusion Project, 4-H, and Citizens United to Protect the Maurice River and its Tributaries) _____ Initial Here

To transport my child as necessary for camp activities. This may include busing for swimming and field trips _____ Initial Here

Allow my child to go on short walks under Y Staff supervision _____ Initial Here

I hereby agree, and accept, responsibility in above initialed items.

Parent Signature _____

Date _____

Licensing Statement

In keeping with New Jersey's child care licensing requirements, we are obligated to provide you, as the parent/caregiver of a child enrolled in our program, with the attached informational statement.

The statement highlights, among other things:

- Your right to observe our center at any time without having to secure 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 of all forms (physical, sexual, emotional, and neglect) to the State's Division of Child Protection and Permanency

Name of child: _____

Name of Parent (s)/Guardian (s): _____

I have read and received a copy of the Information to Parents statement prepared by the Bureau of Licensing in the Division of Youth and Family *Found on the next page.

Parent Signature _____ Date _____



Cumberland Cape Atlantic YMCA 2021 CAMP REGISTRATION YMCA Policies



Parent Statement of Understanding

The following information is important for the safety and protection of your child. Please read the information, sign this form, and return the original to the Cumberland Cape Atlantic YMCA (CCA YMCA). A copy will be filed with your child's records.

- I understand that CCA YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside the CCA YMCA program. If a violation is discovered, the Y will take immediate disciplinary action toward staff and/or volunteers.
- I understand that staff and volunteers are not allowed to initiate contact with members and program participants outside the CCA YMCA, unless necessary in certain limited cases for the smooth operation of a CCA YMCA program. If deemed necessary, contact should be made with the program participant's parent or guardian. Contact includes, but is not limited to, sharing of phone numbers, email addresses, personal websites and/or web logs. If a violation is discovered, the Y will take immediate disciplinary action toward staff and/or volunteers.
- I understand that I am not to leave my child* at the CCA YMCA or program site unless a CCA YMCA staff or volunteer is there to receive and supervise my child. I understand that my child must be escorted to and from the program area by me or another person on my authorized list. Children may not just be dropped off at the door. *Note: The CCA YMCA's policy is that children under the age of 12 may not be alone in our facilities/program sites.
- I understand children should not receive excessive gifts (e.g. toys, video games, jewelry) from CCA YMCA staff or volunteers, and I should report this to a supervisor if they do.
- I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child, including relatives, must be listed with CCA YMCA and **must be at least 18 years of age required by the CCA YMCA**. Any other alternate pick-up arrangements must be made in writing by a parent/guardian. Phone notification of an alternate pick-up arrangement is only accepted in an emergency.
- 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 may have no recourse but to contact the police. Please do not put staff in a position where they have to make this judgment call.
- I understand that I can help ensure my child's safety by taking an active interest in his or her CCA YMCA experience. I too will monitor volunteer and staff interactions with my child and ask my child specific questions about program activities and volunteer or staff relationships with my child.
- I understand that the CCA YMCA is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I have received a copy of the CCA YMCA Youth Program Handbook and/or Program Policies and Procedures and will keep it for future reference.

Parent Signature _____

Date _____

Parent Notification of Communications Policy

Families entrust their children to the Cumberland Cape Atlantic YMCA's care for child care, camp, and other youth programs. Our promise to those we serve is to provide a safe environment in which all participants are treated in a caring, honest, respectful and responsible way.

CCA YMCA staff, volunteers, program participants and parents must work together to ensure adherence to this policy.

CCA Staff and Volunteers:

- Will block any personal websites or blogs and mark them as private, denying access to any CCA YMCA program participants
- Will not disclose personal email, telephone, cell phone or website information to any program participants
- Will not attempt to contact any participant via phone, text message email, phone apps, websites or blogs for non-program related business
- Will not use any photos taken for CCA YMCA programs or marketing purposes for personal use
- Will not use cell phones for personal calls during business hours
- Will not use cell phone cameras to take photos of program participants for any reason
- Will notify his/her supervisor immediately if a youth attempts to communicate with an employee via e-mail, instant message, cell phone or social network site

CCA YMCA Program Participants and Their Parents Agree:

- Not to contact any staff via staff's personal telephone/cell phone, text message, phone apps, email, websites or blogs
- Not to use cell phones during program hours
- They will not share photos, logos or images of the CCA YMCA or its program participants
- Personal photos may only be taken with consent and may not be displayed in any derogatory fashion
- Will not take cell phone photos of staff or program participants while engaged in CCA YMCA programs

Of course, the CCA YMCA does not mean to interfere with anyone's private life, but publicly observable communications, actions or words are not private, and personal expression can have legal consequences, including defamation, copyright infringement and trademark infringement.

