



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Cumberland Cape Atlantic YMCA
Somers Point
2022-2023 Holiday Care Camp
Registration Packet

PLEASE
ATTACH
PHOTO

Child's Last Name: _____ **Child's First Name:** _____

Address _____ City, State, Zip _____

Birth Date: ____/____/____ Home Phone _____

Cell Phone _____ Male Female Grade 2022-2023 School Year _____

Holiday Care Dates:		
<ul style="list-style-type: none"> Ages 6-15 \$40.00/Day 		<p><i>The dates listed reflect some of the Somers Point School District's holidays. So please check your district calendar before signing up for any dates.</i></p>
<p>2022 Dates:</p> <p>November 10 November 11</p> <p>December 28 December 29 December 30</p>	<p>2023 Dates:</p> <p>April 11 April 12 April 13 April 14</p>	<p><u>Late fee:</u></p> <p>If you sign up after 3pm the day before care starts you will be charged a \$10 late fee. **This is due to staffing and ratios being met.</p> <p><i>No registrations will be taken the day of care.</i></p> <p>SPECIALS During December and April Register for multiple days and save 4 days - \$30 per day 2 or 3 days - \$35 per day</p>

<p>Important Information:</p> <ul style="list-style-type: none"> Location: Dawes Avenue School, 22 West Dawes Avenue, Somers Point Hours: 7:30am-6:00 pm Meals: Lunch and snack are included Payment Policy: No refunds are given for Holiday Care. All payments must be made at the time of registration.



Cumberland Cape Atlantic YMCA Emergency Contact & Health

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Child's Name _____

Parent/Guardian Information

Parent 1 or Legal Guardian Information	Parent 2 or Legal Guardian Information
Last Name: _____	Last Name: _____
First Name: _____	First Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
Home Phone: _____	Home Phone: _____
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 can be contacted in the event of an emergency Yes No

Emergency Contacts (Other than Parent/Guardian) and Authorized Pick Ups

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

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

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:

-
-

Parent/Guardian Signature: _____

Emergency Medical Information

Insurance Carrier: _____

Policy Number: _____

Group Number: _____



Cumberland Cape Atlantic YMCA Rules & Authorizations

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Holiday Care Rules

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

Rules:

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

Consequences:

- 1) Redirection
- 2) Verbal warning or thinking time
- 3) Visit with 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 child 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 child may be immediately suspended or expelled

Parent Signature: _____

Child Signature: _____

Authorizations

My child is in good health and can participate in the activities of the program (ex: gym, outside) _____ Initial Here

I agree to follow the Payment Policies; if not I will be subject to fees _____ 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 Discipline and Behavior Policy _____ 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 and all promotional purposes _____ 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. _____ Initial Here

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 Department of Children and Families Office of Licensing.

Parent Signature _____

Date _____



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Cumberland Cape Atlantic YMCA 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 of the age required by this 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, website 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, email, websites or blogs
- Not to use cell phones during program hours (except for emergency situations)
- They will not sure 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 _____



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Cumberland Cape Atlantic YMCA Checklist

Membership Fees

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

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

Financial Assistance

Third party assistance is available through Rutgers (856-462-6800). If denied by Rutgers Southern Regional Childcare Resource Center 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

Parent Checklist

Parent/Guardian please initial next to each item that you are handing in today.

_____ Completed Registration Form

_____ Photo Release

_____ Signed Medical Information – including insurance carrier, policy and group number

_____ Expulsion Policy

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

_____ Correct payment (must be paid in full during registration)

_____ Covid waiver

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: _____



**Cumberland Cape Atlantic YMCA
2020-2021 Holiday Care
Additional Emergency Contacts**

Child's Name _____

School: _____

Emergency Contact #5

Name: _____

Relationship: _____

Cell Phone: _____

Work Phone: _____

Address: _____

Emergency Contact #6

Name: _____

Relationship: _____

Cell Phone: _____

Work Phone: _____

Address: _____

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

Emergency Contact #7

Name: _____

Relationship: _____

Cell Phone: _____

Work Phone: _____

Address: _____

Emergency Contact #8

Name: _____

Relationship: _____

Cell Phone: _____

Work Phone: _____

Address: _____



Parent/Guardian Signature: _____ Date: _____

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 School Age Care 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 school age care activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with school age child care 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 school age child care 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 school age child care 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 school age child care programs of accessing Cumberland Cape Atlantic YMCA facilities.

Initial

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of _____'s participation in Cumberland Cape Atlantic YMCA school age 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.

In consideration of the named minor's participation in school age care program, 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 school age child care participation.

Initial

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 school age child care 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 school age child care 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 school age child care 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)