2020 Little Owls Parent Packet

Dear Parents,

Welcome to the upcoming 2020 Summer Camp Season! It’s hard to believe it but summer is right around the corner!

The following items are included in this packet:

- Parent Information & Program Policies
- Illness Policy
- Disciplinary Procedures
- Required Health and History forms
- Expulsion Policy
- Statement of Understanding from the Office of Licensing
- Camper Enrollment Forms

Weekly camp registration forms and enrollment packets can be obtained at the Richard F. Blake Children’s Center Front desk, the YMCA’s Member Services Desk or downloaded from www.greatermorristownymca.org.

The following forms from the Enrollment Packet must be returned with payment to register your child(ren) for the 2020 Summer Camp season. Please return all forms together. Your child’s spot in camp will be reserved when all forms are completed and handed in.

Required documentation from the CAMPER ENROLLMENT PACKET must be completed and turned in at the time of registration.

<table>
<thead>
<tr>
<th></th>
<th>Camper Information Form</th>
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<tbody>
<tr>
<td>2</td>
<td>Parent/Guardian Agreement</td>
<td>Signature Required</td>
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<tr>
<td>3</td>
<td>Authorization for Child Pick-Up</td>
<td>Signature Required</td>
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<tr>
<td>4</td>
<td>Emergency Contact Information Form</td>
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<tr>
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<td>Universal Child Health Record</td>
<td>Due two weeks prior to your child’s first day of camp – MUST have doctor’s signature/stamp</td>
</tr>
<tr>
<td>6</td>
<td>Photo Release Form</td>
<td>Signature Required</td>
</tr>
<tr>
<td>7</td>
<td>Camper Registration Fee Form</td>
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<tr>
<td>8</td>
<td>Statement of Understanding from the Office of Licensing</td>
<td>Signature Required</td>
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</table>
PARENT INFORMATION AND PROGRAM POLICIES
This information is important for both parents and campers, and should be read through carefully to help prepare your child for his or her summer camp experience. In order to facilitate a smooth transition, it is essential that children are well prepared for camp and know what to expect before attending. This packet of information and policies should be retained for guidance and future reference.

REGISTRATION:
Registration is processed on a first-come, first-served basis, and is subject to acceptance by the Camp Administration and Camp Registrar. The following is required at the time of registration:

- **Little Owls Camper Registration Form** (fully completed, legible, and signed)
- **All Camper Enrollment Forms** (from the Camper Enrollment Packet)
- Payment of 50% of total weekly camp fees, if registering prior to May 1st.
- 100% of fees are due for Camper Registration Fee, Snack Program, etc., upon registration.
- **Full payment of ALL camp fees** is due if registering on or after May 1st, 2020

**There is a $35.00 service charge for checks returned by the bank.**

PROGRAM AND SESSION CHANGES PRIOR TO MAY 1ST ($30.00 PROCESSING FEE)
Requests for changes of session dates or programs following initial registration are limited by availability. A “Change Request” form must be submitted to the YMCA Membership Desk no later than May 1st, 2020. The Processing Fee and any additional fees required must be paid when submitting the “Change Request” form. Please note: this change request DOES NOT guarantee acceptance of change in session.

HOURS OF OPERATION:
Little Owls (ages 3–4): 8:00AM–6:00PM
Early Morning Drop Off: 7:15AM ($35/per week)

CAMP RATES: (per week)

<table>
<thead>
<tr>
<th></th>
<th>Greater Morristown YMCA Members</th>
<th>Non-Members</th>
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<tbody>
<tr>
<td>5 days</td>
<td>$340</td>
<td>$350</td>
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<td>4 days</td>
<td>$300</td>
<td>$310</td>
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<td>3 days</td>
<td>$250</td>
<td>$260</td>
</tr>
</tbody>
</table>

DROP-OFF AND PICK-UP PROCEDURES:
Little Owls: Parents/Guardians must escort camper(s) to the Blake Center and sign them in at the Front Desk. The Blake Center is located at 65 Horsehill Road, next to the YMCA building. Little Owls cannot be dropped off earlier than 8:00 AM, unless enrolled in the early drop-off option, which starts at 7:15 AM with an additional fee of $35 per week. Parent/Guardian must sign each child in upon arrival. Pick-up is no later than 6:00 PM at the Blake Center or YMCA, with all Campers signed out by parents or authorized designee. NO campers will be released unless the center has the proper documentation. The Blake Center and camp staff regard all campers’ health and safety very seriously, and camp personnel will
request proper identification before releasing any campers to unfamiliar individuals. The Little Owls Camp Director will inform all parents at drop off where pick up will be.

**EARLY DISMISSAL:**
Parents/Guardians picking up camper(s) before the end of the normal program day should notify the Camp Director, in writing, prior to the day of altered schedule.

