



Keene Family YMCA School Age

Full Day Programs

2020-2021 School Year

## **VACATION CAMP**

**Hours:**

7:30am-5:00pm

**Prices:**

Program Participants \$30.00/day

Y-Members \$35.00/day

Community: \$40.00/day

A day at Vacation Camp will include but is not limited to: physical activity both indoors and outside, creative arts, STEM or building challenges, and other enrichment activities.



*Vacation Camp will be held at several locations. Your child's enrollment will be confirmed and site location communicated directly by the School-Age Director.*

Please complete the attached forms and return it to the childcare office. Payments are due in full two weeks prior. If payment is not received by the due date, the spot will be

forfeited and the **deposit will not be returned/transferred to another day.**

If you have any questions please contact the School Age/ Camp Director, Ashley Engelbrecht at [aengelbrecht@keene-ymca.org](mailto:aengelbrecht@keene-ymca.org) or call 603-283-5241.



# Keene Family YMCA Participant Registration Form 2020-2021 Early Release/Full Day Program

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent or Guardian #1: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Business Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent or Guardian #2: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Business Name: \_\_\_\_\_ Work phone: \_\_\_\_\_ Email: \_\_\_\_\_

Special instructions for reaching parent/guardian: \_\_\_\_\_

**Emergency Contacts/ Alternate Pick Up Persons** (to whom your child may be released to when parent or guardian cannot be reached or authorized to pick up in a non emergency situation.

Name #1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work : \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name #2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Child's Primary Medical Care

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

Address: \_\_\_\_\_ In case of an emergency, hospital to take your child: \_\_\_\_\_

### Special Conditions, Disabilities, Allergies, or Medical Information for Emergency Situations:

\_\_\_\_\_

### Parent/Legal Guardian Consent and Agreement for Emergencies

As parent/guardian, I give consent to have my child receive first aid by YMCA staff / EMT, and, if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. I agree to review and update this information whenever a change occurs.

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



# CHILD IDENTIFICATION & HEALTH & DEVELOPMENT HISTORY

The information on this form will be used to assist YMCA staff in providing the highest quality care for your child and creating a program that is as accommodating as possible for the children we serve.

Camper Name \_\_\_\_\_

## Physical Description

Body Build: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Special identifying marks (birthmarks, scars, etc.):  
\_\_\_\_\_

## Health & Development

### Allergies:

Please list any allergies to food, medication, environment, etc and the severity of each on a scale from 1 (mild) to 5 (severe) \_\_\_\_\_

Note—Allergy Action plan must be included and signed by a doctor.

### Has your child had or does your child have any of the following: (Circle answers)

Asthma? Yes No suspected, but undiagnosed

Serious illnesses? Yes No Please Explain: \_\_\_\_\_

Physical disabilities? Yes No Please Explain: \_\_\_\_\_

Developmental delays? Yes No Please Explain: \_\_\_\_\_

Mental disorders? Yes No Please Explain: \_\_\_\_\_

Speech impediment? Yes No Please Explain: \_\_\_\_\_

Is your child receiving services for any of the above listed? Yes No

Does your child have an IEP at school? Yes No (please provide a copy to the staff if yes)

More details \_\_\_\_\_

### Please answer the following questions regarding medications: (Circle answer)

Does your child receive any regular medications? Yes No

Is your child allergic to any medications? Yes No

If yes, please describe: \_\_\_\_\_

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



# Keene Family YMCA Vacation Camp Waiver 2020-2021

*The following form contains waivers for particular activities and circumstances that may arise in camp. Please read the list carefully and initial all that you agree to allow and those that ask for you to acknowledge understanding.*

**Walking Trips:** I give permission for my child to participate in spontaneous group walking field trips with YMCA staff during the program time without prior notice \_\_\_\_\_ (initial).

**Outside area:** I give my child permission to participate in activities that take place within the YMCA facility property that may be outside the licensed childcare/camp area and or in an unfenced area (Y fields, pond, Y sidewalks, Camp fields,) \_\_\_\_\_ (initial).

**Photography Waiver:** I give the YMCA permission to photograph my child. I understand that these photographs may be used by the Y for marketing, publicity, and advocacy purposes to further the Y's non-profit mission and cause. Uses may include, but are not limited to, brochures, presentations, posters, articles, digital media, and online applications \_\_\_\_\_ (initial)

**Title XX or Assistance Waiver:** I give the YMCA permission to disclose my state case number or assistance case number for purposes that will benefit the quality of the YMCA summer camp program including, but not limited to, food assistance programs and funding programs. \_\_\_\_\_ (initial)

**Personal Items Waiver:** I understand that no personal items (such as toys and electronics) from home are allowed at any Keene Family YMCA Camp programs. The YMCA is not responsible for lost or stolen items. \_\_\_\_\_ (initial)

