



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA SLEEP AWAY CAMP PARENT PACK 2019

Michikamau / CIT Sleep-Away

Dear Parent /Guardian:

Congratulations and thank you for choosing the finest in residential camping for your child. Here at YMCA Camp Michikamau we pride ourselves in providing a program that is high in quality, fits your child's needs and interests and your budget. We are looking forward to working with your child to provide them with the best summer of their lives.

The YMCA of Greater Bergen County camps are an exciting, safe community for young people to explore the outdoors, build self-esteem, develop interpersonal skills and make lasting friendships and memories. Each of our traditional, back to basics summer camps promote the Y's core values of Caring, Respect, Responsibility and Honesty.

In order to provide you and your child the best experience it is important that you read through this entire packet. This packet contains:

General Information about Camp Michikamau
Camper Medical Information Sheet
Doctor's Examination Form
Meningitis Vaccination Form
Pick Up Form

REGISTRATIONS: Please note that the payment, Camper Information Sheet, Medical form and the Pick Up form MUST be turned in two weeks prior to the start of that session. Failure to do so may result in losing your spot at camp.

You can mail or drop off the forms at: YMCA Camp, 360 Main Street, Hackensack, NJ 07601. You may email them to mrichards@ymcagbc.org or fax them to us at 201-487-4539. Please keep your copy of the forms safe in case anything needs to be added or adjusted.

You and your family are invited and encouraged to attend any of our informational Open Houses at the Y. During these sessions you can meet year round staff and have all your questions answered. You are also invited to attend our Open Houses at Camp in May or June to get a first-hand experience of what your child will be doing this summer. More information is contained in this packet.

If you have any questions or concerns feel free to call us at 201-487-6600 x220. We know that you have many choices in residential camps for your child, so we thank you for choosing the YMCA.

Sincerely,

Martin Richards
Michikamau Camp Director
201-487-6600 x220
mrichards@ymcagbc.org
YMCA of Greater Bergen County,
360 Main Street Hackensack
NJ 07601

CAMP MICHIKAMAU GENERAL INFORMATION

CAMP OPEN HOUSE – at the Y

To find out more about all of our camps, attend a camp presentation at the Y January 25, February 22, March 29, April 26, and May 24 at 7:00pm. Meet the camp directors, ask questions and watch a slide show that will introduce you to camp.

CAMP OPEN HOUSE – at Camp

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 3 2018 from 1:00 – 4:00pm

VISITING CAMP AND PARENT'S NIGHT

We believe your child will have a better total camp experience if left with peers and staff the entire session to learn, grow and thrive. Therefore we do not encourage visits during the camp session. However, there is a break between each session and **we would encourage all our parents to attend Parent's Night**. This is held on the last Friday evening of each session. At this time you will be able to meet your child's counselor, tour the facility and receive highlights of the session. At the conclusion of this **important** program, we ask that you take your child home. If you do not attend parent's night, your child will arrive at the YMCA the next morning at approximately **10 am**. Due to park regulations pets may not be brought to Parents Night.

DIRECTIONS TO CAMP MICHIKAMAU

Take Route 17 North to Sloatsburg, New York. At the second traffic light in Sloatsburg, turn right onto Seven Lakes Drive. Proceed approximately 6 miles until you come to the Kanawauke Traffic Circle. Go $\frac{3}{4}$ of the way around the circle to Route 106 West. Proceed $\frac{1}{10}$ of a mile on Route 106 West. On your left will be a parking lot and picnic area. Immediately past and adjacent to the parking lot is the camp road. Turn left onto this road and go $\frac{7}{10}$ of a mile until you come to Camp Michikamau. Use caution, as you will go through Day Camp Kahagon on your way to Camp Michikamau.

Alternate Directions

Take the Palisades Interstate Parkway to Exit 14. Turn left and proceed on Route 106 West past Lake Welch to the Kanawauke Traffic Circle. Go directly across the circle and continue $\frac{1}{10}$ of a mile more on Route 106 West. On your left will be a parking lot and picnic area. Immediately past and adjacent to the parking lot is the camp road. Turn left onto this road and go $\frac{7}{10}$ of a mile until you come to Camp Michikamau. Use caution, as you will go through Day Camp Kahagon on your way to Camp Michikamau.

Please use care when traveling on the camp road. It is a one lane, two way road.