**LATE PICK-UP FEE:**
After 6:00PM, a late fee of $30.00 for every 15 minutes, per child, will be charged for those Campers not picked up. If payment is not remitted at that time, your camper(s) will NOT be accepted into camp until payment has been settled.

**NON-PARENT/GUARDIAN PICK-UPS:**
Adults other than legal Parents or Guardians of campers, who are intending to pick up, transport or take custody of children from camp, must be documented with the Camp Director PRIOR to its occurrence. The names, telephone numbers, and dates of those adults that are authorized to pick up are required in writing. All parents/guardians must fill out the authorization for child pick-up forms in this packet. The parents/guardians must let the Camp Director or the Blake Center Front Desk personnel know who will be picking up their child daily. NO campers will be released unless the center has the proper documentation. The Blake Center and camp staff regard all campers’ health and safety very seriously, and camp personnel will request proper identification before releasing any campers to unfamiliar individuals.

**REGISTRATION FORMS AND PAYMENTS:**
A camp registration fee of $50 is required for each camper. **This fee must be paid in full at the time of registration.**

At registration, a non-refundable deposit of 50% of total camp fees is required to reserve the programs and sessions desired. **All balances of camp fees are due by May 1st, 2020.** Registration forms submitted after May 1st, 2020 are subject to program and session availability, with all camp and registration fees due in full. The 9 weeks of camp tend to fill up quickly so please be sure to register for all weeks you plan on sending your child(ren) up front.

**REFUNDS:**
The Greater Morristown YMCA has a “no refunds” policy. The Camp Administrator and Directors reserve the right to dismiss any child from camp whose needs the Greater Morristown YMCA are unable to meet, or whose conduct is not in the interest of the total camp, **without refund.**

**EMERGENCY PROCEDURES:**
All camp staff personnel are trained in First Aid, CPR, and AED as well as safety procedures, including fire and storm evacuations. In the event of a life-threatening emergency, the staff will assess the severity of the situation, administer necessary first aid, notify the Camp Director, and summon an ambulance, if necessary. The Cedar Knolls First Aid Squad or its designee will provide emergency transportation. Emergency medical attention will be provided by the Emergency Room at Morristown Medical Center in Morristown, NJ. Parents/Guardians will be notified of the situation immediately following the activation of the emergency medical service.

In the event that a child is injured or becomes ill, in a less serious nature, appropriate first aid will be administered. The parent will be apprised of the situation and included in any decisions to be made regarding further treatment.
RAIN / SEVERE WEATHER POLICY:
Little Owls an indoor and outdoor venue. In the event of severe weather, camp will be modified for indoor activities.

INSURANCE:
The Greater Morristown YMCA maintains camp accident and liability insurance coverage for all its campers and staff.

MEDICATIONS:
For questions and concerns regarding your child’s medication needs, please address the Childcare Director.

LUNCHES:
The Greater Morristown YMCA does not provide lunches. We provide snacks and Pizza Friday.

FIELD TRIPS:
Notice of field trips will be sent in advance.

WHAT TO WEAR AND BRING TO CAMP:
- Backpack
- Nutritious lunch and morning/afternoon snack
- No heat up lunches

***NO NUTS – THE BLAKE CENTER IS A NUT-FREE SCHOOL***
- Bathing suit, towel and water shoes for sprinkler play
- Plastic bag (for wet items)
- Extra clothes (shorts, socks, t-shirt, underwear)
- Sunscreen (with your child’s name on it) >> please apply every morning before drop-off
- Water bottle (labeled with name)
- Sneakers, socks (wear every day)
- Only sneakers are appropriate for camp. Sandals, clogs, open-toes shoes or “gels” are inappropriate in the camp setting.

Please be sure to label ALL items with your child’s name, including lunchbox, thermos, clothes, towel, bathing suit, sunscreen, etc.

THE FOLLOWING ITEMS ARE NOT ALLOWED AT CAMP:
- Toys
- Handheld games (Nintendo DS, iPod, iPhone, etc)
- Cell phones
- Pokémon cards and other similar trading cards

If your child brings any of these items and they are lost, stolen or broken, the Greater Morristown YMCA is not responsible.

FINANCIAL ASSISTANCE:
Funds for camp scholarships are available on a limited, first-come, first-served basis, and are only available to applicants in the Greater Morristown YMCA service area listed below. Applications for financial assistance are available from the Camp Registrar and Member Service Desk at the YMCA. Following submission, a financial review and approval will take place and a parent orientation will be scheduled to discuss the available financing, if any.
*All financial forms and camp forms must be received by January 25th, 2020 in order to be considered for financial assistance.

SERVICE AREAS FOR FINANCIAL AID:
Morristown, Morris Township, Cedar Knolls, Morris Plains, Whippany, Convent Station, East Hanover, Mendham/Chester.

