

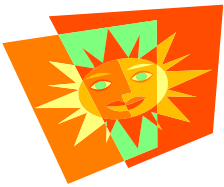
YWCA CAMP FUNKIST SUMMER 2010

515 North Street White Plains, NY 10605 (914) 949-6227 x168 www.ywcawhiteplains.com

Where summer fun begins...

Check List for Summer 2010

Camp Open Houses	January 31, 2010 10:00 AM – 2:00 PM February 7, 2010 10:00 AM – 2:00 PM Stop by to meet our Camp Director, talk with our staff about our programs and register for Summer 2010.
Registration Form	Due by February 28 for Early Bird Discount Deposit must accompany registration form Priority Registration for 2009 Campers: January 4 – 31, 2010 Open Registration for General Public begins: February 1, 2010
Camper Contact Form	May 14, 2010
Medical Form	May 14, 2010
Permission Form	May 14, 2010
Camper ID card	Must be obtained prior to start of camp.
Guardian ID card	Parents/guardians can get their own YWCA ID cards, which are needed to access the YWCA facility for an additional \$5.00 each. Photo ID's may be processed during regular front desk hours: Monday – Friday 8:30am – 5:30pm Saturdays & Sundays 10:00am – 2:15pm
Camp Gear Order	With registration form
Camp Orientation	TBA – You will receive notice of the regular camp orientation to be held in June.



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REGISTRATION FORM (Please print clearly. One form per child.)

T-SHIRT Size _____

Child's Name: _____ Date of birth: ____/____/____ Gender (circle) F M

Address: _____
Street City State Zip

Phone # ____/____/____ Nickname _____ Grade child entering in Sept 2010 _____

Parent/Guardian Name: _____ Home Phone: _____ Cell _____

Address: _____ Email: _____

Employer: _____ Work Phone: _____

Friends you wish to be with: _____ Emergency contact Name: _____

Emergency Contact Relationship to child _____ Phone # _____

Full payment or minimum \$250 NON-REFUNDABLE camp deposit (for the payment plan option) must accompany this application in order to reserve a space for your child. The camp deposit will apply to the total session fees. YWCA membership is required and must be current through the entire camp enrollment. Membership dues are \$50 for one year and are non-refundable.

All camp tuition must be paid in full before the 1st of June or enrollment will be cancelled.

Camp Funkist Offers Two payment options: Full payment or 4-month payment plan which includes a \$50 payment plan fee.

In order to authorize a payment plan, a valid credit card number must be included below. If payment is not made via alternate means by the 5th of the month, the payment will automatically be charged to your credit card. If no credit card information is included, payment is due in full.

Session #	Session Dates	Session Price		Extended	
		Little/ Funkist or	PLUS	Hrs	\$Session Total
1	Jun 28 – Jul 9 (closed 7/5)	\$480	\$503	\$150	\$ _____
2	Jul 12 – Jul 23	\$530	\$555	\$150	\$ _____
3	Jul 26 – Aug 6	\$530	\$555	\$150	\$ _____
4	Aug 9 – Aug 20	\$530	\$555	\$150	\$ _____
4 sessions	Jun 28 - Aug 20	\$2070	\$2168	\$600	\$ _____
Payment Plan Option (add \$50 per family)					\$ _____
Total Session Fees:					\$ _____

Refund Policy: Withdrawal by April 1: 75%
Withdrawal by May 1: 50%

Withdrawal by June 1: 25%
No refunds after June 1, 2010.

Full Payment

_____ Please charge my Visa / MC / Discover below for the session fees listed above and the \$50 camp membership.

If choosing payment plan:

_____ (initial) I acknowledge that failure to make payment by the 1st of the month jeopardizes enrollment and discount received. I further authorize the YWCA of White Plains to charge the agreed-upon payment amount to my credit card on the 5th of the month in the event of non-payment.

_____ Please charge my Visa / MC / Discover below for the camp deposit and the \$50 membership fee. Please automatically charge my monthly camp payments to my Visa / MC / Discover on the 1st of the month.

CREDIT CARD INFORMATION

Cardholder's Name(Please print) _____ Signature _____

Visa / MasterCard/ Discover # _____ - _____ - _____ Expiration date: ____/____

The balance due after minimum deposit of \$250 will be divided into 4 equal payments. You will receive a copy of the payment agreement after registration.