Parent Signature _____

Date _____



Cumberland Cape Atlantic YMCA 2021 CAMP REGISTRATION Deposits, Fees and Payment



Deposits

- A \$20.00 deposit is required for EVERY week/session camper is registered for, along with all Before and After Care and Early Bird fees.
- Deposits are non-refundable and non-transferable
- Deposits are due at the time of registration

Promotions

- ☐ **Sibling Reduced Rate***: First child is full price, each additional child (registered in the same week of camp) will receive \$10.00 off
- ☐ **Before and After Care Camp***: Fees are waived if five (5) or more weeks of camp are paid in full by April 30th, 2021 (Excludes \$10 Early Bird rates)
- ☐ **T-Shirt***: Camper receives a free t-shirt if six (6) or more weeks are registered for with a \$20 deposit put down for each week by April 30th, 2021 (\$8.00 value)
- ☐ **Subsidized Families Only**: Families receiving assistance are eligible for a free t-shirt when co-pay for six (6) or more weeks are paid in full by April 30th, 2021.

*These discounts are for non-third party participants

Membership Fees

- ☐ \$30/Youth Program Member ☐ \$55/Family Program Member ☐ Current Program Member ☐ Current Full Facility Member

All Campers must be YMCA members. Membership fees are non-transferable and non-refundable

Credits (In House Only)

Refunds are not available for Deposits, Membership, or days your child is absent. In-house credits will be considered for medical reasons ONLY. Credit requests MUST be accompanied by a doctor's note.

Financial Assistance

Financial Assistance is available through Rutgers Southern Regional Child Care Resource & Referral. Contact our Financial Services Coordinator at 856-691-0030 extension 111 for more information. If denied by Rutgers, Financial Assistance is available through the Y - applications are available at the Member Service Desk and on our website, www.ccaymca.org. Funds are limited - APPLY EARLY.



Zipline at Merrywood!



Nature Enrichment



**Outdoor activities at
all our camps!**



Cumberland Cape Atlantic YMCA 2021 CAMP REGISTRATION Checklist



Parent Checklist

Parent/Guardian please **initial** next to each item that you are handing in today. **(No check marks will be accepted.)**

_____ Completed Registration Form

_____ Photo Release

_____ Signed Medical Information

_____ Completed Health Form

_____ Immunization Record

_____ Expulsion Policy

_____ Food Form (Sequoia, Arrow, and Jordan Road)

_____ Merrywood Activity Waiver (Sequoia, Arrow, and CIT)

_____ Completed CIT packet (CIT only)

_____ Any notes or information to be filed on your camper (optional)

_____ Correct payment and/or deposit amount

Parent Signature

Parent is to sign off that all paperwork is filled out completely.

Parent Signature: _____ Date: _____

Staff Signature

Staff member receiving the paperwork is to sign off that all papers are filled out completely and correct money is remitted.

Staff Signature: _____ Date: _____

**THANK YOU FOR CHOOSING
TO SPEND YOUR SUMMER AT
THE Y, HAVE FUN AND MAKE
SUMMER CAMP MEMORIES TO
LAST A LIFETIME!**





**Cumberland Cape Atlantic YMCA
2021 CAMP REGISTRATION
Additional Emergency Contacts
For _____**

(Child's name)

Emergency Contact #5

Name: _____
Relationship: _____
Cell Phone: _____
Work Phone: _____
Address: _____

Emergency Contact #6

Name: _____
Relationship: _____
Cell Phone: _____
Work Phone: _____
Address: _____

Emergency Contact #7

Name: _____
Relationship: _____
Cell Phone: _____
Work Phone: _____
Address: _____

Emergency Contact #8

Name: _____
Relationship: _____
Cell Phone: _____
Work Phone: _____
Address: _____



Please use this sheet only to add additional contacts and pick-up people for your camper(s). We will not accept it written on a separate piece of paper.