ILLNESS POLICY:
Any child exhibiting the symptoms listed below IS REQUIRED TO BE PICKED UP WITHIN ONE HOUR OF A PHONE CALL from the center. This is for the protection of your child and the other children in the Center. Our facilities are not set up to accommodate ill children. You are responsible for keeping us updated on current emergency phone numbers. If children are absent more than three consecutive days the center will contact the family.

SICK DAYS AND HOSPITALIZATION DAYS ARE NOT DISCOUNTED FROM ENROLLMENT FEE.

The following symptoms must be treated at home:
1. Fever 101.5 or more. Temperature must be normal 24 hours before returning to Center.
2. Vomiting. Must be normal 24 hours before returning.
3. Diarrhea more than once an hour. Must have stopped 24 hours before returning.
4. Any childhood illness or infection, which may be contagious.
5. Ear or eye infections. *Any child diagnosed with pink eye must be on medication (eye drops) for 24 hours before returning to the center.*
6. Sore throat or severe coughing.
7. Skin rashes excluding diaper rash.
8. Visibly enlarged lymph nodes.

Children who are not able to participate in routine daily activities, including outdoor play, due to illness MUST NOT be sent to the Center.

The Richard F. Blake Children’s Center can, at any time, require a doctor's note for your child to return to the Center after an illness. If your child has been ill for five or more days, had a contagious disease, or has been placed on antibiotics, you MUST have a doctor's note stating that the child can return.

POLICY ON THE MANAGEMENT OF COMMUNICABLE DISEASES:
If a child exhibits any of the following symptoms, the child should not attend the center. If such symptoms occur at the center, the child will be removed from the group, and parents will be called to take the child home.

- Severe pain or discomfort
- Acute diarrhea
- Episodes of acute vomiting
- Elevated oral temperature of 101.5 degrees Fahrenheit
- Lethargy
- Severe coughing
- Yellow eyes or jaundice skin
- Red eyes with discharge
- Infected, untreated skin patches
- Difficult or rapid breathing
• Skin rashes in conjunction with fever or behavior changes
• Skin lesions that are weeping or bleeding
• Mouth sores with drooling
• Stiff neck

Once the child is symptom-free, or has a health care provider’s note stating that the child no longer poses a serious health risk to himself/herself or others, the child may return to the center.

POLICY ON THE MANAGEMENT OF COMMUNICABLE DISEASES:

TABLE OF EXCLUDABLE COMMUNICABLE DISEASES

A child who contracts any of the following diseases may not return to the center without a health care provider’s note stating that the child presents no risk to himself/herself or others:

<table>
<thead>
<tr>
<th>Respiratory Illnesses</th>
<th>Gastrointestinal Illnesses</th>
<th>Contact Illnesses</th>
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</thead>
<tbody>
<tr>
<td>Chicken Pox**</td>
<td>Campylobacter*</td>
<td>Impetigo</td>
</tr>
<tr>
<td>German Measles*</td>
<td>Escherichia coli*</td>
<td>Lice</td>
</tr>
<tr>
<td>Hemophilus Influenzae*</td>
<td>Giardia Lamblia*</td>
<td>Scabies</td>
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<tr>
<td>Measles*</td>
<td>Hepatitis A*</td>
<td>Shingles</td>
</tr>
<tr>
<td>Meningococcus*</td>
<td>Salmonella*</td>
<td>Strep Throat</td>
</tr>
<tr>
<td>Mumps*</td>
<td>Shigella*</td>
<td>Tuberculosis*</td>
</tr>
<tr>
<td>Whooping Cough*</td>
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</table>

*Reportable diseases that must be reported to the health department by the center.

**Note: If a child has chicken pox, a health care provider’s note is not required for re-admitting the child to the center. A note from the parent is required, stating either that at least six days has elapsed since the onset of the rash, or that all sores have dried and crusted.

If a child is exposed to any excludable disease at the center, parents will be notified in writing.

***The Blake Center is a Nut Free Facility***

By recommendation from our medical advisor, children under the age of three should not be exposed to peanut products. Consequently, all nut products are banned from the center. Over the past few years, more and more children have been diagnosed with peanut allergies. This is a serious and sometimes fatal allergy. Exposure can occur not only from eating peanuts and peanut butter, but also from being around children who have consumed peanuts. Contamination can occur from simply spreading peanut oil from hand to hand, a toy, or high chair. Please take the following precautions to ensure the children’s safety:

• Do not send any products that contain nuts, particularly peanuts (peanut butter, oil, Asian food)
• If your child has eaten products containing peanuts in the morning before attending the Blake Center, please wash his/her hands with soap and water and rinse their mouth with water
• Please wash your hands with soap and water upon entering the classroom
• Peanut and peanut oil are found not only in peanut butter, but many other products. Many 
baked goods, granola bars, and ice cream sandwiches may contain peanut oil even if they 
do not contain peanuts.