MAIL

Campers love getting mail and postcards. Write often but don't dwell on home problems, favorite pets or how much everybody misses them. When you write be cheerful and newsy. All mail will be delivered at lunch each day. Your camper will be encouraged to write home, but do not expect to get many letters. Please allow four days for a letter to travel in either direction. We suggest you pre-stamp and address several envelopes or postcards for relatives and friends. Address mail as follows:

Campers Name
915 Rt. 106
K-5 Lake Kanawauke
Bear Mountain NY 10911

PACKAGES

Please do not mail food in any packages. Campers do love to receive letters and packages from home; when sending a package, magazines, comics, word finds and other items your child is interested in are encouraged. Packages with food, though intended to please, are a major problem for us. Food in the cabins attracts insects and animals. To help us do our job, please **DO NOT SEND FOOD.**

TELEPHONE CALLS

Campers are not allowed to make or receive phone calls. If you need to get a message to them, we ask that you write them. If it is an urgent message you can contact the YMCA Welcome Center at any time (201-487-6600). They will contact the camp. If your child is having a problem, is ill or needs to get an urgent message to you, the camp staff will call you.

MEDICAL PACKET

Attached is a medical packet. All campers must have their completed packet submitted to the YMCA **2 weeks prior** to the first day of your child's 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 them with the best experience possible. No child will be allowed at camp without a completed medical packet. You can also download the packet at www.ymcagbc.org.

Medication (Prescription and Non-prescription)

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 the 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. All medication (prescription or non-prescription) must be handed in at the check in table.

Illness & Emergency Treatment

Camper health and safety are an important part of our camp operation. If your child has a serious accident or illness, requires medical treatment by a doctor or requires more than 24 hours of confinement in our infirmary, you will be notified immediately. The services of a physician are available at Good Samaritan Hospital located in Suffern, NY (less than 20 miles from camp), or you may want to make arrangements with your family physician. We will make the necessary travel arrangements to Good Samaritan and implement follow up care in our infirmary at no additional cost. However, medical expenses incurred (doctor, hospital, prescriptions, etc.) are your responsibility. Please be sure to provide the necessary information on the medical form.

DROP OFF AND PICK UP POLICY

In order to ensure the safety of your child all campers must be signed in when they are dropped off and signed out when they are picked up (Including Parent's Night). No child will be allowed on the bus without being signed in. You will notice that part of the required Medical Packet is a Pick up form. You will need to list **anyone** that may be picking up your child from camp or the YMCA on this form. Counselors will be checking identification to verify the adult, therefore **please remember to have your picture ID with you and ready.** Your child will not be allowed to go home with anyone who is not on the list. If you need to add anyone to the list please see the Director.

On the first day of the session check in for Camp Michikamau will begin at **9am** at the YMCA. The buses will leave at **9:45am** sharp. All campers must be checked in by a parent or guardian. Pick up from the Y on Saturday will be at **10:00am**.

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 parents. A continuous pattern of negative behavior or any major incident is cause for removing a child from the 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 of camp.

GROUP ASSIGNMENTS AND REQUESTS

The Camp leaders will assign children to their groups based on their age and gender. Part of the camp experience is learning to make new friends, so if you are sending more than one child to the same camp, we suggest they not be in the same group. When two campers mutually request to be together, we will do our best to fulfill the request. **(There is a section on the medical form for these requests).** We try to avoid grouping more than 2 friends together to prevent cliques from forming. Children should not come to camp expecting to be in a particular cabin, since the makeup of each unit changes from year to year and session to session.

LOST AND FOUND

Please allow time to check your camper's belongings on their return. 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. We do bring unclaimed items to the YMCA at the end of each session. The YMCA will keep items for one week following the end of each session. The YMCA is not responsible for damage, theft or loss of personal items brought to camp.

CAMP STORE

If you would like your child to have money to spend at the camp store then you may deposit money into their account at the Welcome Center at the YMCA on the first day. Campers draw on this account for snacks and other camp items. **Unspent money is refundable.**

LAUNDRY

Please send a bag with your child's name on it for him/her to keep their dirty laundry separate from clean clothes. **We do not offer laundry services;** therefore please make sure your child has enough clothes to last the entire session.

BIRTHDAYS

We will be happy to recognize your child's birthday if it falls while they are in camp. Let the camp office know so that we may celebrate.

PREPARING FOR CAMP

Children are encouraged to develop a sense of responsibility while at camp. Under counselor supervision, they take care of themselves and their belongings. Therefore, we encourage you to let them get their own items together. Let your child help with the packing and don't worry too much about neatness. One of the greatest things your child will learn from this camping experience is the ability to care for oneself. Keep a positive attitude about your decision in sending your child to camp and concentrate on all the new and positive experiences he or she will have. Enclosed is a **suggested** packing list to help guide you.

