

# CRESCENTA-CAÑADA FAMILY YMCA HALF DAY CAMP PROGRAM 2010

(Summer School Attendees Only)

## WHERE TO MEET:

- Paradise Canyon: 471 Knight Way, La Cañada, Ca 91011
- Monday through Friday

## CAMP HOURS:

- 12:30a.m. to 5:00 p.m., Monday through Friday
- *Check the weekly calendar for special times and events*

## EXTENDED CARE:

- Extended care from 5:00 – 6:00 p.m. is available at NO additional cost
- There will be a \$15 late fee per child for every 15 minutes, or portion thereof, after 6:00 PM

## SIGNING IN AND OUT:

- All children must be signed out by their parent when being picked up from camp.
- *No exceptions* can be made from this policy, unless specified in writing by parent.
- *No person under the age of 18 will be allowed to sign the child in/out even with written permission.*

## WHAT TO BRING:

- Comfortable play clothes and closed toed shoes. No sandals please!
- The weekly calendar will specify which days the child will need to bring a swimsuit, towel, and sunscreen
- **Do not bring** cameras, radios and video games or toys to camp. The YMCA is not responsible for lost or stolen items
- Please label all personal items brought to camp with your child's name

## PARENT'S COOPERATIVE & HEALTH FORM:

- The enclosed form needs to be completed and returned to the YMCA when payment is made.
- This form is given to your child's teacher/counselor and is kept on file throughout the summer.

## T-SHIRTS:

- Available at the YMCA front office for \$10.00.
- Camp shirts must be worn on trip days

## LOST AND FOUND:

- Lost and found items will be displayed each Friday at the site
- Items will be kept for one month before being donated to charity

## LEADERSHIP:

- Craig Prentice, Association Associate Executive Director
- Counselors are at least 17 years old, chosen for demonstrating high moral character, experience and strong ideals
- The counselor/camper ratio at our Day Camp site will not exceed 1:12. Supervised volunteers, ages 14-16, who are members of our counselor-in-training program, are not included in our counselor/camper ratio

## DAY CAMP PARENT ORIENTATION:

- Wednesday, June 9<sup>th</sup> at 7:00 PM at the Crescenta-Cañada Family YMCA, 1930 Foothill Blvd., La Cañada.

## PARENT HANDBOOK:

- Parent handbooks are available at the Day Camp Parent Orientation or the YMCA front office after the Parent Orientation
- The handbook outlines the goals and objectives of the Day Camp, policies and procedures, and other important logistical information

## REFUND POLICY:

- **Full** refund, less deposit, 10 days prior to the start of camp
- **Half** refund, less deposit, up to 5 days prior to the start of camp
- **No** refunds/credits after 5 days prior to the start of camp

## QUESTIONS:

- If you have any further questions, please call the YMCA office at 818/790-0123

Camp \_\_\_\_\_

CCY

VHY

Crescenta-Cañada Family YMCA / Verdugo Hills Family YMCA  
Parent's Health Verification & Cooperative Information Form – **Day Camps 2010**  
(Confidential – to be completed by the Parents)

This information is necessary for the staff and directors to provide a beneficial and enjoyable camp experience for your child. All information will be held in strict confidence.

Name \_\_\_\_\_ Nickname Preferred \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Hm. Phone ( ) \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Grade in Fall \_\_\_\_\_ Number of Brothers \_\_\_\_\_ Number of Sisters \_\_\_\_\_ Others in the Home \_\_\_\_\_

Primary Parent/Legal Guardian: \_\_\_\_\_ Home phone: ( ) \_\_\_\_\_

Business phone:( ) \_\_\_\_\_ Cell phone ( ) \_\_\_\_\_

Primary E-Mail \_\_\_\_\_

Second Parent/Legal Guardian: \_\_\_\_\_ Home phone: ( ) \_\_\_\_\_

Business phone:( ) \_\_\_\_\_ Cell phone ( ) \_\_\_\_\_

Mother's E-mail: \_\_\_\_\_

Primary language spoken in the home: \_\_\_\_\_ Other languages spoken: \_\_\_\_\_

List food allergies: \_\_\_\_\_

**Allergic Reactions:** \_\_\_\_\_ Aspirin \_\_\_\_\_ Penicillin \_\_\_\_\_ Bee Stings \_\_\_\_\_ Nuts \_\_\_\_\_ Others \_\_\_\_\_

**Does Camper need Epi PEN to be used for allergic Exposure?** Yes / No.

Will you be sending an Epi Pen with camper? \_\_\_\_\_

List drug sensitivities: \_\_\_\_\_

List any specific problems such as hyperactivity, bedwetting, speech problems, physical handicaps, etc: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any health problems? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all medications to be sent to camp. All medications must be in original container and have campers name displayed on side of bottle or package. All unclaimed prescription and non-prescription drugs will be thrown out after 2 weeks!

