

# 2018 SUMMER CAMP REGISTRATION

## THOMAS M. MENINO YMCA



### CONTACT INFORMATION

Camper's Name: \_\_\_\_\_ Grade entering Fall 2018: \_\_\_\_\_  
 Gender: Female \_\_\_ Male \_\_\_ Not specified \_\_\_ DOB: \_\_\_\_\_ Age as of 1st day of camp: \_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Parent/Guardian's Name: \_\_\_\_\_  
 Email address: \_\_\_\_\_ Home phone #: \_\_\_\_\_  
 Cell phone #: \_\_\_\_\_ Bus. phone #: \_\_\_\_\_

### PLEASE SELECT YOUR CAMP

### TRANSPORTATION

(Ponkapoag ONLY) Cost: \$45.00/Week

Session	Week	Scamper (ages 3-6)	Ponkapoag (ages 7-12)	Morning Drop Off Location: MENINO YMCA ONLY		Afternoon Pick Up Location: MENINO YMCA ONLY	
				YES	NO	YES	NO
1	June 25 – June 29			YES	NO	YES	NO
2	July 2 – July 6 (closed July 4)			YES	NO	YES	NO
3	July 9 – July 13			YES	NO	YES	NO
4	July 16 – July 20			YES	NO	YES	NO
5	July 23 – July 27			YES	NO	YES	NO
6	July 30 – August 3			YES	NO	YES	NO
7	August 6 – August 10			YES	NO	YES	NO
8	August 13 – August 17			YES	NO	YES	NO
9	August 20 – August 24			YES	NO	YES	NO
10	August 27 – August 31			YES	NO	YES	NO

### MEMBERSHIP LEVEL & CAMP PRICING

Membership Level	Scamper Camp (Ages 3-6)	Camp Ponkapoag (Ages 7-12)
Family Member	\$267	\$195
Youth/Kids Pass	\$285	\$215
Community Member	\$320	\$234

A completed enrollment packet, physical (within the last 2 years) and immunization records MUST be submitted prior to your child's start date. You can find these documents on our website at [www.ymcaboston.org/camps](http://www.ymcaboston.org/camps) or at your local YMCA Welcome Center.

Parent/Guardian Initials \_\_\_\_\_

**EMERGENCY INFORMATION:** In a medical emergency I understand that every effort will be made to contact me, the camper's parent or guardian. If I cannot be reached, I hereby give my permission to the attending physician to administer emergency care to my child pending my arrival at the medical facility.

Parent/Guardian signature: \_\_\_\_\_

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

**CAMPER'S NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_



**PAYMENT OPTIONS**

Please check if you child has an active voucher or EEC contract slot: **VOUCHER** \_\_ **EEC CONTRACT SLOT** \_\_

Please circle your camper's membership level: **FAMILY YOUTH/KIDS PASS COMMUNITY MEMBER**

For more information regarding membership, please contact the Membership Desk at 617-361-2300.

**AUTOMATIC WITHDRAWAL FROM BANK ACCOUNT\***

Please Check:        **MasterCard**           **Visa**           **American Express**           **Discover Card**

Bank Issuer:																					
Name on Card:																					
Card Number:																					
																	Expiration Date:				

Charge Full Balance: \_\_\_\_\_ OR Charge 2 Weeks Prior to Session: \_\_\_\_\_

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

*\*When balance is due we will charge the card on file for the remaining balance.*

**BILLING POLICIES**

1. There is a non-refundable, non-transferable deposit of \$25 per week; this fee is applied to the total balance due for each session.
2. NO DEPOSIT REQUIRED when you sign up for Automatic Withdrawal (EFT), however the credit card will be charged \$25 for each session if cancelled.
3. Changes and cancellations MUST be submitted in writing 2 weeks prior to the session start date and sent directly to the Camp/Business Office.
4. Once registered, any change of registration and/or membership level may result in a \$25/week penalty fee.
5. Families receive a weekly statement unless fees are secured through E.F.T.
6. Summer Camp balance is due 2 weeks prior to the start of each session. If balance is not paid in full by this time the Y reserves the right to cancel the session.
7. If registering within two weeks of a session full payment must be made at time of registration.
8. Payment of full session fee is due when the session is canceled within two weeks of the season start date.
9. If a camp enrollment is cancelled due to non-payment, the \$25 deposit fee for that session is forfeited.
10. If an account has been in collection with the YMCA (including an outstanding balance in another Y program), it must be paid in full upon registration. Money order, cash, or credit card only.
11. Parents will be responsible for any balance due regardless of absences.
12. If an enrollment is terminated due to behavioral issues, the Y reserves the right to retain camp fees for the current session.