DISCIPLINARY PROCEDURES
In order to ensure every child’s full enjoyment of the program, the following DISCIPLINE 
PROCEDURES will be used to discourage negative behavior and encourage positive ones:

IN THE EVENT OF A DISCIPLINE PROBLEM WITH A CHILD, THE STAFF SHALL:

1. Speak to the child to determine the nature of the problem: Identify appropriate behavior.
2. Try to eliminate the problem by setting the stage for appropriate behavior.
3. Explain why the behavior is not appropriate and intervene to diminish problem behavior.
4. If discipline problem continues, the Director will notify the parents and an appointment 
   may be made to discuss the situation.
5. Time out is used only as an understanding period; not as a restraining period. This is 
   used only to help children understand that their behavior is unacceptable. It also makes 
   children aware of wrongdoing.

UNDER NO CIRCUMSTANCES SHALL A CHILD BE:
1. Deprived of food
2. Isolated
3. Subjected to corporal punishment or verbal abuse.

In the event that the child should continue to be unable to participate according to the 
established Code of Behavior, the child will be suspended from the program. Re-entry is 
dependent on a satisfactory interview with the Director and at least one day’s suspension. 
If the problem continues, the child will be expelled from the program. Payment for suspended 
days is not refundable.

CODE OF CONDUCT
Our goal at the Greater Morristown YMCA is to make this a fun and rewarding summer for 
all involved. To do so, all Campers at Little Owls are expected to abide by the following 
guidelines:

- All children will respect and abide by all YMCA rules, regulations, and Core Values. 
  *The YMCA Core Values are Caring, Honesty, Respect and Responsibility.*

- Foul language, verbal or physical harassment will not be tolerated. This includes: 
  name-calling, teasing, bullying, hitting, kicking, biting, pushing, etc.

- Any personal belongings, unrelated to our program or Camp, will be confiscated and 
  returned to parents at the end of the day.

- Remember; we are to treat the grounds, equipment, staff, members, and all facilities 
  with care and respect. All children will keep their belongings organized and in their 
  own bag. All garbage will be properly disposed.
• Weapons of any kind are prohibited! If a child brings a weapon to the Summer Camp Program, it will be taken away and their parents will be called. The YMCA management staff will be notified and appropriate action will be taken. The child will be sent home after the incident. If the child is permitted to return to the program, their backpack will be subject to inspection. If a weapon is found, the child will be expelled from the program.

• Campers must stay with their group and counselors. Wandering away from your specific group is unacceptable and will not be tolerated. NEVER should a camper be alone.

• In order to have the best summer at the Greater Morristown YMCA Little Owls Camp Program, communication between staff and children (as well as their families) is essential. The only way we can solve a problem is if we know about it. Please feel free to present any comments or questions to any of the YMCA staff.

EXPULSION/SUSPENSION POLICY
Unfortunately, sometimes there are reasons we have to expel a child from our program either on a short term or 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 camp:

IMMEDIATE CAUSES FOR EXPULSION
• The child is at risk of causing serious injury to other children or themselves
• Parent threatens physical or intimidating actions toward staff members
• Parent exhibits verbal or physical abuse to staff

PARENTAL ACTIONS FOR CHILD’S EXPULSION
• Failure to pay/habitual lateness in payments
• Failure to complete required forms including the child’s immunization records
• Habitual tardiness when picking up your child
• Verbal or physical abuse to staff

CHILD’S ACTIONS FOR EXPULSION
• Failure of child to adjust after a reasonable amount of time
• Uncontrollable tantrums/angry outbursts
• Ongoing physical or verbal abuse to staff or other children
• Excessive biting
• Bullying

SCHEDULE OF EXPULSION
• If the Directors see the Child/Parent’s actions as cause for immediate expulsion, a parent will be required to pick the child up immediately.
• If the Child’s/Parent’s actions are not deemed to require immediate expulsion, the child’s parent/guardian will be advised verbally and in writing about the child’s or parent’s behavior warranting an expulsion. The verbal and written warning is meant to give 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 based on the safety and wellbeing of child and other children.
• Failure of the Child/Parent to satisfy the terms of the plan may result in permanent expulsion from camp.
• No timeline will be given if the Child’s/Parent’s actions are considered to require immediate expulsion.

A CHILD WILL NOT BE EXPELLED (as the primary purpose)
If a Child’s parent(s):
• Made a complaint to the Office of Licensing regarding a center’s alleged violations of the licensing requirements.
• Reported abuse or neglect occurring at the camp
• Questioned the center regarding policies and procedures without giving the parent sufficient time to make other child care arrangements.

A child may still be expelled if they or their parents violate our code of conduct or violate our expulsion/suspension policy.

