



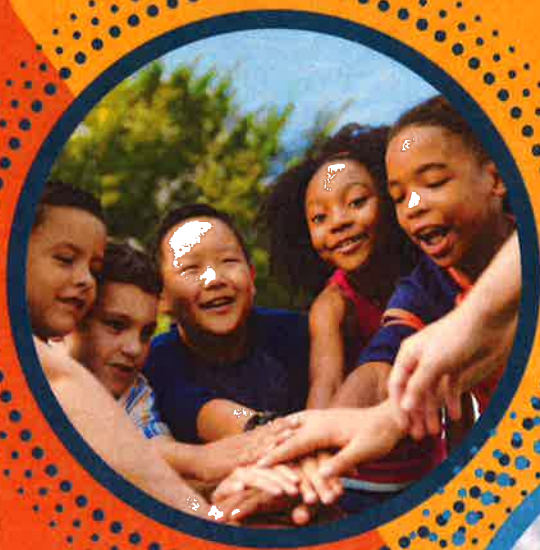
GREAT SUMMERS START AT THE Y!

Southside VA Family YMCA
Summer Day Camp 2023
June 5th - July 28th

Camp will be filled with:

- Daily swim along with weekly formal swim lessons instruction included in camp fees
- Fun camp activities to engage brains
- Opportunities to explore and develop new skills and try new things
- Plenty of physical activities and games to keep bodies active
- Campers develop new friendships and have tons of fun in a safe environment.
- Themed weeks with engaging field trips
- Guest Speakers

Contact for all things Camp:
LeAnne Harris, Youth and Family
434.392.3456
leaneharris@ymcacva.org



To Enroll:
Ages 5-12 years old
Completed Application
Updated Physical
Updated Immunization
Copy of Birth Certificate

Camp Pricing:
One-Time Registration Fee: \$50
Member Weekly Rate: \$100
Non-Member Weekly Rate: \$120
Endless Summer Fun: Priceless
Financial Assistance Available

For a better us.®



GREAT SUMMERS START AT THE Y!

Best Summer Ever Weeks:

Week One: Shipwrecked | June 5 - June 9

Week Two: Rumble in the Jungle | June 12 - June 16

Week Three: Up Up and Away | June 19 - June 23

Week Four: The Strange & Unknown | June 26 - June 30

Week Five: World Tour | July 5 - July 7

Week Six: Most Valuable Camper | July 10 - July 14

Week Seven: Wild Wild West | July 17 - July 21

Week Eight: Best Week Ever! | July 24 - July 28

Field Trips:

Week Two: Richmond Metro Zoo

Week Three: Robert Russo Moton Museum

Week Four: Richmond Science Museum

Week Six: Bowling

Week Seven: Twin Lakes

Weeks Two - Seven:

Trips to Grove Street Park!



For a better us.®



Summer Camp Attendance Weeks

Please indicate the weeks your child will attend camp with an X.

Week of:	Attending	Not Attending
Week 1: Shipwrecked <i>(June 5-June 9)</i>		
Week 2: Rumble in the Jungle <i>(June 12-June 16)</i>		
Week 3: Up Up and Away <i>(June 19-June 23)</i>		
Week 4: The Strange & Unknown <i>(June 26-June 30)</i>		
Week 5: World Tour <i>(July 5-July 7)</i>		
Week 6: Most Valuable Camper <i>(July 10-July 14)</i>		
Week 7: Wild Wild West <i>(July 17-July 21)</i>		
Week 8: Best Week Ever! <i>(July 24-July 28)</i>		

If you have any changes throughout the summer, please contact LeAnne Harris at leanneharris@ymcacva.org or at 434.392.3456.

Thank you and let's have the Best Summer Ever!

Cheers!

Southside VA Family YMCA Summer Camp Staff!

**VIRGINIA DEPARTMENT
OF EDUCATION
CHILD REGISTRATION
MODEL FORM**

Child	Nickname	Date of Birth	Sex
Address			Home Phone
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed			
Previous Child Day Care Programs and Schools Attended			
If Child Attends this Center and Another School/Program, Give Name of School/Program			Grade or Class Level

PARENT(S)/GUARDIAN(S)

Parent	Place Employed	Work Phone
Home Address		Home Phone
Parent	Place Employed	Work Phone
Home Address		Home Phone
Person(s) or Agency Having Legal Custody of Child		
Home Address		Home Phone
Work Address		Work Phone

EMERGENCY INFORMATION

Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency		
Child's Physician	Phone	
Two People To Contact if Parent(s) Cannot Be Reached	Address	Phone
1.	1.	1.
2.	2.	2.
Person(s) Authorized To Pick Up Child		
Person(s) <u>NOT</u> Authorized To Pick Up Child*		

- Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.
- NOTE: Section 22.1-4.3 of the *Code of Virginia* states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center (i) shall not be denied the opportunity to participate in any of the student's school or day care activities in which such participation is supported or encouraged by the policies of the school or day care center solely on the basis of such noncustodial status and (ii) shall be included, upon the request of such noncustodial parent, as an emergency contact for the student's school or day care activities.