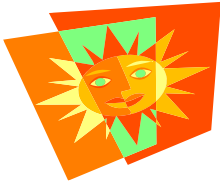
For Office use only

_____ - _____ = \$ _____ - Deposit \$ _____ = \$ _____

Total Session Fees _____
early bird by 2/28/10
(less \$25/session)

Payments Due: 3/1 _____ 4/1 _____ 5/1 _____ 6/1 _____



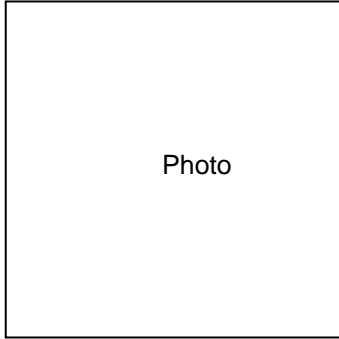


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Camper Last Name: _____ First Name: _____



Camper Contact Form

If there are any changes to this information once camp starts, please inform us immediately in writing.

Camper Birth Date: _____

Home Address: _____

Home Phone: _____

Guardian's Name: _____ Work Tel. _____ Cell _____

Guardian's Name: _____ Work Tel. _____ Cell _____

If guardian can not be reached list contact numbers to be used below.

PICK UP AUTHORIZATION & EMERGENCY CONTACTS

The YWCA will only allow authorized individuals 18 years or older to pick up your child. If there are any custody arrangements, they should be reported to the Camp Director.

Please list the individuals who should be called in an emergency and identify those who are allowed to pick up your child below:

Emergency Contact #1 Name: _____ Relationship to Child _____

Home Tel. _____ Cell _____ Alternate Tel. _____

Authorized to pick up: (circle one) YES NO

Emergency Contact #2 Name: _____ Relationship to Child _____

Home Tel. _____ Cell _____ Alternate Tel. _____

Authorized to pick up: (circle one) YES NO

Emergency Contact #3 Name: _____ Relationship to Child _____

Home Tel. _____ Cell _____ Alternate Tel. _____

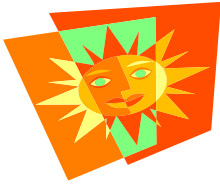
Authorized to pick up: (circle one) YES NO

I understand that if another person is to pick up my child, other than those identified below, I will give written permission to the Camp Director. I also understand that proper Identification is required to pick up my child.

Signature

Date





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Camper Last Name: _____ First Name: _____

MEDICAL AUTHORIZATION

Please be advised that there are inherent risks related to the day camp program and its physical sports and other activities. There is the possibility of physical injury or damage to personal property. The safety of campers is the first priority of the day camp staff. If injured, your child will be taken to White Plains Hospital, or the nearest hospital when we are on a trip.

Please read the statement below carefully:

In the event of serious illness or injury, I authorize the day camp staff to transport my child to a hospital emergency facility for treatment. Every attempt to contact a parent or guardian will be made. I accept responsibility for the cost involved in the transport and treatment of my child.

I, _____ have read, understand, and agree with all of the above.
(Guardian's name)

Guardian's Signature

Date

MEDICAL CONTACT INFORMATION

Hospital insurance carrier _____

Child's Physician _____

Group/Hospital name (if applicable) _____

Phone _____ Address _____

Child's Dentist _____

Group/Hospital name (if applicable) _____

Phone _____ Address _____

FOOD ALERT

To ensure that your child is not given any food that he/she may be allergic to or should not eat for religious purposes please check below. If applicable, list all food restrictions.

- _____ My child has food restrictions for religious purposes
- _____ My child has food restrictions for medical reasons.
- _____ My child does not have any allergies of which I am aware.

My child may not eat the following foods: _____

Medical Statement of Child in Childcare



To Be Completed By Licensed Physician, Physician's Assistant or Nurse Practitioner

Name of Child:	Date of Birth:	Date of Examination:
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Immunizations

Medical Exemption: The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s).

Yes No

DPT / DT		1st Date	2nd Date	3rd Date	Booster Date	Booster Date
Polio		1st Date	2nd Date	3rd Date	Booster Date	Booster Date
Hib (conjugate preferred)		1st Date	2nd Date	3rd Date	4th Date	
Hepatitis B		1st Date	2nd Date	3rd Date		
MMR		1st Date	2nd Date			
Variella/Chicken Pox		1st Date	2nd Date			

Tests

Tuberculin Test Date: _____ Mantoux Results: Positive Negative _____ mm

TB Tests are at the physician's discretion.

If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.

