

# **“FUN IN THE SUN” SUMMER DAY CAMP**

## **“Got Camp”**

Palestine YMCA / 5500 N. Loop 256 / Palestine, TX 75801 / (903) 729-3139

Dear Parents,

Welcome to the Palestine YMCA Summer Day Camp Program. We look forward to and appreciate the opportunity of having an impact in your child’s life, spiritually, emotionally, physically and intellectually. The camp is geared toward promoting a healthy spirit, mind and body. We believe that partnering with you and your family will give your child a summer full of exciting enrichment in all areas of his or her life.

We will provide a variety of activities that encourage the camper to discover, experience, and enjoy their summer. The Summer Day Camp meets and/or exceeds the requirements presented in the Texas Department of Protective and Regulatory Services’ (TDPRS) minimum standards.

Each counselor on our staff is thoroughly trained and meets or exceeds TDPRS minimum standards and is committed to nurturing and working with your child. You will find them to be friendly, and dedicated. All activities are planned to be fun, developmentally appropriate, and designed to maximize your child’s growth.

Please read the information that follows with special care and keep it available for reference throughout the summer.

In your service,

Carl Simons  
Child Care Director

### *MISSION STATEMENT*

*“To put Christian Principles such as caring, honesty respect and responsibility into practice through programs that build healthy spirit, mind and body for all”*

- **Hours and Days of Operations**

Regular Hours: Regular hours of operation are Monday – Friday, 7:00a.m. – 6:00 p.m. Programs and Field Trips are planned between 9:00 A.M - 4:00 P.M. **Children are not accepted after 9 am on field trip days.** The program will run from June 7 through August 20.

- **Gang – Free Zones**

Any area within 100 feet of a child-care center is considered a gang-free zone

- **Fees and Payment**

**\$50.00 Registration Fee per child**

**YMCA Members: \$75.00 per week per child**

**Non Members: \$90.00 per week per child**

**Drop in Rate: \$25.00 per day (only if space allows) plus any registration cost**

Registration and enrollment fees are not refundable. You must pay for the full week or the daily drop-in rate of \$25 per day.

Projected enrollment along with licensing restrictions necessitates our billing you for the full eleven weeks of camp in order to reserve your child's place. We will, however, exclude two weeks of billing to allow for your vacation schedule on the condition that you notify the office at least **a week in advance** of the anticipated absence. Again, due to the limited space, and a waiting list, **should your weekly balance remain delinquent, we will be obliged to give your spot to someone else.** Should you then wish to return, if we get an opening, you would be required to re-register (pay the registration fees again).

Payments are due by 9:00 A.M. Monday with a grace period until close of business Monday evening for that week. Payments received after this time will be charged a late fee of \$10.00 added to the balance due Tuesday, \$15.00 added to balance due Wednesday and if payment has not been received by Thursday morning your child may not attend until payment has been made.)

Arrangements must be made for all children to be picked up by 6:00 PM. A late pick up fee of \$5.00 for the first fifteen minutes and \$1.00 per minute thereafter will be charged for each child not picked up by 6:00 PM. This fee is due at the time of pick-up. Any child picked up after 6:00 PM on a persistent basis is subject to removal from the program.

**We are a licensed Anderson County Child Care Services (CCS) provider. You may qualify for assistance through Workforce Solutions East Texas.**

Scholarships are available. Current scholarship recipients must reapply. Prior to applying for scholarship, families must seek CCS assistance. Those not able to pay the full fee may be awarded partial financial assistance based on their demonstrated ability to pay and the YMCA's ability to fund the subsidy.

Insufficient fund (NSF) checks are held until cash or money order is received. A \$20.00 charge will be assessed in addition to the amount of the check. If the NSF is not covered by the end of the second day after notice, the child will be discharged from the program. After two NSF checks, we will no longer accept checks from that person.

- **Enrollment**

A separate enrollment form should be completed for each graduated kindergarten – 12 years of age camper. All information on the enrollment form should be complete, accurate, and kept up-to-date. It takes time to process and check enrollment forms; therefore, there will be a 24 hour waiting period between the submission of complete enrollment forms and payment of the registration fee and the first day of attendance.

**T- Shirt Selection:**

For safety reasons, your child must wear the designated camper t-shirt on all field trips. Please select the t-shirt size on the form. Should you fail to bring your child in his/her designated camper t-shirt on field trip days, he/she will be provided with another and your account will be billed \$10.00.

- **Parent Meeting**

**All parents and campers are encouraged to attend a meeting to go over the parent handbook and policies for the campers. This meeting will help the Palestine YMCA Summer Day Camp to work with the parent and the camper to make the summer a great experience. The meeting is scheduled for Thursday, June 3, at 6:00 p.m. in the Palestine YMCA gym.**

- **Dress Code**

Children should dress comfortably for outdoor play. No spaghetti strap shirts. Shorts must be fingertip length or longer. Sneakers or athletic shoes must be worn. Flip-flops, sandals, or dress shoes are not to be worn for safety purposes. Flip flops or swim shoes may be packed for swim purposes. For safety purposes, jewelry should be minimal. Because the climbing wall is a part of activities your child may not wear denim (no jeans of any color) to camp. Please do not substitute under clothing with a bathing suit worn under clothes as your child will be required to change after swimming.