PROACTIVE ACTIONS THAT CAN BE TAKEN IN ORDER TO PREVENT EXPULSION
• Staff will try to redirect child from negative behavior.
• Staff will reassess camp environment, appropriate activities, and supervision.
• Staff will always use positive methods and language while disciplining children.
• Staff will praise appropriate behaviors.
• Staff will consistently apply consequences for rules.
• Child will be given verbal warnings.
• Child will be given time to regain control.
• Child’s disruptive behavior will be documented and maintained in confidentiality.
• Parent/Guardian will be notified verbally.
• Parent/Guardian will be given written copies of the disruptive behaviors that might lead to expulsion.
• The Director, appropriate camp staff and parent/guardian will have a conference to discuss how to promote positive behaviors.
• I have read the Greater Morristown YMCA Summer Camp Program Code of Behavior and understand that failure to the above guidelines will result in my child’s dismissal with no refund of camp fees.

The Camp Administration reserves the right to dismiss a camper who does not meet the Greater Morristown YMCA Summer Camp Program Code of Conduct guidelines, with no refunds.
DEPARTMENT OF CHILDREN AND FAMILIES
OFFICE OF LICENSING
INFORMATION TO PARENTS

Under provisions of the Manual of Requirements for Child Care Centers (N.J.A.C. 3A:52), every licensed child care center in New Jersey must provide to parents of enrolled children written information on parent visitation rights, State licensing requirements, child abuse/neglect reporting requirements and other child care matters. The center must comply with this requirement by reproducing and distributing to parents and staff this written statement, prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families. In keeping with this requirement, the center must secure every parent and staff member’s signature attesting to his/her receipt of the information.

Our center is required by the State Child Care Center Licensing law to be licensed by the Office of Licensing (OOL), Child Care & Youth Residential Licensing, in the Department of Children and Families (DCF). A copy of our current license must be posted in a prominent location at our center. Look for it when you’re in the center.

To be licensed, our center must comply with the Manual of Requirements for Child Care Centers (the official licensing regulations). The regulations cover such areas as: physical environment/life-safety; staff qualifications, supervision, and staff/child ratios; program activities and equipment; health, food and nutrition; rest and sleep requirements; parent/community participation; administrative and record keeping requirements; and others.

Our center must have on the premises a copy of the Manual of Requirements for Child Care Centers and make it available to interested parents for review. If you would like to review our copy, just ask any staff member. Parents may view a copy of the Manual of Requirements on the DCF website at http://www.nj.gov/dcf/providers/licensing/laws/CCCmanual.pdf or obtain a copy by sending a check or money order for $5 made payable to the “Treasurer, State of New Jersey”, and mailing it to: NJDCF, Office of Licensing, Publication Fees, PO Box 657, Trenton, NJ 08646-0657.

We encourage parents to discuss with us any questions or concerns about the policies and program of the center or the meaning, application or alleged violations of the Manual of Requirements for Child Care Centers. We will be happy to arrange a convenient opportunity for you to review and discuss these matters with us. If you suspect our center may be in violation of licensing requirements, you are entitled to report them to the Office of Licensing toll free at 1 (877) 667-9845. Of course, we would appreciate your bringing these concerns to our attention, too.

Our center must have a policy concerning the release of children to parents or people authorized by parents to be responsible for the child. Please discuss with us your plans for your child’s departure from the center.

Our center must have a policy about administering medicine and health care procedures and the management of communicable diseases. Please talk to us about these policies so we can work together to keep our children healthy.

Our center must have a policy concerning the expulsion of children from enrollment at the center. Please review this policy so we can work together to keep your child in our center.

Parents are entitled to review the center’s copy of the OOL’s Inspection/Violation Reports on the center, which are available soon after every State licensing inspection of our center. If there is a licensing complaint OOL/Information to Parents/May 2019 Page 2 of 2 investigation, you are also entitled to review the OOL’s Complaint Investigation Summary Report, as well as any letters of enforcement or other actions taken against the center during the current licensing period. Let us know if you wish to review them and we will make them available for your review or you can view them online at https://childcareexplorer.njccis.com/portal/.
Our center must cooperate with all DCF inspections/investigations. DCF staff may interview both staff members and children. Our center must post its written statement of philosophy on child discipline in a prominent location and make a copy of it available to parents upon request. We encourage you to review it and to discuss with us any questions you may have about it.

Our center must post a listing or diagram of those rooms and areas approved by the OOL for the children’s use. Please talk to us if you have any questions about the center’s space. Our center must offer parents of enrolled children ample opportunity to assist the center in complying with licensing requirements; and to participate in and observe the activities of the center. Parents wishing to participate in the activities or operations of the center should discuss their interest with the center director, who can advise them of what opportunities are available.

Parents of enrolled children may visit our center at any time without having to secure prior approval from the director or any staff member. Please feel free to do so when you can. We welcome visits from our parents.

