



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## **YMCA DAY CAMP PARENT PACKET 2019 Kahagon/Oratam/TeenVentures/CIT**

Welcome to Day Camp at YMCA of Greater Bergen County!

Here at the Y, we pride ourselves in providing programs that are high in quality and fits your child's needs and interests. We look forward to having your child at camp where he or she will gain new friends and a lifetime of memories.

Please read through this information carefully as it will help answer many of your general camp questions; however, please feel free to notify the camp office should you have any further questions.

In order to provide you and your child with the best experience, it is important that the following documents be filled out and returned to the YMCA prior to the start of your child's camp session.

- **Camper Medical Information Sheet:** This form provides medical information required by the State of NJ and NY, in addition to your signature which is an authorization to medically treat if necessary.
- **Authorization to take Medication:** The State of NJ and NY requires proper documentation for prescription medication to be given at camp. If your child will be attending camp with an epi-pen, nebulizer, or any other prescribed medication, this form must be filled out and submitted with medication in original container.

You and your family are encouraged to attend one of our information sessions held at the YMCA. Information session dates are: January 29, February 26, March 26, April 30, and May 21. Information sessions at the YMCA Branch in Hackensack start at 7pm and usually last no longer than 45 minutes. You are also invited to attend our Camp Open House at camp in Harriman State Park on Sunday, June 2, from 1-4pm

If you have any questions or concerns, please call me at 201-487-6600, ext. 205. We know you have many choices in day camps for your child, so thank you for choosing the YMCA.

See you this summer!

Martin Richards  
Senior Director of Camps  
201-487-6600 ext. 220  
[mrichards@metroymcas.org](mailto:mrichards@metroymcas.org)

# DAY CAMP GENERAL INFORMATION

## CAMP OPEN HOUSE

Camp information sessions will be held at the YMCA on the dates listed below. Meet the camp directors, ask questions, and watch a slide show that will introduce you to camp. All sessions begin at 7pm.

Dates: January 29, February 26, March 26, April 30, and May 21

## CAMP FAMILY DAY

Come and experience camp with the whole family! The Family Open House offers you and your child an opportunity to meet staff and tour the camp site.

Sunday June 2, from 1 – 4pm

## MEDICAL PACKET

All campers must have their completed packet submitted to the YMCA prior to the start of their camp session. It is important for us to understand your child's medical and behavioral needs. We want our staff as prepared as possible to ensure your child's safety and to provide the best possible camp experience. The State of NJ and NY require this form be completed each year.

**No child will be allowed in camp without a completed current medical packet, including proof that your child has received two doses of the MMR vaccine as Mandated By the Rockland County Health Department due to the 2019 NY State Measles outbreak.**

\*\*\*the only exception being for children who have a medical exemption, signed by a physician – and proof of this exemption is required in order for your child to attend camp

The medical packet will be kept at camp so it is important that all information is provided as accurately as possible to ensure the Camp Nurse and Camp Administration can easily access information as quickly as possible. For example: emergency contact information.

If your child is attending Camp Michikamau, please fill out the form for sleep-away camp. Day Camp can use the sleep-away camp form but Camp Michikamau cannot use our form due to state regulations.

## MEDICATION (Prescription and over-the-counter)

All medications must be in their original container with the information clearly labeled on the container. All medication must be prescribed in writing by the physician either on the health form or dated prescription order. This must include dosage and schedule. If this is a prescription drug, the doctors' orders must be the same as on the label of medication container. We can only follow the physician's written order. An authorization for medication form must accompany the medication.

**All medication (prescription or over-the-counter) must be handed to Camp Nurse or Camp Director at the check-in table.**

## DROP-OFF POLICY

In order to ensure the safety of your child, all campers must be signed in and out each day. Parents **MUST** accompany their child inside the building and sign their child into the program at 8:00 a.m.

FIRST DAY of Session: All Day Camp campers are to be checked in by first going to the Youth Lobby. Once staff have verified all forms and payments have been received, you will then be able to sign-in your child and meet your child's counselor in the Main Gym.

### **PICK-UP POLICY**

The buses return to the YMCA at 5pm. Campers can be signed out and picked up from the Main Gym no later than 5:15pm.