Parent/Guardian Signature: _____ Date: _____

10:122-6.8 Expulsion Policy

May be used to inform parents of the center's policy on the expulsion of children from enrollment

EXPULSION POLICY

Name of Center: Cumberland Cape Atlantic YMCA

Name of Child: _____

Signature of Parent: _____

Unfortunately there are reasons we have to expel a child from our program either on a short term or a permanent basis. We want you to know we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced. The following are reasons we may have to expel or suspend a child from this center.

IMMEDIATE CAUSE FOR EXPULSION

- The child is at risk of causing serious injury to other children or himself/herself.
- Parent threatens physical or intimidating actions toward staff members.
- Parents exhibits verbal abuse to staff in front of enrolled children.

PARENTAL ACTIONS FOR CHILD'S EXPULSION

- Failure to pay/habitual lateness in payment.
- Failure to complete required forms.
- Habitual tardiness when picking up your child.
- Physical or verbal abuse to staff.
- Correcting, reprimanding, or yelling at a child

CHILD'S ACTIONS FOR EXPULSION

- Failure of a child to adjust after a reasonable amount of time.
- Uncontrollable tantrums/angry outbursts.
- Ongoing physical (fighting) or verbal abuse to staff or their children.
- Excessive biting.
- Dangerous activity, threats, theft, vandalism/mistreatment of property, possession of weapons, or illegal substances

SCHEDULE OF EXPULSION

- If after the remedial actions above have not worked, the child's parent/guardian will be advised verbally and in writing about the child and or/parent's behavior warranting an expulsion. An expulsion action is meant to be a period of time so that the parent/guardian may work on the child's behavior or to come to an agreement with the center.
- The parent/guardian will be informed regarding the length of the expulsion period.
- The parent/guardian will be informed about the expected behavioral changes required in order for the child or parent to return to the center.
- The parent/guardian will be given a specific expulsion date that allows the parent sufficient time to time to seek alternative child care
- Failure of the child/parent to satisfy the terms of the plan may result in permanent expulsion from the center

A CHILD WILL NOT BE EXPELLED

- If a child's parent/guardian:
 - Made a complaint to the Office of Licensing regarding a center's alleged violation of the licensing requirements
 - Reported neglect or abuse occurring at the center
 - Questioned the center regarding policies and procedures
 - Without giving the parent/guardian an adequate amount of time to make other child care arrangements

PROACTIVE ACTIONS THAT WILL BE TAKEN IN ORDER TO PREVENT EXPULSION

- Staff will try to redirect child from negative behavior
- Staff will reassess classroom environment appropriateness of activities and supervision
- Staff will always use positive methods and language while disciplining children
- Staff will praise behaviors
- Staff will consistently apply consequences for rules
- Child will be given verbal warnings
- A brief time out may be given so child can regain control
- Child may lose certain privileges
- Child's disruptive behavior will be documented and maintained in confidentiality
- Parent/guardian will be not notified verbally
- Parent/guardian will be given copies of the disruptive behaviors that might lead to expulsion
- Director, parent/guardian and classroom staff will have a conference to discuss how to promote positive behaviors
- Parent/guardian will be given literature or other resources regarding methods of improving behavior
- Recommendation of evaluation by professional consultation on premises

UNIVERSAL CHILD HEALTH RECORD

Endorsed by: American Academy of Pediatrics, New Jersey Chapter
New Jersey Academy of Family Physicians
New Jersey Department of Health

SECTION I - TO BE COMPLETED BY PARENT(S)					
Child's Name (Last) (First)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth / /	
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name of Child's Health Insurance Carrier			
Parent/Guardian Name		Home Telephone Number () -		Work Telephone/Cell Phone Number () -	
Parent/Guardian Name		Home Telephone Number () -		Work Telephone/Cell Phone Number () -	
I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.					
Signature/Date				This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER					
Date of Physical Examination:		Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Abnormalities Noted:		Weight (must be taken within 30 days for WIC)			
		Height (must be taken within 30 days for WIC)			
		Head Circumference (if <2 Years)			
		Blood Pressure (if ≥3 Years)			
IMMUNIZATIONS		<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Tetanus (Tdap) _____ <input type="checkbox"/> Date Next Immunization Due: _____			
MEDICAL CONDITIONS					
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Medications/Treatments • List medications/treatments:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Limitations to Physical Activity • List limitations/special considerations:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Equipment Needs • List items necessary for daily activities		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Allergies/Sensitivities • List allergies:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
PREVENTIVE HEALTH SCREENINGS					
Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		
<input type="checkbox"/> I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.					
Name of Health Care Provider (Print)			Health Care Provider Stamp:		
Signature/Date					