I have read, fully understand, and agree to the above YMCA Summer Camp Billing Policies.

**Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

[www.ymcaboston.org/camps](http://www.ymcaboston.org/camps)

All camps must comply with regulations of the Massachusetts Department of Public Health and be licensed by the local Board of Health

**YMCA Staff ONLY:**

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Initial:** \_\_\_\_\_ **Spirit Contact ID:** \_\_\_\_\_ **Deposit Amount: \$** \_\_\_\_\_

**Check Deposit Method:**    Check (Check #: \_\_\_\_\_ )    Automatic Withdrawal    **ONLY able to pay in cash, please call**



# YMCA of Greater Boston 2018 Health History, Emergency Contact, and Release Form

BRANCH: \_\_\_\_\_ PROGRAM NAME: \_\_\_\_\_

Last Name:																			Middle Initial:		
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First Name:																			Birth Date (MMDDYY):						
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Street \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Not Specified \_\_\_ Identifying Marks: \_\_\_\_\_ Grade entering in fall 2018: \_\_\_

### Parent or Guardian Information

Parent or Guardian _____	Parent or Guardian _____
Address _____ (Only if different from address above)	Address _____ (Only if different from address above)
Phone _____ Work _____	Phone _____ Work _____
Cell Phone _____	Cell Phone _____
Email _____	Email _____

### Please list at least one emergency contact that, if necessary, could provide transportation home.

Emergency Contact _____	Emergency Contact _____
Cell Phone _____ Work _____	Cell Phone _____ Work _____

### Allergies

<b>Insect Bite/Bee Sting</b>	Yes (circle one) No	Reaction _____	Severity: Mild – Moderate – Severe (circle one)
<b>Sunscreen</b>	Yes (circle one) No	Reaction _____	Severity: Mild – Moderate – Severe (circle one)
<b>Food</b>	Yes (circle one) No	Reaction _____	Severity: Mild – Moderate – Severe (circle one)
<b>Seasonal</b>	Yes (circle one) No	Reaction _____	Severity: Mild – Moderate – Severe (circle one)
<b>Medications</b>	Yes (circle one) No	Reaction _____	Severity: Mild – Moderate – Severe (circle one)
<b>Other</b>	Yes (circle one) No	Reaction _____	Severity: Mild – Moderate – Severe (circle one)

Please explain/specify any of the above that were answered "Yes" (i.e. type of food allergy, medication associated, etc.) \_\_\_\_\_

**If medications will be administered at camp for above allergies a "Medication Information Form" must be completed**

### Physician Information

Name of family physician: \_\_\_\_\_ Phone: \_\_\_\_\_

### Insurance Information

Insurance Carrier: \_\_\_\_\_ Policy Holder Name: \_\_\_\_\_ Policy/ Group #: \_\_\_\_\_

**Immunization History:** Massachusetts requires a **Certificate of Immunization** for all campers and staff. You may use the form provided or a copy from your doctor's office.  **Check if attached**

**Physical Form:** Massachusetts requires a report of a **Physical examination** within the past 2 years.  **Check if attached**

**Relevant Past Medical History, General Information, and Restrictions**

Does your child (or staff member) have Asthma? **Yes (circle one) No**

\*Will your child (or staff member) be bringing an inhaler to camp? **Yes (circle one) No**

Are there any physical, mental, or psychological conditions requiring medication, treatment, or restrictions while at camp?

\*Does your child or (staff member) take any prescription or over-the-counter medication at home? **Yes (circle one) No**

Please list any past medical treatment or recent injuries: \_\_\_\_\_

Describe any specific activities from which your child (or staff member) should be exempted: \_\_\_\_\_

Any dietary modifications or restrictions? **Yes (circle one) No** Please explain: \_\_\_\_\_

Does your child have an IEP or 504 plan? **Yes (circle one) No** Does your child qualify for free or reduced lunch? **Yes (circle one) No**

Please circle the ethnic group the child most identifies with **(circle one)**: Caucasian/White African American/Black  
Hispanic/Latino Native Hawaiian or other Pacific Islander American Indian or Alaska Native Other \_\_\_\_\_

Does your child attend a YMCA Afterschool or Early Education program? **Yes (circle one) No** If yes, where? \_\_\_\_\_

Are there any accommodations or services that we can provide to make the summer as successful as possible? \_\_\_\_\_

Does your child participate in ELL services? **Yes (circle one) No** Primary language spoken at home: \_\_\_\_\_

Please share any information that would help Summer Staff best serve your child:

**Authorizations:**

Accuracy of Information: 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.