Counselors will be checking identification to verify the adult picking up, therefore please remember to have your picture ID ready. You will need to list anyone that may be picking up your child from camp on the registration form. Your child will not be allowed to go home with anyone who is not on the list. If you need to add anyone to your list, please see the Camp Director.

### **BEFORE AND AFTER CARE**

If you need to drop-off your child earlier than 8am or pick them up later than 5pm., you may register for before and after-care prior to the first day of camp. Drop-off time is 7am. and pick-up is at 6pm.

### **LATE PICK-UP POLICY**

Any camper, not enrolled in after-care, picked up after 5:15 p.m. will be charged \$10 for the first 15 minutes, then \$2 for every minute afterwards. For campers enrolled in after-care, any camper picked up after 6:30pm will be charged the above late fees.

### **RAPTOR POLICY**

The Raptor system helps us to track all members, visitors, staff and vendors who enter our Y. Raptor is a real time background check ran against the national sex offender database for any adult who enters our facilities. For more information on Raptor, please see our website [www.metroymcas.org](http://www.metroymcas.org)

All adults entering the building for pick up/drop off, or any other reason must bring their YMCA card, if you do not have a YMCA membership please visit our YMCA front desk with photo ID to receive a card that confirms you have been checked in the Raptor system. The "Raptor membership card" as it is called does not allow you any membership privileges, but does enable you to enter the building easily compared to producing your photo ID and waiting for it to scanned every time.

### **DISCIPLINE POLICY**

To ensure that all children have a good experience during camp, it is expected that each child be courteous and respectful of fellow participants and the staff. Our discipline policy includes verbal warnings, time outs, and consultation with parent/guardians. A continuous pattern of negative behavior or any major incident is cause for removing a child from camp, with no refund. The YMCA staff will do everything possible to make your child's experience safe and enjoyable. Your cooperation and involvement is important to the success.

### **GROUP ASSIGNMENTS/REQUESTS**

Children are assigned to groups based on age and sex. Part of the camp experience is learning to make new friends and we will not place siblings in the same group. When two campers mutually request to be together, we do our best to fulfill the request. Children should not come to camp expecting to be in a particular group or with specific friends, since the makeup of each group changes from year-to-year and session-to-session.

### **ITEMS TO BRING TO SUMMER CAMP**

- Bathing Suit and Towel - It is suggested that children wear their bathing suit underneath their clothes to minimize the amount of time required to change for the first swim period.
- Shoes – For the safety of your child, we do not allow open-toed shoes because of the rocky terrain. Please only send your child to camp in shoes that he/she can walk, run, and hike in.
- Lunch/Snack – campers need a healthy lunch and several snacks to ensure they have the energy needed to participate in all the camp activities. Due to allergy concerns, children are not allowed to share food.
- Water – Children should come to camp with a filled water bottle. There are water fountains available for refilling the water bottles.

- Sunscreen – Children should arrive already lathered up with sunscreen. Counselors will give “sunscreen” breaks to allow children to reapply. Children are not allowed to share sunscreen due to allergy concerns.
- Insect Repellent – For the comfort of your child you may want to send your child with bug repellent. Please do not send aerosol sprays.

PLEASE NOTE: ALL items brought to camp should be labeled with camper name on it. This helps us return it when it gets lost!

### **ITEMS TO NOT BRING TO CAMP**

In order to ensure the safest environment for our campers and staff, YMCA of Greater Bergen County reserves the right to search campers’ belongings at any time if we feel a situation warrants such actions.

Campers should not bring trading cards, video games, cell phones, Ipods or other items that could be lost, misplaced, or stolen. Please do not send money to camp, as campers are not to use any of the vending machines at the YMCA.

It will make everyone’s time at camp more enjoyable and safe if the following items are not brought to camp: Alcohol, Tobacco, Weapons (of any kind, including pocket knives), Illegal Drugs. The camp is not responsible for damage, theft, or loss of personal items brought to camp.

### **CAMP T-SHIRT**

Each camper receives a summer camp t-shirt. Additional camp t-shirts may be purchased at the front desk of the YMCA at \$10.00 each.

### **CLOTHING**

Please send your child to camp in clothing appropriate for playing, painting, and participation in outdoor activities. Dresses, skirts, or clothing that restricts movement and/or is delicate is not appropriate clothing for camp. Sneakers and socks are recommended for all activities except swimming. Sandals and flip-flops are not appropriate at camp due to the rocky terrain. **Due to the rocky terrain, closed-toed shoes are required at camp.**

### **MEALS**

Please provide your child with a healthy lunch and snack. Refrigeration at camp is available.