- **Drop Off and Pick Up**

Children may not be dropped off before 7:00 a.m. The child must be signed in by initialing and noting in the time at the designated check in area. Only those authorized on the enrollment form may pick up children. You must be able to present identification upon request. You must initial and note the time of pick-up on the designated check out area. If someone other than an authorized person needs to pick up a child, permission may be given by phone with a password. A child may not be released to anyone less than 18 years of age.

- **Daily Schedule**

All weekly schedules and activity plans will be posted at the sign in area. A Weekly Summer Day Camp Calendar will be provided. Parents will be notified in advance of any schedule changes. Changes in the schedule will be for the benefit of the children and will be made at the discretion of the Director.

- **Supplies**

Each child will need to bring the following supplies daily: sunscreen, (please apply sunscreen before leaving home and they can re-apply) towel, swimsuit, swim shoes, bag (to keep supplies), and a change of clothes. All supplies should be marked visibly on the outside with the child's first & last name. Children should not bring toys or electronic items to camp (cell phones, game boy, walk-man, etc.). Any toy or electronic item brought from home will be taken up and returned to parents at the end of the day.

- **Meals**

Children will be allowed to eat breakfast brought from home between 7:00 – 8:00 a.m. only.

Your Child is required to bring a nutritious sack lunch unless the camp is having a special theme lunch. If this occurs you will be notified at the beginning of the week.

Once again the YMCA will be taking part in the East Texas Food Bank Youth Summer Feeding Program. We will announce the start of the program at least 48 hours in advance. Your child is welcomed to participate if they wish. Once the program starts we will post a menu and have them available for you to view.

Nutritious snacks are provided in the morning and afternoon. A monthly snack menu is posted in the sign in area. Children are not allowed to purchase drinks or snacks from the vending machines.

- **Health Practices**

The following practices are for the health and safety of all of the children in our care. Children will be prohibited from care for the following reasons:

- ❖ They have an illness that prevents them from participating in outdoor activities comfortably.
- ❖ They have an illness that requires greater care than YMCA staff can provide without compromising the health, safety, and supervision of other children.
- ❖ They have a temperature of 100.4 degrees or greater.
- ❖ They have signs or symptoms of illness such as lethargy, abnormal breathing, uncontrolled diarrhea, two or more vomiting episodes in a 24 hour period, rash with fever, mouth sores with drooling, or other signs that the child may be severely ill.
- ❖ A health care provider has diagnosed the child with a communicable disease and the child does not have medical documentation to indicate that the child is no longer contagious.
- ❖ If critical illness or injury requires immediate attention of a physician, we will contact emergency medical services or take the child to the nearest emergency room, give the child first-aid treatment or CPR when needed.

- **Medication**

Due to state recommendation and risk management all parents will have to administer all medication for their child. The staff will not administer any medication.

- **Transportation**

The Summer Day Camp will provide transportation for all field trips and activities off site. All drivers for our program have a current driver's license and have passed a driving record check. For all vehicles, each child will be secured in a seat belt.

- **Water Activities**

We do participate in swimming and other water activities while weather permits. We utilize the Stephen Bennett Pool for swimming. If you want your child to participate in these activities, you must check the appropriate box on the enrollment form. Children choosing not to swim will still accompany their group to the pool but will be given an activity to complete at a deck table.

*Swimming Lessons provided by the YMCA for your child will be offered at an additional cost.*

- **Field Trips**

There is a space on the enrollment form that gives permission to transport your child. Parents must check the appropriate box on the enrollment form giving permission to transport the child. All field trips will be announced 48 hours in advance. Remember that your child must be at summer day camp by 9:00 A.M. on their field trip day. We will return by 4:00 P.M. on field trip day.

- **Volunteers**

Volunteers are always welcome in our Child Care Program. To ensure the safety of our children, certain standards must be maintained. If you want to volunteer on a regular basis you must fill out a volunteer application and have a criminal background check. Regular Volunteers must have a brief orientation to the YMCA facility.

- **Discipline**

Discipline will be individualized and consistent for each child; appropriate to the child's level of understanding; and directed toward teaching the child acceptable behavior and self – control. Counselors may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction.

When discipline problems arise we will discuss it with the parents and have the proper forms signed. In severe situations your child might be asked not to return to the camp after a parent conference. The Discipline Policy is included in the packet. Please sign and return with enrollment forms.

- **Concerns and Information**

Parents are encouraged to meet with the counselor or the Child Care Director about any concerns that they may have. You may also visit at any time during operation hours to observe your child, our operation, and program activities without prior approval. However, you must sign in at the front desk before visiting. This is for the safety of all the children in our programs. Thank you for your cooperation.