Authorization for Treatment: In case of an emergency, I authorize the YMCA to administer first aid and to transport my child or (staff member) to the nearest hospital emergency room and to order X-rays; routine tests and treatment; and to release any records necessary for insurance purposes. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director, or his/her designee, to secure and administer treatment, including hospitalization, for the person named above. This form can be photocopied for camp trips.

Authorization for Medications/Topical Ointments: I authorize the YMCA Health Staff and its designees to administer the following medications (on an "as needed" basis unless contraindicated): Acetaminophen (Tylenol), Ibuprofen (Motrin/Advil), Antacid (Tums), Diphenhydramine HCl (Benadryl), sunscreen and Anti-Itch Creams.

Acknowledgment of Risk and Waiver: I understand and acknowledge my camper (or staff member) may participate in a variety of activities including; swimming, boating, outdoor games, sports, rope course, off-site activities, field trips, and other rigorous physical activities. I hereby release and discharge, and agree to indemnify and hold harmless the YMCA of Greater Boston and its officers, directors, members, agents, employees, volunteers, and any other persons or entities on its behalf, against all claims, demands, and causes of actions whatsoever, either in law or equity, relating to or arising from any participation, medical treatment, recommendation, transportation or administration, or any lack thereof.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Photo Release: I authorize the YMCA of Greater Boston and American Camp Association to have my child's (or staff members) photo to appear in camp brochures, videos, on websites or other promotional literature.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*Signature of Parent/Guardian of Camper, Staff Member, or Parent/Guardian of Staff Member under 18 years of Age**



**2018 YMCA of Greater Boston  
Camper Medication, EpiPen®,  
and Inhaler Administration**

**To be completed for any or all medications that will be brought to and administered at camp.**

**Please Read: Prescribed medications must include the pharmacy label with the Rx number, the name of the medication, dosage, directions for use, and the child or staff's name.** Non-prescription medications must be in its original containers, clearly labeled with the child's or staff member's name and directions for use. All medications must be kept in the Health Center. **Please fully complete the following information regarding the appropriate times and dosages of each medication your child or staff will receive at the YMCA of Greater Boston (attach additional forms if needed).** Please sign at the bottom of the page.

Name of Medication:	
Dosage:	
Why is this medication taken?	
Days Taken: <input type="checkbox"/> Monday - Friday <input type="checkbox"/> As needed	Times Taken (please be specific) • _____ AM (circle one) PM • _____ AM (circle one) PM <input type="checkbox"/> As needed Other _____
Are there any additional notes or instructions for this medication?	
Location of medication at camp: <input type="checkbox"/> Health Center or designated secure storage <input type="checkbox"/> With camp counselor (only option for EpiPen® & inhalers)	

Name of Medication:	
Dosage:	
Why is this medication taken?	
Days Taken: <input type="checkbox"/> Monday - Friday <input type="checkbox"/> As needed	Times Taken (please be specific) • _____ AM (circle one) PM • _____ AM (circle one) PM <input type="checkbox"/> As needed Other _____
Are there any additional notes or instructions for this medication?	
Location of medication at camp: <input type="checkbox"/> Health Center or designated secure storage <input type="checkbox"/> With camp counselor (only option for EpiPen® & inhalers)	

***I hereby give permission for the YMCA of Greater Boston to administer the above medications to my child or staff member under eighteen years of age during his or her camp attendance.***

**Parent/Guardian Signature** \_\_\_\_\_

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



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# 2018 CAMP TRANSPORTATION FORM

## PONKAPOAG OUTDOOR CENTER

CHILD'S FIRST NAME	CHILD'S LAST NAME		Grade (Fall 2018)
	FIRST NAME	LAST NAME	PHONE NUMBER
Parent/Guardian			
Parent/Guardian			
Authorized Pick Up <i>*Must be 18 or older w/ ID</i>			
Authorized Pick Up <i>*Must be 18 or older w/ ID</i>			

Below are the branches with the associated time of day that the YMCA of Greater Boston will transport your child to and from Camp Ponkapoag, located in Canton, MA. \*Please note that these times may vary depending on traffic conditions and may be revised based on need and enrolment.