Instructions for Completing the Universal Child Health Record (CH-14)

Section 1 - Parent

Please have the parent/guardian complete the top section and sign the consent for the child care provider/school nurse to discuss any information on this form with the health care provider.

The WIC box needs to be checked only if this form is being sent to the WIC office. WIC is a supplemental nutrition program for Women, Infants and Children that provides nutritious foods, nutrition counseling, health care referrals and breast feeding support to income eligible families. For more information about WIC in your area call 1-800-328-3838.

Section 2 - Health Care Provider

1. Please enter the date of the physical exam that is being used to complete the form. Note significant abnormalities especially if the child needs treatment for that abnormality (e.g. creams for eczema; asthma medications for wheezing etc.)

- **Weight** - Please note pounds vs. kilograms. If the form is being used for WIC, the weight must have been taken within the last 30 days.
- **Height** - Please note inches vs. centimeters. If the form is being used for WIC, the height must have been taken within the last 30 days.
- **Head Circumference** - Only enter if the child is less than 2 years.
- **Blood Pressure** - Only enter if the child is 3 years or older.

2. **Immunization** - A copy of an immunization record may be copied and attached. If you need a blank form on which to enter the immunization dates, you can request a supply of Personal Immunization Record (IMM-9) cards from the New Jersey Department of Health, Vaccine Preventable Diseases Program at 609-826-4860. The Immunization record must be attached for the form to be valid.

- "Date next immunization is due" is optional but helps child care providers to assure that children in their care are up-to-date with immunizations.

3. **Medical Conditions** - Please list any ongoing medical conditions that might impact the child's health and well-being in the child care or school setting.

- a. Note any significant medical conditions or major surgical history. **If the child has a complex medical condition, a special care plan should be completed and attached for any of the medical issue blocks that follow.** A generic care plan (CH-15) can be downloaded at www.nj.gov/health/forms/ch-15.dot or pdf. Hard copies of the CH-15 can be requested from the Division of Family Health Services at 609-292-5666.

- b. **Medications** - List any ongoing medications. Include any medications given at home if they might impact the child's health while in child care (seizure, cardiac or asthma medications, etc.). Short-term medications such as antibiotics do not need to be listed on this form. Long-term antibiotics such as antibiotics for urinary tract infections or sickle cell prophylaxis should be included.

PRN Medications are medications given only as needed and should have guidelines as to specific factors that should trigger medication administration.

Please be specific about what over-the-counter (OTC) medications you recommend, and include information for the parent and child care provider as to dosage, route, frequency, and possible side effects. Many child care providers may require separate permissions slips for prescription and OTC medications.

- c. **Limitations to physical activity** - Please be as specific as possible and include dates of limitation as appropriate. Any limitation to field trips should be noted. Note any special considerations such as avoiding sun exposure or exposure to allergens. Potential severe reaction to insect stings should be noted. Special considerations such as back-only sleeping for infants should be noted.
 - d. **Special Equipment** - Enter if the child wears glasses, orthodontic devices, orthotics, or other special equipment. Children with complex equipment needs should have a care plan.
 - e. **Allergies/Sensitivities** - Children with life-threatening allergies should have a special care plan. Severe allergic reactions to animals or foods (wheezing etc.) should be noted. Pediatric asthma action plans can be obtained from The Pediatric Asthma Coalition of New Jersey at www.pacnj.org or by phone at 908-687-9340.
 - f. **Special Diets** - Any special diet and/or supplements that are medically indicated should be included. Exclusive breastfeeding should be noted.
 - g. **Behavioral/Mental Health issues** - Please note any significant behavioral problems or mental health diagnoses such as autism, breath holding, or ADHD.
 - h. **Emergency Plans** - May require a special care plan if interventions are complex. Be specific about signs and symptoms to watch for. Use simple language and avoid the use of complex medical terms.
4. **Screening** - This section is required for school, WIC, Head Start, child care settings, and some other programs. This section can provide valuable data for public health personnel to track children's health. Please enter the date that the test was performed. Note if the test was abnormal or place an "N" if it was normal.
 - For lead screening state if the blood sample was capillary or venous and the value of the test performed.
 - For PPD enter millimeters of induration, and the date listed should be the date read. If a chest x-ray was done, record results.
 - Scoliosis screenings are done biennially in the public schools beginning at age 10.
- This form may be used for clearance for sports or physical education. As such, please check the box above the signature line and make any appropriate notations in the Limitation to Physical Activities block.
5. Please sign and date the form with the date the form was completed (note the date of the exam, if different)
 - Print the health care provider's name.
 - Stamp with health care site's name, address and phone number.

Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right and the named minor's right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of the named minor's participation in Cumberland Cape Atlantic YMCA Camp Programs, now or any time in the future.

Acknowledgment of Risk

I, in my legal capacity as the parent/guardian of the minor named below, do hereby acknowledge and agree that participation in Cumberland Cape Atlantic YMCA Camp activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with summer camp participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with summer camp participation and that said list in no way limits the operation of this Agreement.

Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death.**

Participating in summer camp programs or accessing Cumberland Cape Atlantic YMCA facilities could increase the risk of contracting COVID-19. Cumberland Cape Atlantic YMCA in no way warrants that COVID-19 infection will not occur through participation in Cumberland Cape Atlantic YMCA camp programs or accessing Cumberland Cape Atlantic YMCA facilities.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of _____'s participation in Cumberland Cape Atlantic YMCA camp programs, I, _____, the parent/guardian of the minor named above, agree to release and on behalf of myself and the minor named above, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE Cumberland Cape Atlantic YMCA, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the named minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against Cumberland Cape Atlantic YMCA on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of Cumberland Cape Atlantic YMCA facilities/equipment or participation in Cumberland Cape Atlantic YMCA programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

Initial

In consideration of the named minor's participation in summer camp, I, the undersigned parent/guardian of the named minor, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to the named minor's summer camp participation.

I hereby certify on behalf of myself and the named minor that I have full knowledge of the nature and extent of the risks inherent in summer camp participation and that I, on behalf of myself and the named minor, am voluntarily assuming said risks. I understand that I and the named minor will be solely responsible for any loss or damage, including personal injury, property damage, or death, the named minor sustains while participating in summer camp programs and that by signing this agreement I, on behalf of myself and the named minor, HEREBY RELEASE Releasees of all liability for such loss, damage, or death. I further certify that the named minor is in good health and has no conditions or impairments which would preclude his/her safe participation in summer camp programs.

I further certify that my date of birth is _____ (MM/DD/YYYY), that my present age is _____, that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and that I have legal capacity to act as the parent/guardian of the named minor. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

_____	_____
Participant Name (Print Clearly)	Date
_____	_____
Parent/Guardian Signature	Parent/Guardian Name (Print Clearly)

2020-2021SUMMER FOOD SERVICE PROGRAM

LETTER TO PARENTS

Dear Parent or Guardian:

The Summer Food Service Program, a federal program of the United States Department of Agriculture (USDA), provides nutritious meals to preschool and school age children during the summer months. In this program, all meals are served free. The opportunity for your child to receive nutritious meals and snacks from the Summer Food Service Program should not be missed. Sound nutrition plays an important role in a child’s physical and educational development.

Eligibility: Your cooperation is vital to qualify your child for this program. Public Law 97-35 requires documentation of eligibility of children in certain types of Summer Food Service Programs. In order to be eligible for this funding, our program must maintain a record of family size and income of all participants. The Income Eligibility Scale for reduced price meals is included in this letter for your information. If your income is less than or equal to these reduced-price standards, your child is eligible for free meals from the Summer Food Service Program which means increased reimbursement for our program and increased nutritional benefits for your child.