AGREEMENTS

1. The child day center agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.
2. The parent(s)/guardian(s) authorize the child day center to obtain emergency medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. **
3. The parent(s)/guardians agree to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

SIGNATURES

<i>Parent(s) or Guardian(s)</i>	<i>Date</i>
<i>Administrator of Center</i>	<i>Date</i>

First Date of Attendance: _____ Last Date of Attendance: _____

** If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardian(s) that states the objection and the reason for the objection.

**OFFICE USE ONLY
IDENTITY VERIFICATION**

If proof of identity is required and a copy is not kept, please fill out the following.

Place of Birth	Birth Date	Birth Certificate Number	Date Issued
Other Form of Proof		Date Documentation Viewed	Person Viewing Documentation

Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided):

_____ *Date*

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency (foster care and adoption agencies), record from a public school in Virginia, certification by a principal or his designee of a public school in the U. S. that a certified copy of the child's birth record was previously presented or copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia *and* the center assumes responsibility for the child directly from the school (i.e., after school program) or the center transfers responsibility of the child directly to the school (i.e., before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

Section § 22.1-289.049 of the Code of Virginia states that the proof of identity, if reproduced or retained by the child day program or both, shall be destroyed upon the conclusion of the requisite period of retention. The procedures for the disposal, physical destruction, or other disposition of the proof of identity containing social security numbers shall include all reasonable steps to destroy such documents by (i) shredding, (ii) erasing, or (iii) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means..

Parent Statement of Understanding

The following information is important for the safety and protection of your child. Please read this information and sign below:

- I understand that my weekly tuition is due by 6 p.m. on the Monday of each week of care. Payments made after this deadline will be assessed an additional \$35.
- The YMCA will not provide a year-end tax statement unless requested.
- I understand that my child must be picked up by 6 p.m. I will be charged \$10 for the first 1-10 minutes past 6 p.m. and \$1 per each additional minute for each child. Childcare services may be withdrawn if three overtime charges occur.
- I understand that I am not to leave my child at the YMCA or program site unless a YMCA child staff or volunteer is there to receive and supervise my child.
- I understand that it is my responsibility to sign my child in upon arrival and sign my child out before leaving. **There is a sign-in/sign-out sheet available upon your arrival to the program. There must be an exchange of responsibility from one adult to another; not from a child to staff. All persons signing children in/out must be at least 18 years of age; the YMCA cannot release minors to minors. (See pickup provisions in handbook.)**
- I understand that my child will not be allowed to leave the program with an unauthorized person. **Any person authorized to pick up my child must be listed on this form. Authorization by telephone will not be accepted. Picture ID is required.**
- I understand that YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside the YMCA facilities and program. **If a violation of this policy is discovered, the YMCA will take immediate disciplinary action toward staff and volunteers.**
- I understand that by state law, the YMCA is mandated to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- To keep everyone safe in the midst of the pandemic, please do not bring your child to camp if they are sick. We will complete a daily health screening each morning and will not be able to accept them if they or anyone in the household are displaying any symptoms (please see handbook for COVID-19 Health and Safety Guidelines)
- Please make sure that your child has on tennis shoes each day to enjoy outdoor activities. **(No flip flops or sandals)**
- Due to allergies, we ask that parents please **DO NOT** send **NUT PRODUCTS** with your child to camp.

I have read and understand the statements above regarding YMCA policies and procedures.

Parent/Guardian Signature _____ Date _____

I have received a copy of the YMCA parent handbook.

Parent/Guardian Signature _____ Date _____

I have provided a copy of my child's physical and immunization records along with this form.

Parent/Guardian Signature _____ Date _____

YMCA Children's Code of Conduct

The rules outlined in the Children's Code of Conduct are based upon the YMCA Core Values.
I understand that I am expected to demonstrate these values EVERY DAY.

Caring

I will:

Keep my hands and feet to myself.
Play gently so I won't hurt anyone.
Not call other people names.
Not use profanity.

Honesty

I will:

Play games and sports fairly.
Be honest about my actions.

Respect

I will:

Address my counselors or teachers with respect. (Example: Ms. or Mr.)
Not interrupt my counselor/teacher when they are speaking to another person.
Be quiet when my counselor/teacher asks.
Be respectful of YMCA games, equipment and property.
I know the counselors/teachers are in charge and will listen to their instructions.