### **LOST AND FOUND**

Please allow time to check your camper’s belongings on their return to the YMCA. We do our best to locate and return items that are left behind. Marking items with your child’s name will help this process. We do not return items such as socks and underwear.

Unclaimed items will be brought to the YMCA at the end of the day. The YMCA will keep items for one week following the end of each session. The camp is not responsible for damage, theft, or loss of personal items brought to camp.

### **VISITORS**

Visitors are not allowed at camp during the session. We encourage you to speak to your child’s counselor each day to answer any of your questions about your child or the program.

### **HEALTH INSPECTION REPORT**

The Camp is licensed by the New York State Department of Health. The camp is inspected twice yearly; once before and once during the camp season. The reports of these inspections are on file at:

New York Department of Health  
Monticello District Office  
50 North Street, Suite 2  
Monticello, NY 12701

## **ABSENCES**

Please inform the camp office either by phone or email if your child is not attending the program on a specific day. You may email us at [mrichards@metroymcas.org](mailto:mrichards@metroymcas.org)

## **GOODIES FROM HOME**

Due to the high number of food allergies, please check with your child's counselor before sending treats to camp.

## **CAMP NURSE**

The camp nurse is available to campers at the camp site. Should you have any questions regarding your child's medical needs, please speak with the Camp Director to arrange a meeting with the nurse. If it is necessary for your child to visit the camp nurse, a note will be sent home with your child explaining the nature of the visit and any action taken. For serious conditions or incidents, the Camp Director will speak with you directly.

Please help us keep camp healthy:

- Do not send your child to camp if he/she is not feeling well.
- Advise the camp of any contact with contagious disease.
- Notify the camp office of any and all allergies.
- Inform the camp if your child has recently been taken off medication that he/she has been taking for an extended period of time.

## **SWIMMING**

Daily swim instruction is provided at our waterfront. We use the YMCA Progressive Swim Program where campers are grouped by ability. An enclosed area with a consistent depth of 4 feet provides a great place for beginners to learn to swim. All classes are taught by certified instructors who also guard during recreational swim. Teaching children to enjoy and respect the water is one of the camps' most important goals.

## **ACTIVITIES**

Certain activities at camp involve a known and reasonable risk. We do everything possible to minimize risk. Parents and campers have a responsibility as a voluntary participant to abide by all rules, to listen to, and follow all instructions by activity leaders, as well as, use their own common sense. By participating in these activities, campers and parents have acknowledged the existence of risk. Camp activities with a known risk factor include, but are not limited to, swimming, boating, physically active games, challenge course, and all sports. Please refer to our camp brochure and/or website for a listing of all camp activities offered to each age group. By registering your child for camp at the YMCA of Greater Bergen County, you acknowledge that your child is emotionally ready, in good health, and has your permission to participate in camp activities. The camp reserves the right to change its program offerings, activities, schedules, and personnel as circumstances may require.

## **BEHAVIOR**

We expect campers to treat each other and staff members in a kind, respectful, considerate manner. If a child's behavior is repeatedly abusive (physically or verbally) towards another camper or staff, or if the child's actions pose a threat to safety of others or him/herself, or if that child commits what can be potentially considered a criminal act, camp reserves the right to dismiss a camper without refund of tuition if conduct is determined to be detrimental to the well-being of camp or campers. The camp also reserves the right to dismiss a camper if the camp administration reasonably concludes that the partnership between a parent/guardian and the camp makes a positive and constructive relationship impossible or seriously interferes with the camp's accomplishments of its mission and purpose. There are no refunds/credits given due to suspension or withdrawal as a consequence of poor behavior.

## **PHOTO RELEASE**

Photos are taken throughout the summer of campers involved in every aspect of the camp program. Some of these photos will be put on the YMCA's website and/or used in marketing material. Please be aware by registering your child, you grant permission for your child's image to be used by the YMCA of Greater Bergen County.

## **RAINY DAYS**

We have special schedules to follow and activities that we do not normally do on sunny days. The type of rain we have determines what will happen at camp. If it is just a light drizzle, we may decide to stay outdoors and continue our scheduled activities.