DO NOT BRING

Do not bring radios, personal listening devices, cell phones, computers, knives, wheelie shoes, electronic games, food of any kind or any inappropriate items or clothing to camp. **Items such as these ARE BROUGHT TO CAMP AT YOUR RISK and may be collected and held for the duration of the session to be returned to parents at the end of the session.** Valuables such as jewelry, money etc. should also be left at home. Please Note: We do not allow open toed shoes or flip-flops because of our rocky terrain; these are only permitted in the bathing area and waterfront.

A SPECIAL MESSAGE FOR FIRST TIME CAMPERS

A first time camper may experience homesickness while at camp. We ask for both your cooperation and assistance in dealing with homesickness to ultimately ensure a very positive camping experience.

At departure from home, do not make a fuss or suggest homesickness, but rather be positive with your remarks and talk about all the activities they will experience. Please remember that camp staff is trained to anticipate this type of anxiety in children and work very patiently with them. A child allowed to conquer these feelings will return home from camp a more self-reliant and mature person.

HEALTH INSPECTION REPORT

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

Orange County New York
Department of Health
124 Main Street
Goshen, NY 10924-2199

SAMPLE DAILY SCHEDULE

8am	Flagpole / Line-up
8:15am	Breakfast
9:00am	Camp and Cabin Chores
10:00am	Activity 1
11:00am	Activity 2
Noon	Line Up
12:15pm	Lunch
1:00pm	Cabin Time
2:20pm	Leisure Time
3:30pm	Activity 3
4:40pm	Activity 4
6:00pm	Flag/Line Up
7:30pm	Evening Activity
9:00pm	Tell Me Why & Taps (songs we sing as a whole camp before bedtime)

CAMP MICHIKAMAU PACKING LIST

Camping Equipment Belonging To: _____

Put this list in the top of the duffle bag or suitcase before the camper leaves for Camp Michikamau. As you pack, enter the number of items packed in the left column. When the camper packs to return home, enter the items in a similar fashion in the right column and thus discover early if something is left behind.

Going	Returning	Item Name
_____	_____	Bedding
_____	_____	A good sleeping bag or two blankets
		Pillow, pillow case(s) and sheets
_____	_____	Clothing
_____	_____	Socks – sufficient for length of stay
_____	_____	Hiking shoes – comfortable and well built
_____	_____	Sneakers
_____	_____	Underwear – sufficient for length of stay
_____	_____	Shorts for warm weather – sufficient for length of stay
_____	_____	Jeans/Pants – sufficient for length of stay
_____	_____	Heavy sweater or jacket – for cool evenings
_____	_____	Tee shirts – sufficient for length of stay
_____	_____	Swim suits – 2
_____	_____	Raincoat or poncho
_____	_____	Cap or hat with visor – for hikes
_____	_____	Sleepwear
_____	_____	Pair of sunglasses
_____	_____	Personal Effects
_____	_____	Flashlight with batteries
_____	_____	Toothbrush and tooth paste
_____	_____	Comb and/or brush
_____	_____	Towels – at least 3
_____	_____	Soap with case
_____	_____	Canteen/Water bottle
_____	_____	Backpack for overnight hikes
_____	_____	Sunscreen and Bug Repellent (no aerosol)
_____	_____	Miscellaneous
_____	_____	Camera and film
_____	_____	Stamped, self addressed envelopes or postcards
_____	_____	_____
_____	_____	_____

Please do NOT send:

Food of any kind, MP3 players, DVD players, sheath knives, axes, electrical or battery operated appliances.

Please label child’s belongings with their name. This will greatly help us in handing back lost and found.



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

OUR COMMITMENT...CREATING A CHILD SAFE ENVIRONMENT

YMCA of Greater Bergen County

YMCA and Youth

The YMCA of Greater Bergen County has approximately 3,800 youth members. We offer the following child care programs.

- Childcare for 2 to 5 year olds
- Summer Camp 5-17 years
- School Age Grades K-6
- Healthy Living and Sports Programs 1-17 years

YMCA Child Safe Policy

Our Staff

The YMCA has more than 100 staff members and volunteers working with youth in the many programs we offer.

Our Screening

To keep children in our programs safe we take the following steps in our intensive screening of employees and volunteers:

- Detailed application forms
- Comprehensive interview process
- Reference Checks
- Criminal background record checks and/or fingerprinting

Our Training

Employees complete a child protection training program. Supervisors and managers complete additional training to further promote a child-safe environment. All staff members are mandated to report any suspected child abuse.

Our Policies

- Staff members and Volunteers are prohibited from working one-on-one with youth outside of the YMCA (i.e. babysitting).
- Staff members and Volunteers are prohibited from 'friending' youth on social networks.
- Staff members and Volunteers are prohibited from transporting youth in non-YMCA authorized vehicles or during non-program times.