**Sunscreen and Bug Spray:** I give permission for my child to apply sunscreen and/or bug spray by him/herself or with a YMCA staff. As the parent I will supply the bug spray and sunscreen for my child. \_\_\_\_\_ (initial)

Camper Name: \_\_\_\_\_

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



# Keene Family YMCA Vacation Camp WAIVER 2020-

**CHILD CARE STATE LICENSING: (ALL CAMPERS)** The licensing authority for this program is the bureau of licensing and certification, child care licensing unit. Child care programs are required to post a copy of the statement of findings and corrective action plan for the most recent visit in a location which is accessible to parents, and must maintain copies of the statement of findings and corrective action plan for the preceding visit and make them available for parents to review upon request. Statements of findings and corrective action plans are also available on-or by calling the unit at 603-271-9025 or 1-800-852-3345, extension 9025. During visits to programs licensing staff speak with children regarding the care they receive at the program if in the judgment of the licensing staff the children's response would be valuable in determining compliance with licensing rules. Licensing staff are experienced in working with children and trained to speak with children in a manner that is respectful and non-leading. Children will remain with their class or group during these conversations with licensing staff, and at no time will a child be forced to speak with a licensing coordinator. If licensing staff believes your child may have specific information regarding an alleged event at the child care program, and determines that it is best to interview your child separately and not with their class or group, please indicate your preference among the following options:

I give permission for child care licensing staff to interview my child at the child care program separate from their class or group.

I wish to be notified prior to child care licensing staff interviewing my child at the child care program separate from their class or group.

I do not give permission for child care licensing staff to interview my child at the child care program separate from their class or group.

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

**BUILDING WAIVER:**

I HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the recipient, its employees, agents, personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to person or property or resulting in death of the recipient, whether caused by the negligence of the releases or otherwise while the recipient or its employees, clients, agents, or representatives are in, upon, or about the premises including use of any facilities or equipment therein.

I HEREBY AGREE TO INDEMNIFY, DEFEND, SAVE, AND HOLD HARMLESS the releases and each of them from any loss, liability, damage, or cost they may incur arising from the recipient's operations at the YMCA premises, including but not limited to use of YMCA's equipment or facilities, regardless of whether such harm is caused by the sole or partial fault of the releases.

I ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE that may be incurred arising from the recipient's operations at the YMCA premises, including but not limited to use of YMCA's equipment or facilities, regardless of whether such harm is due to the sole or partial fault of the releases.

I expressly agree that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of New Hampshire and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE READ AND VOLUNTARILY SIGN THE USE OF PREMISES AGREEMENT AND THE INCORPORATED RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agree that no oral representations, statements, or inducement inconsistent with the foregoing written agreement have been made.

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



# SACC Registration Forms 2020-2021 Vacation Camp Programs

Child's Full Name: \_\_\_\_\_

**Please take note that we are closed and do not run programs on the following dates:**

- November 11th, 2020
- November 26th & 27th, 2020
- December 25th, 2020
- January 1<sup>st</sup>, 2021
- January 28th, 2021
- May 31st, 2021

Also, **December 24<sup>th</sup> & 31<sup>st</sup>** will be **half day** programs that run from 7:30am – 1:00pm

**Please check off the Vacation days your child will be attending.**

- November 3rd, 2020
- November 25th, 2020
- December 4th, 2020
- December 23rd, 2020
- December 24th, 2020 (half day, close at 1:00pm)
- December 28th, 2020
- December 29th, 2020
- December 30th, 2020
- December 31st, 2020 (half day, close at 1:00pm)
- January 25th, 2021
- February 22nd, 2021
- February 23rd, 2021
- February 24th, 2021
- February 25th, 2021
- February 26th, 2021
- March 26th, 2021
- April 26th, 2021
- April 27th, 2021
- April 28th, 2021
- April 29th, 2021
- April 30th, 2021

Please check here if you are interested in the SNOW DAY program (school-age childcare offered on SAU 29 declared snow days; requires separate registration)

### Pricing Information:

**Full Days-** The full day program runs from 7:30am-5:00pm, in house participants pay \$30.00 a day, members pay \$35.00 a day, and non-members pay \$40.00 a day.

A \$10.00 non-refundable or transferable deposit is due for each day registering. The remaining balance will be due 2 weeks prior to the day of care. If you register for a vacation day program, but do not attend, you are still required to pay for the registered dates. *For example, if you are registering for 11/27/2020, \$10.00 is due at registration and the remaining \$25.00 is due 11/13/2020.*

Number of vacation days attending: \_\_\_\_\_ Number of Before Care days needed: \_\_\_\_\_

\$\_\_\_\_\_ Total Amount Enclosed (\$10 **non-refundable** deposit due for each day)

If you have any questions please contact the School Age Director, Ashley at 603-283-5241 or email at [aengelbrecht@keene-ymca.org](mailto:aengelbrecht@keene-ymca.org)