Parents may review a copy of the minimum standards and the most recent Licensing Inspection report at any time. Ask the Child Care Director about a copy of the minimum standards. The most recent inspection is posted at the sign in area. The following is the state information:

Local Licensing Office  
Carrol Kimberly  
3303 Mineola Highway  
Tyler, TX  
903-533- 413  
800-862-5252

Department of Family and Protective Services  
Child Abuse Hotline  
800-252-5400

Department of Family and Protective Services  
[www.tdprs.state.tx.us](http://www.tdprs.state.tx.us)

# ADMISSION INFORMATION

Operation Name <b>Palestine YMCA SUMMER DAY CAMP/ ECC</b>		Director's Name <b>Carl Simons</b>	
Child's Full Name		Child's Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission	Date of Withdrawal		
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers below where parents/guardian may be reached while child will be in care:			
Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.	Cell Phone No
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation <b>ONLY</b> with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			

<b>CHECK ALL THAT APPLY:</b>	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give - consent for my child to be transported and supervised by the operation's employees:		
1. <input type="checkbox"/> <b>TRANSPORTATION:</b>	<input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from home <input type="checkbox"/> to and from school		
2. <input type="checkbox"/> <b>FIELD TRIPS:</b> Parent's Comments:	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give - my consent for my child to participate in Field Trips:		
3. <input type="checkbox"/> <b>WATER ACTIVITIES:</b>	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give - my consent for my child to participate in Water Activities:		
	<input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> water table play		
4. <input type="checkbox"/> <b>RECEIPT OF WRITTEN OPERATIONAL POLICIES:</b>	I acknowledge receipt of the facility's operational policies including those for discipline and guidance.		
5. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:	<input type="checkbox"/> None <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack		
6. MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:			
<input type="checkbox"/> Mondays	from:	to:	
<input type="checkbox"/> Tuesdays	from:	to:	
<input type="checkbox"/> Wednesdays	from:	to:	
<input type="checkbox"/> Thursdays	from:	to:	
<input type="checkbox"/> Fridays	from:	to:	
<input type="checkbox"/> Saturdays	from:	to:	
<input type="checkbox"/> Sundays	from:	to:	

<b>AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:</b>		
In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:		
Name of Physician:	Address:	Ph.#:
Name of Emergency Medical Care Facility: <b>Palestine Regional Medical Center</b>	Address: <b>2900 S. Loop 256, Palestine TX 75801</b>	Ph.#: <b>903-731-1000</b>
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
_____ Signature - Parent or Legal Guardian		

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800)-514-0383 (TTY).

\_\_\_\_\_  
Signature – Parent or Legal Guardian

\_\_\_\_\_  
Date

# ADMISSION INFORMATION

**SCHOOL AGE CHILDREN:**

My child attends the following school:

\_\_\_\_\_

Name of School and Address School Ph.#

**CHECK ALL THAT APPLY:**

His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.

My child has permission to:  walk to and from school,  
 ride a bus, and/or  be released to the care of his/her sibling(s) under 18 years old.

Name of sibling(s): \_\_\_\_\_

**IMMUNIZATION RECORD:**

I have provided the childcare operation with a copy of my child's most current immunization record.

**ADMISSION REQUIREMENT:** If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission.

Please check only one option:

1.  HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he / she is able to take part in the day care program.

\_\_\_\_\_

Health Care Professional's Signature Date

2.  A signed and dated copy of a health care professional's statement is attached.

3.  Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of, I have attached a signed and dated affidavit stating this.

4.  My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.

Name and address of health care professional: \_\_\_\_\_

\_\_\_\_\_

Signature - Parent or Legal Guardian Date

<b>VISION</b>	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	
<b>HEARING</b>	1000 Hz	2000 Hz	4000 Hz
R			
L			
			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	

\_\_\_\_\_  
Signature - Parent or Legal Guardian

\_\_\_\_\_  
Date

# ADMISSION INFORMATION

## HEALTH REQUIREMENTS

Name of Child:

Date of Birth:

Age ▶ Vaccine ▼	Birth	1 mos	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	19-23 Mos	2-3 Yrs	4-6 Yrs
Hepatitis B											
Rotavirus											
Diphtheria, Tetanus, Pertussis											
Haemophilus influenzae type b											
Pneumococcal											
Inactivated Poliovirus											
Influenza											
Measles, Mumps, Rubella											
Varicella											
Hepatitis A											
Meningococcal											

TB TEST (if required)

Positive

Negative

Date:

Signature or stamp of a physician or public health  
personnel verifying immunization information above.

Signature

Date

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the  
statement: My child had varicella disease (chickenpox) on or about (date) \_\_\_\_\_ and does not need varicella vaccine.

Parent's signature

Date

I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official  
notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.

For additional information regarding immunizations contact the Department of State Health Services at  
[www.dshs.state.tx.us/immunize/public.shtm](http://www.dshs.state.tx.us/immunize/public.shtm)

Signature – Parent or Legal Guardian

Date

# YMCA SUMMER DAY CAMP 2010

## T-SHIRT SIZE ORDER FORM

*Please select the size of shirt for your child and sign*

Camper's Name: \_\_\_\_\_ Camper's Age: \_\_\_\_\_

Youth S Youth M Youth L Youth XL Adult S Adult M Adult L

*I understand that if my child does not have their shirt on their field trip day that my account will be billed \$10.00 for a new shirt.*

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