Policies exist to ensure staff and volunteers are not alone with a child. Child abusers can be parents, caretakers, friends, neighbors, or anyone who comes in contact with your child-even other youth. It takes everyone's help to stop the cycle of abuse.

Information About Abuse

The YMCA wants all children to be safe. Unfortunately, child abuse does exist, taking many forms.

Emotional: Threatening a child or using words that can hurt a child's feelings and self esteem; withholding love and support from a child.

Physical: Causing injuries to a child on purpose, such as bruises, burns, scars, or broken bones.

Sexual: Having sexual contact in any form with a child, including exposing, fondling, intercourse, pornography, or internet solicitation.

Neglect: Not providing children with enough food, clothing, shelter, medical care, hygiene, or supervision.

If You Suspect Abuse...

- If you think your child is physically injured, seek out appropriate medical attention.
- If you see signs of distress, withdrawal, or acting out, consider counseling for your child.
- Talk to your YMCA Program Director for assistance.
- Call Child Protective Services (CPS) or the police to report any abuse.

Working Together for Safety

Talk to your child about his or her experiences in YMCA programs, school, sports, and other activities.

Drop in on your child's programs.

Trust your instincts. Don't wait to tell us if something seems "strange." Speak up!

Watch for warning signs of abuse:

- Unexplainable bruising or other physical markings.
- Disturbed sleeping or eating patterns.
- Abrupt changes in behavior-anxiety, clinging, aggressiveness, withdrawal, depression.
- Fear of certain person or place.
- Discomfort with physical contact.
- A child who abuses other children.

Listen and watch for signs of your child receiving special attention that other children or teens are not receiving, including favors, treats, gifts, rides, increasing affection or time alone, particularly outside the activities.

Every once in a while, ask your child these questions:

- Is anyone scaring or threatening you?
- Is anyone asking you to keep secrets?
- Has anyone said anything to you that made you feel bad?
- Is anyone touching you in a way that you don't like?

Encourage your child to tell you or another trusted adult if anything happens to him or her.

Read our staff Standards of Conduct located in our YMCA Staff Handbook: If someone breaks it, let us know immediately. (Standards also include a smoke-free work place, drug free workplace, harassment free work place.)

Community Resources:

Make the call, help a child: All reports of child abuse and neglect, including those occurring in institutional settings such as child care centers, schools, foster homes and residential treatment centers, must be reported to the State Central Registry (SCR). This is a toll-free, 24-hour, seven-days-a-week hotline.

State of New Jersey Department of Children and Families Child Abuse Hotline
1-877 NJ ABUSE (1-877-652-2873)

Parents Anonymous is a self-help group that offers parenting support and referral to resources in your community. If you are feeling stressed out, you can call the **Family Helpline at 1-800-THE-KIDS**, 24 hours a day, 7 days a week, and speak to a specially trained volunteer to help you work through your frustrations before a crisis occurs.

RESIDENT CAMP MEDICAL INFORMATION 2019 YMCA OF GREATER BERGEN COUNTY

Received by:
Date:

CAMP(S) ATTENDING:

Circle all sessions that apply:

Michikamau Sleepaway Camp	_____	Session(s)	1	2	3	4
CIT Sleepaway Camp	_____	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**

PERSONAL HISTORY Camper Information

Last Name _____ First _____ Middle _____

Address: _____ Town _____ State _____ Zip _____

Birth Date _____ Age _____ Sex _____

Parent/Guardian 1 Name _____

Relationship _____

Phone _____ Cell _____ Email _____

Parent/Guardian 2 Name _____

Relationship _____

Phone _____ Cell _____ Email _____

Emergency Contact

Name _____ Relationship _____

Phone _____ Cell _____

Health Insurance Information

Insurance Company _____ Policy Number _____

Subscriber Name _____ Insurance Company Phone # _____

Parent's Authorization (Signature Required or Child will NOT be able to attend Camp)

I hereby give my son/daughter permission to be transported to the campsite in Harriman State Park, New York State 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.

Signature of Parent or Guardian

Date

Child's Name: _____

Medical History

Allergies: Check if child reacts to any of the following and explain below:

- Poison Ivy
- Insect Stings
- Penicillin
- Foods
- Other Drugs (specify) _____
- Other (specify) _____

Explain checked allergies:

Please list any medical issues including emotional and/or behavioral issues your child may have

Does your child have any Special Dietary Needs?

Operations, Injuries and Chronic Recurring Illness

Immunization History

Enter the dates of the last immunization for the following:

This information is required by law.