BUS # 1	AM PICK UP	PM DROP OFF
<b>HUNTINGTON AVE YMCA</b> 316 Huntington Ave, Boston, 02115	8:00-8:15 <i>*Bus will leave at 8:15AM sharp.</i>	5:00pm-5:15pm

BUS # 2	AM PICK UP	PM DROP OFF
<b>ROXBURY YMCA</b> 285 MLK Blvd. Roxbury 02119	8:00-8:10 <i>*Bus will leave at 8:10AM sharp.</i>	5:30pm-5:45pm
<b>DORCHESTER YMCA</b> 776 Washington St. Dorchester, 02114	8:00-8:30 <i>*Bus will leave at 8:30AM sharp.</i>	5:00pm-5:15pm

MENINO BUSES	AM PICK UP	PM DROP OFF
<b>THOMAS M. MENINO YMCA</b> 1137 River St. Hyde Park, 02136	7:30-8:30 <i>*Bus will leave at 8:30AM sharp.</i>	5:30pm

**CIRCLE THE YMCA BRANCH THAT WILL BE YOUR CHILD'S BUS STOP**

(Children will be picked up and dropped off at the SAME bus stop each day. There are no exceptions)

**HUNTINGTON                      DORCHESTER                      ROXBURY                      MENINO**

My child does not require transportation to/from the camp site.

My child has permission to walk unsupervised to/from the selected bus stop.

*\*Please note, that your child must be at least 9 years old and must sign in/out with designated staff*

By signing below, I attest that I have read, understand and agree to the camp transportation policies listed on the backside or page 2 of this document, which includes the Late Pick-Up Policy. I also understand, that it is my responsibility to read, and familiarize myself with the Camp Handbook which lists in detail all our policies including camper behavior expectations. The handbook is available online or a hard copy may be requested. I understand that not complying with these policies will result in my child not being able to attend camp.

Parent/Guardian Signature:	Date:
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# 2018 CAMP TRANSPORTATION FORM

## PONKAPOAG OUTDOOR CENTER

### Drop off/Pick up Procedures

Children will not be supervised and may NOT be dropped off anytime earlier than the time noted on the previous page corresponding to the selected bus stop. Though many branches are open at earlier hours, it is NOT the responsibility of the Welcome Center Staff to supervise any camp children. An adult must sign the child in and out daily with a Camp Staff member. If a child is at least 9 years old and has authorized permission in writing to walk to and from the branch, that child is responsible for signing in and out with staff members as well. They are NOT, however, allowed to sign in or out younger siblings, and those children will remain with staff at the end of the day until an authorized adult arrives to pick them up.

### Pick up Authorization

All parents/guardians must list persons (over the age of 18) who are authorized to pick up their child. If a child is to be picked up by someone other than an authorized person, the Camp must be notified in writing and that person is required to provide a photo ID. Please be aware that if the staff has concerns that an authorized person, including the parent/guardian, is under the influence of drugs or alcohol, another authorized person will be contacted to pick up the child. Repeated instances of this circumstance may be cause for intervention from a support agency, such as the Department of Children and Families. Please note that if a biological parent is NOT authorized to pick up their child, the camp must have a court order on file that acknowledges this. With out that document, the child can be released to the said parent.

### LATE DROP OFF/ MISSING THE BUS

If your child misses the bus at the selected bus stop you may attempt to catch the bus at the next location. If you will be bringing your child to Camp Ponkapoag, you **MUST** check in with the main office so that we can ensure your child is included on the afternoon bus attendance and so we can properly reunite them with their group and counselors. The camp day begins at 9:15, so regular programming will already be in session if your child arrives after that time.

### EARLY DISMISSAL

If it is necessary for a child to be picked up from camp before 4:00pm, please make every effort to send a note, or notify the Camp Director or Bus Lead before hand. If we do not know in advance, it is possible that your child may be on a hike or in the pool, and will not be immediately available for dismissal until the group has returned or until your child changes out of their swim suit. Upon arrival to camp, the parent/guardian or authorized pick up must report directly to the camp office to sign their child out.

### Late Pick-Up Policy

All employees' scheduled hours revolve around the program's closing time, which is 6:00pm. If a parent/guardian anticipates that they will be late picking up their child, they are expected to call the YMCA and give an estimated time of arrival. **Parents/Guardians will be assessed a \$1.00 per minute/per child late fee if they arrive to pick up their child after 6:00pm.** The clock at the YMCA site will be used to determine the fee charged. If a parent/guardian or authorized pick up is tardy on a consistent and regular basis, a case conference will be convened to discuss possible alternatives for pick up.