Our center must inform parents in advance of every field trip, outing, or special event away from the center, and must obtain prior written consent from parents before taking a child on each such trip.

Our center is required to provide reasonable accommodations for children and/or parents with disabilities and to comply with the New Jersey Law Against Discrimination (LAD), P.L. 1945, c. 169 (N.J.S.A. 10:5-1 et seq.), and the Americans with Disabilities Act (ADA), P.L. 101-336 (42 U.S.C. 12101 et seq.). Anyone who believes the center is not in compliance with these laws may contact the Division on Civil Rights in the New Jersey Department of Law and Public Safety for information about filing an LAD claim at (609) 292-4605 (TTY users may dial 711 to reach the New Jersey Relay Operator and ask for (609) 292-7701), or may contact the United States Department of Justice for information about filing an ADA claim at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Our center is required, at least annually, to review the Consumer Product Safety Commission (CPSC), unsafe children’s products list, ensure that items on the list are not at the center, and make the list accessible to staff and parents and/or provide parents with the CPSC website at https://www.cpsc.gov/Recalls. Internet access may be available at your local library. For more information call the CPSC at (800) 638-2772.

Anyone who has reasonable cause to believe that an enrolled child has been or is being subjected to any form of hitting, corporal punishment, abusive language, ridicule, harsh, humiliating or frightening treatment, or any other kind of child abuse, neglect, or exploitation by any adult, whether working at the center or not, is required by State law to report the concern immediately to the State Central Registry Hotline, toll free at (877) NJ ABUSE/(877) 652-2873. Such reports may be made anonymously. Parents may secure information about child abuse and neglect by contacting: DCF, Office of Communications and Legislation at (609) 292-0422 or go to www.state.nj.us/dcf/.

OOL/Information to Parents/May 2019
2020 Little Owls Enrollment Packet
The following forms must be completed in order to enroll your child(ren)

Camper Name: ________________________________ Age in Sept. 2020 __________

The following forms are due with payment when enrolling:

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<thead>
<tr>
<th></th>
<th>Form</th>
<th>Obtain From</th>
</tr>
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<tbody>
<tr>
<td>✓</td>
<td>Camper Registration Form</td>
<td>Blake Center, YMCA Membership Desk</td>
</tr>
<tr>
<td>✓</td>
<td>Camper Enrollment Packet</td>
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</tr>
<tr>
<td>✓</td>
<td>Camper Registration Fee Form</td>
<td>Inside enrollment packet or obtain from Blake or YMCA Membership Desk</td>
</tr>
</tbody>
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Please read all of the attached forms and information. All required form are listed below and need to be turned in together. No child will be permitted to attend camp without all of these forms filled out completely.

1. Camper Information Form
2. Parent/Guardian Agreement  Signature Required
3. Authorization for Child Pick-Up  Signature Required
4. Emergency Contact Information Form  Signature Required
5. Universal Child Health Record  Due two weeks prior to your child’s first day of camp – MUST have doctor’s signature/stamp
6. Photo Release Form  Signature Required
7. Camper Registration Fee Form
8. Statement of Understanding from the Office of Licensing  Signature Required
1. **CAMPER INFORMATION FORM**

Camper’s Name: _______________________________ Male/Female (please circle one)

Birthdate: _______________________________ Grade in Sept. 2020: __________

Camper lives with:

1) __________________________________________ Relationship: __________________________

2) __________________________________________ Relationship: __________________________

3) __________________________________________ Relationship: __________________________

4) __________________________________________ Relationship: __________________________

Parent’s Relationship (check one): □ Married □ Separated □ Divorced

Custody Arrangement (if applicable): __________________________________________________________

________________________________________________

**TELL US ABOUT YOUR CAMPER**

Camper Speaks English: _____ Yes _____ No If NO, please list native language __________

Characteristics of Camper that our staff should know: _____________________________________________

________________________________________________________________________________________

Special Needs (if applicable): _________________________________________________________________

Can your child swim? _____ Yes _____ No If YES, please list level/experience __________

Does your child have allergies: _____ Y/N If YES, please list: ________________________________

Will Staff need to supervise, store, or administer camper medication, i.e. EPIPEN, inhaler, etc? _____ Yes _____ No

Have your child experienced recent stress or trauma? _____ Yes _____ No If YES, please explain: ________________________________________________________________

What would you like your child to accomplish at camp?

________________________________________________________________________________________

Is your child excited about camp? _____ Yes _____ No Why? ______________________________________

________________________________________________________________________________________
2. **PARENT/GUARDIAN/CAMPER AGREEMENT SIGNATURES**

Name of Camper: (please print) _________________________________________________

Name of Parent/ Guardan completing this form: (please print) _________________________________________________

# 1: I HAVE READ AND RECEIVED A COPY OF THE INFORMATION TO PARENTS STATEMENT PREPARED BY THE OFFICE OF LICENSING, CHILD CARE & YOUTH RESIDENTIAL LICENSING, IN THE DEPARTMENT OF CHILDREN AND FAMILIES.