- | | |
|------------------------------|--|
| Diphtheria/DTP | Month/Year _____ |
| Last Tetanus Booster | Month/Year _____ |
| MMR | Month/Year _____ |
| Hepatitis B | Month/Year _____ |
| Polio | Month/Year _____ |
| Varicella (chickenpox) | Month/Year _____ |
| Haemophilus Influenza Type B | Month/Year _____ |
| TB Mantoux Test: | Month/Year _____ Result (positive or negative) _____ |

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 those the camper should NOT be given

- | | |
|---|---|
| Acetaminophen (Tylenol) | Ibuprofen (Advil, Motrin) |
| Phenylephrine decongestant (Sudafed PE) | Pseudoephedrine decongestant (Sudafed) |
| Antihistamine/Allergy medicine | Guaifenesin cough syrup (Robitussin DM) |
| Diphenhydramine antihistamine/allergy medicine (Benadryl) | Generic cough drops |
| Calamine lotion | Antibiotic cream |
| Laxatives (ex-lax) | Bismuth subsalicylate (Pepto-Bismol) |

Signature of Parent or Guardian

Date

Child's Name: _____

DOCTOR'S EXAMINATION FORM

This page must be completed and signed by a licensed physician.

This examination must have been performed within the 12 month period before camp. An examination for some other purpose within this period is acceptable.

Height _____ Weight _____ BP _____ Hgb. Test _____

Urinalysis Eyes Nose Throat
 Teeth Heart Lungs Abdomen
 Hernia Posture Skin Spine
 Extremities Allergies _____

Code: S – Satisfactory **X** – Not Satisfactory **O** - Not Examined

Explain if not satisfactory: _____

The applicant is under the care of a physician for the following conditions(s): _____

All medications must be received in their original containers.

Please include ALL prescription and non-prescription medications child will take at camp (if "as needed" please put as needed in Time Taken)

Drug Name _____ Time(s) Taken _____ Dosage _____
Liquid/Pill

Drug Name _____ Time(s) Taken _____ Dosage _____
Liquid/Pill

Drug Name _____ Time(s) Taken _____ Dosage _____
Liquid/Pill

Drug Name _____ Time(s) Taken _____ Dosage _____
Liquid/Pill

In my opinion, the above applicant _____ is _____ is not able to participate in an active camp program
If not, describe any limitations _____

Examining Physician's Signature

Examining Physician's Name

Date

Address: _____
Street City State Zip

Phone: _____ () _____

Signature of Parent or Guardian (for Medications)

Date

2019 MENINGITIS VACCINATION RESPONSE FORM

Dear Parent,

This summer, the New York State Health Department is requiring all overnight camps provide the form found on the bottom of this page for each camper during our routine yearly inspection. We ask your cooperation in filling out this form.

What is the concern? The New York State Health Department is concerned with the increase in meningococcal meningitis cases in 15 to 24 year olds. Currently there are about 3000 cases nationwide each year. The Health Department would like to make all parents aware that there is currently a vaccine available that provides protection against the bacteria which causes meningococcal meningitis in approximately 2/3 of all reported cases.

The new law requires your response to the form below. It is our belief that you should discuss the benefits of the vaccine with your **child's physician and or professional health care provider** and then make an informed decision concerning your child's immunization. If your child's physician does not provide the meningococcal meningitis vaccine called Menomune™, then you may locate a provider at: www.meningitisvaccine.com

If you would like to learn more about meningitis on your own, the Centers for Disease Control and Prevention have information available at: www.cdc.gov/ncid/dbmd/diseaseinfo

Check One Line and Sign Below.

_____ My child has had the meningococcal meningitis immunization (Menomune™) within the past 10 years. Date received: _____
[Note: The vaccine's protection lasts for approximately 3 to 5 years. Revaccination may be considered within 3-5 years.]

_____ I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that my child will not obtain immunization against meningococcal meningitis disease.

Camper's Name: _____ Date: _____

Parent's Signature: _____ Date: _____

Mailing Address:

_____ Street

_____ City

_____ Zip

YMCA CAMP MICHIKAMAU PICK-UP FORM

Please list all the possible people that may pick up your child. Please make them aware that YMCA staff will be checking I.D.'s to ensure your child's safety. The YMCA **will not** allow your child to go home with anyone not on this list. Thank you.

Name: _____ Phone: _____

SUNSCREEN/INSECT REPELLENT PERMISSION

I give permission for my child to self-apply sunscreen/insect repellent that I have provided. YMCA staff will supervise children during this process.

I will apply sunscreen/insect repellent to my child before arriving.

YES NO

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

YES NO

GROUP/CABIN REQUEST

I would like my child to be in the same group or cabin with

_____ This is a request. No guarantees can be made your child will be placed with the above named child.