## **EQUIPMENT**

Camp supplies all necessary equipment for all activities. You will be contacted if there are special events which require special supplies.

## **TICKS**

- **Wear protective clothing** such as long-sleeved shirts, long trousers, boots or sturdy shoes and a head covering. (Ticks are easier to detect on light-colored clothing.) Tuck trouser cuffs in socks.
- **Apply insect repellent containing 10 percent to 30 percent DEET primarily to clothes.** Apply sparingly to exposed skin. Do not spray directly to the face; spray the repellent onto hands and then apply to face. Always follow label directions; do not misuse or overuse repellents. Always supervise children in the use of repellents.
- **Walk in the center of trails** so weeds do not brush against you. In camping areas, individuals who sit on the ground or disturb leaf litter on the forest floor may encounter ticks.
- **Conduct a daily tick check.** Most ticks seldom attach quickly and rarely transmit disease organisms until they have been attached for over 24 hours.

## **AUTHORIZATION TO RELEASE POLICY**

For the safety of your child, we ask that you help us with the following pick-up procedures:

- Please wait in the main lobby area outside of the Main Gym. Once all busses have arrived and campers are in the Main Gym, we will begin the sign-out process.
- If a counselor has any question of identity, you will be asked for proof of ID. Please understand we are only trying to assure the safety of your child.
- If someone other than a parent/guardian is picking up a camper, his/her name must be listed as an alternate pick-up on the registration form. Proof of identification will be required. If there are specific individuals who will be scheduled to pick up campers on specific days, please indicate that on the form.
- If there is a last minute emergency change in pick-up arrangements for a particular day, please call the YMCA's Welcome Center Desk to alert us to the situation.
- At any point, if the camp staff is unsure of a situation your child will not be released. We will keep the camper until we can make the necessary phone calls to determine how we should proceed.
- In the case of custodial issues, YMCA of Greater Bergen County will require a copy of the court order naming who can and cannot pick up the child. YMCA of Greater Bergen County must be named with the dates that your child will be attending.

## **SAMPLE SCHEDULE**

9:30	Assembly/Flag
10:00-11:00	Swim lessons
11:00-12:00	Arts & Crafts
12:00-12:30	Lunch
1:30-2:30	Games on Field
2:30-3:30	Canoes/Free Swim
3:45	Assembly/Flag

# DAY CAMP MEDICAL INFORMATION 2019 YMCA OF GREATER BERGEN COUNTY

Received by:

CAMP(S) ATTENDING:

Circle all sessions:

Date:

Kahagon Day Camp \_\_\_\_\_  
Oratam Day Camp \_\_\_\_\_  
TeenVenture Day Camp \_\_\_\_\_  
CIT Oratam Day Camp \_\_\_\_\_

Session(s) INTRO 1 2 3 4  
Session(s) INTRO 1 2 3 4  
Session(s) INTRO 1 2 3 4  
Session(s) 1 2

The Medical Form is due prior to the start of your child's camp session. Pages 1 and 2 are to be completed by a Parent or Guardian. **No child will be permitted on the bus or to be checked in at camp without a completed medical form. AND WITH PROOF OF BOTH DOSES OF THE MMR VACCINATION, OR A MEDICAL EXEMPTION SIGNED BY A DOCTOR**

Please PRINT CLEARLY.

## PERSONAL HISTORY – Camper Information

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TOWN/STATE/ZIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

PARENT/GUARDIAN NAME 1: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PARENT/GUARDIAN NAME 1: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

## EMERGENCY CONTACT:

NAME 1: \_\_\_\_\_

PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

NAME 2: \_\_\_\_\_

PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

## HEALTH INSURANCE INFORMATION:

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**HEALTH HISTORY:**

**Allergies:** Please check all that apply if your child reacts to any of the following:

- \_\_\_\_\_ Poison Ivy
- \_\_\_\_\_ Insect Bites
- \_\_\_\_\_ Penicillin
- \_\_\_\_\_ Foods (Specify): \_\_\_\_\_
- \_\_\_\_\_ Other (specify): \_\_\_\_\_

Please list any medical issues, including emotional and/or behavior issues your child may have: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any special dietary needs? \_\_\_\_\_

\_\_\_\_\_

Please list any operations, injuries requiring medical care, and chronic recurring illness your child has experienced that may affect your child’s experience at camp: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are there any activities your child should be restricted from for medical reasons? \_\_\_\_\_

\_\_\_\_\_

Has your child received any psychiatric or counseling therapies? Yes  No

If yes, attach a release from the doctor attesting to the child’s emotional fitness to attend camp.