# 2018 CAMP TRANSPORTATION FORM

## PONKAPOAG OUTDOOR CENTER

### Required Paperwork and Medications

No child will be allowed on the bus or admitted to camp unless all paperwork, including Health and Immunization Forms have been submitted and reviewed by the Camp Director/Health Supervisor. If it is indicated on your child's physical that he/she requires emergency medication, such as an inhaler or Epi-pen, the camp **MUST HAVE THE MEDICATION IN HAND** along with a signed medication authorization form.





City-Wide Measurement Project Consent Form – Please sign and return

Dear Parent/Guardian,

This program is taking part in a city-wide program evaluation project (the “Measurement Project”) for all or part of the May 2018-July 2019 year. This Measurement Project, managed by Boston After School & Beyond, Inc. (“BASB”), seeks to understand the quality of out-of-school and expanded learning time programming in Greater Boston and how programs support student skill development and learning. Several research organizations will help with the Measurement Project: National Institute on Out-of-School Time (“NIOST”), The PEAR Institute (“PEAR”), the RAND Corporation, and Expanded Schools (collectively, “Research Organizations”). **By completing, signing, and returning this Consent Form, you acknowledge and agree to the following:**

1. BASB, Research Organizations, and Boston Public Schools (“BPS”) will have access to the following demographic and academic information about your child (obtained from this Program and/or BPS): student program attendance, school attended, race, gender, grade, age/date of birth, English language learner (ELL) status, home zip code, school-year attendance (days present, days tardy, rate), discipline records (total suspension incidents, days suspended, expulsions), test scores, State Assigned Student Identifier (SASID) and Boston Public Schools ID. These data are confidential and will be used only for evaluation to improve out-of-school time programming.
2. Students in grades 4 - 12 may be asked to fill out a survey called *NIOST Survey on Academic and Youth Outcomes (“SAYO Y”)*. The SAYO Y is a brief survey taken at the end of programming which asks students about their program experiences and future plans. Participation in the survey is voluntary and students may stop at any time without penalty. Individual responses will not be shared with the Program. Should you have any questions about this survey, use of these data, or your child’s participation, contact Dr. Georgia Hall at (781) 283-2530 or ghall@wellesley.edu, or Nancy L. Marshall at nmarshall@wellesley.edu.
3. Students in grades 5 - 12 may be asked to fill out a survey called the Holistic Student Assessment (“HSA”) and/or the Common Instrument survey (“CI”), developed by PEAR. The HSA is a tool that can deepen understanding of students’ social and emotional strengths and needs. Students complete a brief survey about themselves, at least once and as many as two times. The Program will use the HSA results to cultivate the strengths, abilities, and academic success of each student. The CI is a brief survey completed once which assesses student interest in science, technology, engineering, and math. CI results will be used to improve program content and delivery. Participation in the survey(s) is voluntary and students may stop at any time without penalty. BASB, BPS, and Research Organizations will have access to HSA and CI data and results. PEAR reserves the right to use all HSA and CI data for both research and educational purposes. Should you have any questions regarding HSA or CI, contact Jane Aibel at 617-484-0466 extension 204 or jaibel@mclean.harvard.edu.
4. BASB and/or their partners/agents may videotape or take photos of your child’s participation in the program using video and/or digital photography. These images may be taken before, during, or after programming. These images may be used for the purpose of sharing your child’s participation and associated perspectives to a public audience. Images may be published, posted, or played through a variety of communication channels, including but not limited to print, television, and/or online.

**Confidentiality of Data Collected**

Your child’s participation in the Measurement Project data collection helps us to better understand out-of-school time programming in Greater Boston. All data collected that may identify your child will be kept confidential. In public reporting of research findings, only group data and/or de-identified data will be reported. At no time will a public report identify an individual student in any way. The only exception to confidentiality will be in the case of any information disclosed that indicates a child is in any danger.

**Please complete, sign, and return.**

**By signing this form below**, I give permission for my child to participate in the Measurement Project, and I acknowledge that I have read, understand, and agree to all aspects of the Measurement Project as described in this form. The program will provide services to my child regardless of whether I sign this form.

**Program in which your child is enrolling:** \_\_\_\_\_

**Child’s Full Name (First, Middle, Last):** \_\_\_\_\_

**Child’s Date of Birth:** \_\_\_\_\_ **Child’s School-Assigned ID #:** \_\_\_\_\_

**Child’s Gender:** \_\_\_\_\_ **Child’s Current Grade (School year 2018-2019):** \_\_\_\_\_

**Child’s School:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

**\*\*PARENT/GUARDIAN SIGNATURE\*\*:** \_\_\_\_\_ **Date:** \_\_\_\_\_