_________________________________________ ------------------
PARENT/GUARDIAN SIGNATURE DATE

# 2: I HAVE READ AND UNDERSTAND ALL OF THE RICHARD F. BLAKE CHILDREN’S CENTER “PARENT INFORMATION PACKET AND PROGRAM POLICIES.”

_________________________________________ ------------------
PARENT/GUARDIAN SIGNATURE DATE

# 3: I HAVE READ THE RICHARD F. BLAKE CHILDREN’S CENTER/GREATER MORRISTOWN YMCA DISCIPLINE POLICY AND PARENT STATEMENT OF UNDERSTANDING.

_________________________________________ ------------------
PARENT/GUARDIAN SIGNATURE DATE

# 4: I HAVE READ, UNDERSTAND, AGREE, AND WILL FOLLOW THE RICHARD F. BLAKE CHILDREN’S CENTER’S EXPULSION POLICY AND CODE OF CONDUCT. I UNDERSTAND THAT FAILURE TO ADHERE TO THE GUIDELINES WILL RESULT IN MY CHILD’S DISMISSAL FROM THE CAMP PROGRAM WITH NO REFUND OF CAMP FEES.

_________________________________________ ------------------
PARENT/GUARDIAN SIGNATURE DATE

# 5: WE ARE A CELL PHONE FREE CAMP. PLEASE SIGN BELOW TO AUTHORIZE US TO HOLD ANY PHONE THAT WE SEE IN A CAMPER’S POSSESSION UNTIL THEY ARE PICKED UP THAT DAY.

_________________________________________ ------------------
PARENT/GUARDIAN SIGNATURE DATE
3. AUTHORIZATION FOR CHILD PICK-UP

I/we authorize my/our child ________________________ to be picked up from the Greater Morristown YMCA’s Little Owls Summer Camp Program by the following adults (18 years or older):

Please list all persons authorized to pick up your child other than the parents listed on the Camper Information Sheet. You will be given a PIN number for each child registered. You must provide your pin number at drop off and pick up. There are no exceptions to this policy; this is done for the safety of your child.

All campers must have at least one other authorized person listed for pick-up other than the parents/legal guardians.

# 1 Name: ___________________________ Daytime Phone #: ___________________________

Full address (for proof of identity): ______________________________________________________

# 2 Name: ___________________________ Daytime Phone #: ___________________________

Full address (for proof of identity): ______________________________________________________

# 3 Name: ___________________________ Daytime Phone #: ___________________________

Full address (for proof of identity): ______________________________________________________

# 4 Name: ___________________________ Daytime Phone #: ___________________________

Full address (for proof of identity): ______________________________________________________

I understand that if my child is picked up later than 6:00PM, by any of the above individuals, I will be subject to paying a late fee of $30.00 for every 15 minutes.

_________________________________________________________  ____________________________________________________________
PARENT/GUARDIAN SIGNATURE  PARENT/GUARDIAN SIGNATURE

_________________________________________________________
PRINT NAME  PRINT NAME

_________________________________________________________
DATE  DATE
4. **EMERGENCY CONTACT FORM**

Child’s Name: __________________________________________ Date of Birth: ______________________

Parent/Guardian #1: ______________________________________

Home Phone: ___________________________ Work Phone: ___________________________

Mobile: ___________________________ E-mail: ___________________________

Employer’s Name & Address: __________________________________________

Parent/Guardian #2: ______________________________________

Home Phone: ___________________________ Work Phone: ___________________________

Mobile: ___________________________ E-mail: ___________________________

Employer’s Name & Address: __________________________________________

**EMERGENCY CONTACT TO WHOM THE CHILD MAY BE RELEASED IF PARENT/GUARDIAN IS UNAVAILABLE**

Name & Relationship #1: __________________________________________

Home Phone: ___________________________ Work Phone: ___________________________

Mobile: ___________________________ E-mail: ___________________________

Name & Relationship #2: __________________________________________

Home Phone: ___________________________ Work Phone: ___________________________

Mobile: ___________________________ E-mail: ___________________________

Child’s Healthcare Provider
Name: __________________________________________ Phone: ___________________________

Address: __________________________________________

Child’s Health Insurance
Name of Insurance #1: ___________________________ ID# ___________________________

Subscriber Name on Insurance: ___________________________

Please list special conditions, disabilities, allergies, or medical information for emergency situations:

________________________________________________________________________

List preferences for transport in an emergency situation:
(Parents/guardians are responsible for all emergency transportation changes):
Hospital preference: 1st choice: ___________________________ 2nd choice: ___________________________

**Parent/Guardian Consent and Agreement for Emergencies**

As a parent, I give consent to have my child, __________________________________________, receive first aid by the Child Care staff and, if necessary, be transported to receive emergency care. I also authorize the Director or Director Designee to contact my child’s health care provider to alert him/her to my child’s situation. I understand that I will be responsible for any of the charges not covered by insurance. I give consent for the emergency contact person listed above to act on my behalf until I am available. I agree to review and update this information whenever a change occurs and twice yearly. In the event of accidental poisoning, I agree that my child may receive syrup of Ipecac as directed by the Poison Control Center.