Medication \_\_\_\_\_ Prescribed for \_\_\_\_\_ Times per day \_\_\_\_\_

Medication \_\_\_\_\_ Prescribed for \_\_\_\_\_ Times per day \_\_\_\_\_

Camper's Name \_\_\_\_\_

Child's swimming ability:    Excellent \_\_\_\_\_ Average \_\_\_\_\_ Poor \_\_\_\_\_

Does your child get along with other children easily? \_\_\_\_\_

List people authorized to pick up your child or to notify in case of an emergency (Other than parents listed on the other side.):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Health History (check, giving approximate dates)

_____ MMR vaccine	_____ Polio vaccine(IPV)	_____ Surgery (major)
_____ Meningitis vaccine	_____ Diabetes	_____ Accidents (major)
_____ Chicken Pox vaccine	_____ Heart Disease	_____ Orthopedic Defects
_____ Tetanus vaccine	_____ Kidney Disease	_____ Menstrual Disorders
_____ Dtap or dTap vaccine	_____ Rheumatic Fever	_____ Seizure Disorders
_____ Last TB test	_____ Head Injury	_____ Other
_____ Hepatitis A & B vaccine		

Parent's Authorization

The information provided is correct to the best of my knowledge, and the person described has my permission to engage in all prescribed camp activities, except if noted by me. In the case of sickness or accident, I hereby give permission to the medical personnel selected by the camp representatives to order x-rays, routine tests, treatment, dental work, and necessary transportation for the recipient at my expense. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp representatives to secure and administer treatment, including hospitalization, for my child as named above. This form may be photocopied for use away from the main program site. I authorized the YMCA staff to apply sunscreen to my child's exposed skin, on an as needed basis, if child needs assistance. All photos that are taken of my child may be used for promotional purposes.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Insurance Carrier

\_\_\_\_\_  
Policy #

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Phone

**Crescenta-Cañada Family YMCA / Verdugo Hills Family YMCA**  
**Behavior Policy**  
**Day Camp**

**TO BE READ, UNDERSTOOD AND DISCUSSED WITH THE CAMPER, SIGNED AND RETURNED  
WITH THE REST OF THE FORMS AND PAYMENT.**

On behalf of the Crescenta-Cañada YMCA / Verdugo Hills YMCA, we would like to welcome you to our summer camping program. We are excited to have you join us for what promises to be a great week.

In order to provide the best possible camp experience for all campers, there are certain policies that are enforced at camp. The YMCA of the Foothills does not allow illegal drugs, alcohol, knives, weapons of any kind, cigarettes or tobacco products, dangerous substances, or any behavior or conduct deemed inappropriate at camp. We reserve the right to, **and will**, send **anyone** home who violates this policy. Parents will be required to pick their child up from camp. We also reserve the right to search all luggage and personal belongings.

No part of the camp fee will be refunded.

We thank you for your support and cooperation. We look forward to a fantastic week of fun and excitement.

Sincerely,

*Craig Prentice*

Craig Prentice  
Association Associate Executive Director

I understand the Crescenta-Cañada YMCA/ Verdugo Hills YMCA camp policy concerning illegal drugs, alcohol, cigarettes, tobacco products, weapons, dangerous substances, and any inappropriate camp behavior or conduct including bullying or harassment, and that any violation of this policy will result in my expulsion from camp at my parent's expense. I also understand that the Crescenta-Cañada YMCA/ Verdugo Hills YMCA reserves the right to search my luggage and personal belongings and that no part of the camp fee will be refunded.

Camper's Name: (PRINT) \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

YMCA of the Foothills  
2010 Summer Camp Billing Statement

Balances are due according to the following schedules:

For all **Rainbow Camps, Kinder Day Camps, Day Camps, Adventure Camps, Baseball Camp, Gymnastics Camps and Jr. Lifeguard Camp:**

		<b>Fees &amp; Forms Due:</b>
Week 1	June 21-25	<b>June 11</b>
Week 2	June 28 – July 2	<b>June 18</b>
Week 3	July 5-9	<b>June 25</b>
Week 4	July 12-16	<b>July 2</b>
Week 5	July 19-23	<b>July 9</b>
Week 6	July 26-July 30	<b>July 16</b>
Week 7	August 2-6	<b>July 23</b>
Week 8	August 9-13	<b>July 30</b>
Week 9	August 16-20	<b>August 6</b>
Week 10	August 23-27	<b>August 13</b>
Week 11	August 30-Sept 3	<b>August 20</b>
Week 12	Sept 7-10	<b>August 27</b>

\* Baseball Camp is week 2 / Gymnastics Camp Session I week 4 & Session II week 5 / Junior Lifeguard Camp week 7

For **Caravan and Resident Camps:**

		<b>Fees &amp; Forms Due:</b>
Central Coast Caravan	July 19-23	<b>July 2</b>
Jr. High Camp Fox	July 11-17	<b>June 25</b>
Arbolado Mountain Camp	July 24-31	<b>July 9</b>
Camp Surf	August 9-13	<b>July 23</b>
School Age Camp Fox	August 8-14	<b>July 23</b>

Please Note: There will be **NO** courtesy phone calls for late payments. If payment is not received by the due date, your child will be **DROPPED** and replaced by a child from the waiting list.

**DEPOSITS are NON-REFUNDABLE and NON-TRANSFERABLE!**

Refund Policy:      **Full** credit/refund, less deposit, 10 days prior to the start of each session  
                              **Half** credit/refund, less deposit, up to 5 days prior to the start of each session  
                              **No** credit/refund after 5 days prior to the start of each session