July 1, 2020 to June 30, 2021
FAMILY SIZE/INCOME SCALE
FOR FREE MEALS
(As announced by the United States Department of Agriculture)

SCALE IS BASED ON GROSS INCOME BEFORE DEDUCTIONS

HOUSEHOLD SIZE	REDUCED PRICE MEALS		
	Annual	Monthly	Weekly
1	23,606	1,968	454
2	31,894	2,658	614
3	40,182	3,349	773
4	48,470	4,040	933
5	56,758	4,730	1,092
6	65,046	5,421	1,251
7	73,334	6,112	1,411
8	81,622	6,802	1,570
Each Additional Family Member	+8,288	+691	+160

A FOSTER CHILD who is the legal responsibility of the welfare agency or court may receive free Summer Food Service Program meals regardless of your household income. A FOSTER CHILD’S PERSONAL USE INCOME is defined as follows:

1. Funds received from a welfare agency which can be identified for personal use of the child. Where funds provided by the welfare agency are specified by agency, i.e., funds for shelter and care; special needs funds; and funds for personal needs such as clothing, school fees, allowances, etc., only those funds that can be identified as personal use funds shall be considered as income.
2. Money received in hand from any source. This includes, but is not limited to, funds received from trust accounts, monies provided by the child’s family for personal use and earnings from employment other than occasional or part-time (e.g., paper routes, baby-sitting).

Write “0” if the FOSTER CHILD has no PERSONAL USE INCOME.

Nondiscrimination Statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) Fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Theresa Booth
Signature of Sponsoring Organization Representative

2021 SUMMER FOOD SERVICE PROGRAM
ELIGIBILITY APPLICATION

PROGRAM NAME: CAMP MERRYWOOD

To apply for free meals for your child, parents must carefully complete, sign, and return this application to the program office by _____. An application should be returned for each child enrolled regardless of household income. If you need help with this form, please call this telephone number: _____.

1

ENROLLMENT INFORMATION

Name of Child: _____

Last NameFirst Name

Age: _____

2

FOSTER CHILD: Complete this part and sign the application in Part 4. DO NOT complete Part 3A and 3B.

If this is a foster child, check this box ☐. Write the child’s monthly personal use income. Write “0” if the child has no income \$_____.

3A

HOUSEHOLDS NOW GETTING SNAP OR TANF BENEFITS FOR THEIR CHILDREN – Complete this part and sign the application in Part 4 – DO NOT complete Part 3B.

SNAP Case Number: _____TANF Case Number: _____

3B

ALL OTHER HOUSEHOLDS – If you did not write a SNAP/TANF case number nor checked Foster Child complete this part and sign the application in Part 4.

NAMES		MONTHLY INCOME				
List the Names of Everyone in Your Household	No Income	MONTHLY Gross Earnings from Work (Before Deductions)		MONTHLY Welfare, Child Support, Alimony, Unemployment Benefits	MONTHLY Payments from Pensions, Retirement, Social Security	MONTHLY Any Other Income
		Job 1.	Job 2.			
1.		\$	\$	\$	\$	\$
2.		\$	\$	\$	\$	\$
3.		\$	\$	\$	\$	\$
4.		\$	\$	\$	\$	\$
5.		\$	\$	\$	\$	\$
6.		\$	\$	\$	\$	\$
7.		\$	\$	\$	\$	\$
8.		\$	\$	\$	\$	\$
9.		\$	\$	\$	\$	\$

4

SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: An adult household member must sign the application before it can be approved.

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the SNAP or TANF number is correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that school officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

SIGNATURE: _____

SIGNATURE OF ADULT HOUSEHOLD MEMBER

HOME ADDRESS

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER*

TOWN/CITY

ZIP CODE

PRINTED NAME OF ADULT SIGNING APPLICATION

DATE SIGNED

HOME TELEPHONE

WORK TELEPHONE

☐ I do not have a Social Security Number

5

Participant’s ethnic and racial identities (optional)

Mark one ethnic identity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Mark one or more racial identities: ☐ Asian ☐ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander

Do Not Write Below This Line - Official Use Only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income: _____ Per: ☐ Week, ☐ Every 2 Weeks, ☐ Twice a Month, ☐ Month, ☐ Year

Household size: _____

Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____

Reason: _____

Temporary: Free _____ Reduced _____ Time Period: _____ (expires after _____ days

Determining Official’s Signature: _____ Date: _____

Confirming Official’s Signature: _____ Date: _____

Follow-up Official’s Signature: _____ Date: _____

SFSP/Letter to Parent-Eligibility Application 2020-2021