Parent/Guardian # 1 Signature: ___________________________ Date: ___________________________

Parent/Guardian # 2 Signature: ___________________________ Date: ___________________________
**UNIVERSAL CHILD HEALTH RECORD**

**SECTION I - TO BE COMPLETED BY PARENT(S)**

<table>
<thead>
<tr>
<th>Child's Name (Last)</th>
<th>(First)</th>
<th>Gender</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Does Child Have Health Insurance?**
  - Yes
  - No
- **If Yes, Name of Child's Health Insurance Carrier**

<table>
<thead>
<tr>
<th>Parent/Guardian Name</th>
<th>Home Telephone Number</th>
<th>Work Telephone/Cell Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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**

**SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER**

- **Date of Physical Examination:**
- **Results of physical examination normal?**
  - Yes
  - 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**

- **Immunization Record Attached**
- **Date Next Immunization Due:**

**MEDICAL CONDITIONS**

- **Chronic Medical Conditions/Related Surgeries**
  - List medical conditions/ongoing surgical concerns:
  - None
  - Special Care Plan Attached
- **Medications/Treatments**
  - List medications/treatments:
  - None
  - Special Care Plan Attached
- **Limitations to Physical Activity**
  - List limitations/special considerations:
  - None
  - Special Care Plan Attached
- **Special Equipment Needs**
  - List items necessary for daily activities:
  - None
  - Special Care Plan Attached
- **Allergies/Sensitivities**
  - List allergies:
  - None
  - Special Care Plan Attached
- **Special Diet/Vitamin & Mineral Supplements**
  - List dietary specifications:
  - None
  - Special Care Plan Attached
- **Behavioral Issues/Mental Health Diagnosis**
  - List behavioral/mental health issues/concerns:
  - None
  - Special Care Plan Attached
- **Emergency Plans**
  - List emergency plan that might be needed and the signs/symptoms to watch for:
  - None
  - Special Care Plan Attached

**PREVENTIVE HEALTH SCREENINGS**

<table>
<thead>
<tr>
<th>Type Screening</th>
<th>Date Performed</th>
<th>Record Value</th>
<th>Type Screening</th>
<th>Date Performed</th>
<th>Note if Abnormal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hgb/Hct</td>
<td></td>
<td></td>
<td>Vision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lead:</td>
<td>Capillary</td>
<td>Venous</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TB (mm of Induration)</td>
<td></td>
<td></td>
<td>Dental</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td>Developmental</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td>Scoliosis</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **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:**
6. PHOTO RELEASE FORM

Camper’s Name: ____________________________________________ Grade in Sept. 2020 __________

The Little Owls Camp Staff will take pictures of the campers. These pictures can be used for inside marketing (bulletin boards, etc.) or outside marketing (brochures, website, print ads, etc.) for official Greater Morristown YMCA business.

Children’s names are never used. In the event we are in a position that required names included with the photo – usually for press releases to the local papers, we will notify you and will require additional consent from you. This release is for “no name included” photos.

This form must be signed with either a YES or a NO.

_______ YES By signing below, I agree to the consent and use of any picture of my child for public relations and advertising by the Greater Morristown YMCA. I waive all claims for any compensation for such use.

_______________________________________________________________  _________________________________
PARENT/GUARDIAN SIGNATURE                                      DATE

_______ NO My child cannot be used in any picture for public relations and advertising by the Greater Morristown YMCA.

_______________________________________________________________  _________________________________
PARENT/GUARDIAN SIGNATURE                                      DATE

This form must be filled out
The Greater Morristown YMCA
Camp Registration Fee

Please print clearly

Name _____________________________________________
(First) (Last)

Birth date ____/____/____  Sex  Male [ ]  Female [ ]

Mailing Address ________________________________

Apt. # ________

City __________________________

State_________ Zip Code _______

Email: _______________________________________

Home Phone ( ) _________________________

Cell Phone ( ) _______________________

The Camp Registration Fee is not transferrable or refundable.

Signature ________________________________ Date ____/____/____

Office Use Only

Processed by: (Print) ______________________________ Date ____/____/____

Fee:  $50  [ ] Cash  [ ] Check # __________  [ ] Charge # __________

The Greater Morristown YMCA