Responsibility

I will:

Sit safely in my chair.
Not sit or stand on chairs or tables.
Clean up after myself even if my parent is waiting.

Faith

I will:

Believe in myself.
Believe in the goodness of others.

Bullying

I make a COMMITMENT to take a stand against bullying.
I will treat others with RESPECT and KINDNESS.
I will have the COMPASSION to not be a bully and the COURAGE to not be a bystander.
It is my RESPONSIBILITY to help others being bullied and to report bullying.

I promise to follow this code of conduct.

Child's Signature

Date

----- For Office Use Only -----

Form of Identity Verification:	
Place of Birth:	Birth Date:
Birth Certificate Number	Date Issued:
Date Child Entered Care:	Date Child Withdrew from Care:



DRAFT AUTHORIZATION

Payments can be taken in full or in a weekly increment by automatic draft. All payment will be taken on the Friday before the next week of service.

<hr/> Name	Child/Children's Name(s)
<hr/> Address	<hr/>
<hr/> City, State, ZIP	<hr/>
<hr/> Email	<hr/>

Please select your method of payment:

- Please draft my account that the Y has on file for my membership payment.
- Please draft my credit card: Circle one: MasterCard Visa Discover

Name as it appears on the card: _____

Card #: _____

Expiration Date: _____ / _____

- Please draft my checking account:

Name as it appears on the account: _____

Routing # _____

Account # _____

I hereby authorize the Southside Virginia Family YMCA to debit the account listed above to pay for enrolled Youth and Family Programs my child(ren) attends at the Y.

I understand that I am in full control of my payments and if I decide to discontinue the program draft, I will notify the Southside VA Family YMCA two weeks before my requested end date.

_____ / _____ / _____

Signature **Date**



PHOTO AND VIDEO/AUDIO RELEASE FORM

For my participation in activities to be conducted by Southside VA Family YMCA and/or YMCA of the USA (collectively "the Y"), and collaborating third parties, I consent, now and for all time, to the making, reproduction, editing, broadcasting, or rebroadcasting of video film or footage of me, soundtrack recordings of me, photo reproductions of me, and any narrative account of my experience.

My consent includes a perpetual license to the Y and collaborating third parties for the use of the materials for publication, display, sale or exhibition in promotions, advertising, education, and commercial uses. Use includes reproductions in any form and media currently existing or later conceived, adaptations and/or revisions, throughout the world in perpetuity.

I agree that my consent is irrevocable. I hereby release and discharge the Y and collaborating third parties, from all claims, actions, lawsuits or demands of any kind arising out of my consent, license grants, uses, or the shared uses of any works or materials referenced herein.

Participants Name: _____ **Age:** _____

I am the Mother/Father/Legal Guardian of the above child. For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Parents Name: _____ **Date:** _____

Parents Signature: _____

Physical Address:

Office Use Only:

Program Administration: _____ Date: _____



Summer Camp Permission Form

I give my child _____, permission to attend all field trips listed on this Summer Day Camp Schedule as a part of the Southside Virginia Family YMCA Summer Camp Program.

Responsibly Party (Print)

Responsible Party Signature

Date

Emergency Phone Number(s): _____

Administrative Initials: _____ Date: _____



VIRGINIA DEPARTMENT OF
SOCIAL SERVICES

**Authorization Form for
Non-prescription Over-the-Counter Skin Products
Licensed Child Day Centers
VDSS Division of Licensing Programs Model Form**

INSTRUCTIONS:

This form must be completed by the parent/guardian to authorize the use of:

- Sunscreen
- Diaper ointment or cream
- Insect repellent

Southside VA Family YMCA has my permission to apply the non-prescription
(Name of Provider)

over-the-counter (OTC) skin product listed below to my child, _____
(Child's name)

Product Name: Sunscreen + bug spray : OTC Products

Known Adverse Reactions (if any): _____

- All OTC products must:
 - Be in the original container and, if provided by the parent, labeled with the child's name
 - Be used according to manufacturer's recommendation and instructions for application
 - Not be used beyond the expiration date of the product
- Sunscreen:
 - Must have a minimum sunburn protection factor (SPF) of 15
 - Shall be inaccessible to children under 5 yrs. & children in therapeutic or special needs programs
 - Children nine yrs. and older may self administer sunscreen if supervised
- Diaper ointment/cream and Insect repellents:
 - Shall be kept inaccessible to children
 - Record of use shall be kept that includes child's name, date, frequency of application, and any adverse reactions

This authorization is effective from: 6/5/2023 until: 7/28/2023
(Start date) (End date)

Parent's Signature: _____

Date: _____