**MEDICATIONS:**

The following non-prescription medications may be stocked in the Camp Health Center and are used on an as needed basis to manage illness and injury. Cross out any medications that **should not** be given to your child.

- |   |   |
|---|---|
| Acetaminophen (Tylenol)                                   | Ibuprofen (Advil, Motrin)               |
| Phenylephrine decongestant (Sudafed PE)                   | Pseudoephedrine decongestant (Sudafed)  |
| Antihistamine/Allergy medicine                            | Gauifenesin cough syrup (Robitussin DM) |
| Dephenhydramine antihistamine/allergy medicine (Benadryl) | Generic cough drops                     |
| Calamine Lotion   | Antibiotic cream                        |
| Laxatives (Ex-Lax)  | Bismuth subsalicylate (Pepto-Bismal)    |

Inhaler sent to camp? Yes  No  Epipen? Yes  No

**History of:**  Asthma  Convulsions  Diabetes  High Fevers

Explain: \_\_\_\_\_

Does camper wear:  Glasses  Contact Lenses  Braces  Hearing Aid

**SUNSCREEN/INSECT REPELLANT PERMISSION:** I give permission for my child to self-apply sunscreen/insect repellent that I provide. YMCA staff will supervise children during this process.

**YES NO**

I give permission for YMCA staff to assist my child with applying sunscreen/insect repellent that I have provided to my child.

**YES NO**

**Immunization History:** Please list only the most recent dates below. This information is required by State Of NY.

Diphtheria, Tetanus, Pertussia (DPT): \_\_\_\_\_

Measles, Mumps, Rubella (MMR): \_\_\_\_\_

Polio Vaccine (TOPV): \_\_\_\_\_

Hepatitis B \_\_\_\_\_

Varicella (chickenpox) \_\_\_\_\_

TB Mantoux Test \_\_\_\_\_

Haemophilus Influenza Type B \_\_\_\_\_

Result: Pos \_\_\_\_\_ Neg \_\_\_\_\_

**Date of Last Physical Exam:** \_\_\_\_\_

(Exam must be performed within 12 month period before start of camp session.)

Print PHYSICIAN NAME: \_\_\_\_\_

Physician Address: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

**PARENT AUTHORIZATION:** I hereby give my son/daughter permission to be transported to the campsite in Harriman State Park, New York and back to the YMCA each day on a contracted school bus. I also give my son/daughter permission to participate in all supervised camp activities, off-site trips, and expeditions, except as noted here: \_\_\_\_\_

This health history is correct so far as I know and the person herein described has permission to engage in all camp activities, except as noted by me and the examining physician. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child named above. The YMCA does not carry sickness and accident insurance for its campers. Coverage is based on individual charges as determined by the insurance carrier.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**YMCA of Greater Bergen County Summer Camp  
360 Main Street • Hackensack, NJ 07601**

**Authorization for Medication to Be Taken During Camp Hours**

**THIS FORM ONLY NEEDS TO BE FILLED OUT IF CAMPER WILL BE TAKING MEDICATION AT CAMP.**

The following section is to be completed by the **PARENT**:

CAMPER: \_\_\_\_\_  
LAST NAME FIRST NAME SEX DATE OF BIRTH

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

I request that my child be assisted by authorized persons in taking the medication(s) described below while at camp or permitted to medicate herself/himself as authorized by my physician and me. (See below.)

\_\_\_\_\_  
Signature of Parent/Guardian Date  
\_\_\_\_\_  
Home Phone Emergency Phone

*THE FOLLOWING SECTION IS TO BE COMPLETED BY THE **PHYSICIAN**:*

NAME OF MEDICATION: _____
DOSAGE: _____
If medication is to be taken DAILY, at what time? _____
If medication is to be given "WHEN NEEDED," describe indications: _____ _____ _____
How soon can dose be repeated? _____
Is camper authorized to medicate herself/himself? _____
List significant side effects: _____ _____
PHYSICIAN'S SIGNATURE: _____ DATE: _____