Lead Screening Date: _____ * Attach lead level statement

Health Specifics

Comments

Are there allergies? (Specify) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is medication taken regularly? (Specify drug and condition) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a special diet required? (Specify diet and condition) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any hearing, visual or dental conditions requiring special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any medical or developmental conditions requiring special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Summary of Physical Exam _____

On the basis of my findings as indicated above and on my knowledge of the named child, I find that he/she is free from contagious and communicable disease and is able to participate in daycare.

Yes No

Signature of Examiner _____ Date _____

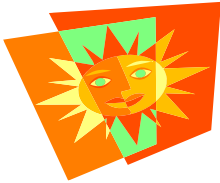
Name (Please Print) _____

Title _____

Address _____

City, State, Zip _____

Phone _____



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GENERAL PERMISSION & INDEMNITY FORM

As guardian of (Child's Name) _____

I, _____ hereby give my child, permission to
(Guardian's Name)

participate in Camp Funkist activities and events including, but not limited to the following:

- Trips
- Swimming
- Photo Taking

Photography Release

I further grant permission to the YWCA of White Plains and Central Westchester to use photographs of my child taken at the YWCA Camp Funkist program (or on trips) for publicity purposes.

Hold Harmless Statement

I hereby release and agree to hold harmless the YWCA of White Plains and Central Westchester, its principals, directors, officers, agents, employees and volunteers from any loss, liability, or damage they may incur arising out of or related to my or my child(ren)'s participation in **Camp Funkist** to the greatest extent allowed by law.

By signing below, you indicate that you have read and agreed to the above statements. Should you wish to exclude your child from any activity, you must notify the Camp Director in writing.

Signature

Date



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FREQUENTLY ASKED QUESTIONS...about Summer Camp

Where will my child go for opening after I drop him/her off?

On good weather days your child will be met curbside by camp staff. He/she will remain outside until 9:00 AM, when all campers go with their groups to their classrooms.

What about separation issues for younger campers? How do you handle these children?

Some children take time to adjust to a new environment, and each child is different. Our group leaders are qualified educators with experience in dealing with adjustment and separation issues.

How long are the periods?

Varying times, the standard is one hour. Please see your group schedule.

What time is lunch?

Please see your group schedule for lunch

What if my child forgets their lunch?

We will feed your child with a Café lunch and notify you of the cost.

My child is allergic to peanuts, how do you handle seating at lunchtime? Do you have separate tables?

We ask ALL parents NOT to put peanut butter or items processed with peanuts in camp lunches. While we do not segregate children who have peanut allergies, we will check all lunches when we arrange seating, and also make sure that all children in a peanut-sensitive group use sterile wipes on their hands.

What if my child doesn't want to swim?

We will gently encourage your child to participate in swim class, but it is not required.

Is there instructional swim? Free swim? How many times per week?

All groups swim every day while not out on a trip and swim recreationally once a week, with the exception of the Kindergarten, which swims instructionally ONLY 3 days per week and does not have recreational swim.

How do you handle bullying? Do you discuss hitting/spitting/ biting and other behavioral issues with your staff?

Staff receives training as well as ongoing coaching in resolving these issues.

What if my child is new and doesn't know anyone?

We work with all children to help them fit in and feel welcome.

What is the ratio of counselors to campers?

Children 8 and under - 4 campers to 1 counselor.

Children 9 and 10 - 5 campers to 1 counselor.

Children 11 and older - 5 campers to 1 counselor.

What if my child gets hurt?

For any injury requiring more than a band aid you will be notified immediately. For all other bumps you will be notified when you pick up your child.

What are the procedures for trips?

Buses depart no later than 9:30 for our destination. All campers have to wear their camp T-shirt for safety purposes, and don't forget to pack a lunch.

Are parents allowed on the trips?

If there is space we always welcome parents. Please contact us in advance if you are interested in accompanying us on a certain trip.

What about money, lunch, cost, etc.. Will we receive separate information on all of this?

We will let you know the destination and any additional information in advance of each trip.

When do they travel?

The lower camp travels on Tuesdays.

The upper camp travels on Wednesdays.

There are a few exceptions, Please see the calendar.

Do you have early arrival and after camp hours for working parents?

Yes early AM drop off is from 8:00 - 9:00; Late pickup is from 4:00 - 5:30.

There is a late pickup fee of \$10.00 for the first 15 min and a \$1.00 for every minute there, after for campers not registered for extended day camp.

What kind of sports skills will the campers be learning?

Our camp is a non-competitive program. Campers will be developing team skills as well as gross and fine motor skills.

What does the arts & crafts program consist of?

Arts and crafts is a varied program consisting of short and long term projects that reinforce the children's creativity and sense of personal accomplishment.

Will my child be bringing home any projects?

YES.

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