



# The Youth Center Summer Day Camp

## Release of Children Policy/Authorization Form

Each child may be released only to the child's custodial parent(s) listed below or to the following person(s) authorized by the custodial parent(s), to take the child from the camp and to assume responsibility for the child in an emergency if the custodial parent(s) cannot be reached. Pick up pass must be shown to counselor, as explained in the packet. Please inform alternate authorized adults that we do ask for photo ID.

The following are the only authorized person(s) to assume responsibility for: \_\_\_\_\_  
Name of Child (please print)

List below authorized persons:

<u>Relationship to Child</u>	<u>Authorized Person's Name</u>	<u>1st Number to Call</u>	<u>2nd Number to Call</u>
<b><u>Custodial Parent/Guardian</u></b>	_____	_____	_____
<b><u>Custodial Parent/Guardian</u></b>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Your child will not be released to anyone NOT listed above. Please inform all persons listed that we may ask for ID.**

If a non-custodial parent is not included among those persons authorized by the custodial parent to pick up the child, please check here, explain on the back and attach a copy of the court documents.

My child is NOT to be released to the following named person(s) \_\_\_\_\_.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number  
(Number where we can  
contact you at pick-up time.)

**The Youth Center – 16 Hampton Rd. - Glen Gardner, NJ 08826 - 908-537-4594**

**Child Information / Emergency Contact Info**

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Allergies (write "NONE" or specify): \_\_\_\_\_

Physical Disabilities/Limitations (write "NONE" or specify): \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_

Zip \_\_\_\_\_ County: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age : \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **\*\*email addresses are used for communi-cating with parents. The Youth Center will not give or sell your email address to unauthorized personnel.**

**Parent/Guardian:** \_\_\_\_\_ **Parent/Guardian:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Home Address:** \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Marital Status:  Single  Married  Partner  Separated  Divorced  Widowed

Is your child left handed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Other children in family? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, names and ages: \_\_\_\_\_

**Child's Doctor:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**ALTERNATE CONTACT: We must have two (2) emergency contacts.**

**In the event that I am not available in an EMERGENCY, please notify the following**

First Choice

Second Choice – DO NOT LEAVE BLANK

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

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

CHECK ONE BOX:  I do /  I do not consent that photos/videos of myself and my child(ren) are the property of The Youth Center and may be reproduced and publicized and/or used on our website as The Youth Center desires, free of any claim on my part.

**By my signature I attest to the following:**

- That the above information is correct.
- I will not hold The Youth Center responsible for any accident or injury incurred during my child's participation at camp.
- I have received and read the appropriate information regarding The Youth Center's policies and program details and agree to respect them accordingly.
- I realize there are no refunds or credits given for any reason and that staff and/or scheduling may be subject to change.
- In the event that the above named child is injured, and I cannot be reached in an EMERGENCY, I hereby give my permission to any physician to secure proper treatment and if required: to hospitalize, order injections, anesthesia, or surgery for my child.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Please describe your child's personality on the reverse side of this sheet. This may include general disposition and temperament, likes, dislike, fears, etc. This information will further our understanding of your child.

**Please attach a photo of your child.**

THE YOUTH CENTER SUMMER DAY CAMP  
16 Hampton Road, Glen Gardner, NJ 08826

HEALTH HISTORY FORM - Please PRINT legibly.

**REQUIRED** Attach copy of IMMUNIZATION RECORD to this form.

**REQUIRED** Attach copy of INSURANCE CARD to this form, if child is insured.

Do you carry family medical/hospital insurance?  YES  NO \_\_\_\_\_ If yes, indicate:

Insurance Carrier: \_\_\_\_\_ Policy or Group # \_\_\_\_\_

**CHILD'S NAME** (print) \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

1<sup>st</sup> Custodial Parent or Guardian (print) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

Home Address \_\_\_\_\_

Business Address \_\_\_\_\_ Phone \_\_\_\_\_

2<sup>nd</sup> Parent/Guardian or Emergency Contact \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

Home Address (if different) \_\_\_\_\_

Business Address \_\_\_\_\_ Phone \_\_\_\_\_

**REQUIRED**: Alternative emergency contact if parent/guardian not available.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name of dentist/orthodontist: \_\_\_\_\_ Phone \_\_\_\_\_

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

-----  
**ALLERGIES** list all known or **IF NONE, indicate "none"**

Medication Allergies  YES  NO Describe reaction and management of the reaction

Food Allergies  YES  NO

Other Allergies  YES  NO (including, but not limited to food(s), insect stings, hay fever, asthma, animal dander, etc.)

(List & include reaction & management)

Does child have epilepsy Yes \_\_\_\_\_ No \_\_\_\_\_

Does child have diabetes? Yes \_\_\_\_\_ No \_\_\_\_\_

**RESTRICTIONS**

Explain restrictions to activities by physician's advice (e.g. what cannot be done, what adaptations or limitations are necessary)

Any medically prescribed meal plan or dietary restrictions: \_\_\_\_\_

Does not eat: (circle) Red Meat, Pork, Dairy, Poultry, Seafood, Eggs, Other (describe) \_\_\_\_\_

**I understand and will abide with the restrictions placed on my Youth Center activities.**

Signature of minor \_\_\_\_\_

Use this space to provide any additional information about child's behavior and physical, emotional, or mental health about which the camp should be aware.

\_\_\_\_\_  
\_\_\_\_\_

**MEDICATIONS BEING TAKEN** Check One:

My child  takes NO medications on a routine basis.

My child  takes medications. List all medication (including over-the-counter) or non prescription drugs taken routinely.

Med #1 \_\_\_\_\_ Dosage \_\_\_\_\_ Reason \_\_\_\_\_

Med #2 \_\_\_\_\_ Dosage \_\_\_\_\_ Reason \_\_\_\_\_

IMPORTANT: Any medication to be administered at The Youth Center must be detailed on the "Parent Request for Administration of Medicine By Camp Personnel" form.

**Health History:** *if not applicable, please enter a dash* otherwise check of --giving approximate dates.

Diabetes _____	Diseases _____	Allergies _____
Frequent Ear Infections _____	Chicken Pox _____	Hay Fever _____
Heart Defect/Disease _____	Hepatitis _____	Ivy Poisoning _____
Convulsions _____	Measles _____	Insect Stings _____
Mononucleosis _____	Mumps _____	Penicillin _____
Bleeding/Clotting disorder _____	German Measles _____	Other Drugs _____
Hypertension _____		Asthma _____
Other _____	Other _____	Other _____

Date of last physical examination: \_\_\_\_\_

Operations or serious injuries (dates): \_\_\_\_\_

Disability or chronic or recurring illness: \_\_\_\_\_

Suggestions or health related information for Youth Center personnel: \_\_\_\_\_

The applicant is under the care of a physician for the following condition(s): \_\_\_\_\_

Current treatment (include current medications): \_\_\_\_\_

Explanation of any reported loss of consciousness, convulsion, or concussion: \_\_\_\_\_

**Important--This Must be Completed for Attendance**

The health history is correct as far as I know, and the person herein described has my permission to engage in all Youth Center activities except as noted. Child's Name: \_\_\_\_\_

**EMERGENCY AUTHORIZATION:** I hereby give permission to the medical personnel selected by The Youth Center director to order X-rays, routine tests and treatment for my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by The Youth Center director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. I give permission to the camp to arrange necessary related transportation. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. This form may be photocopied.

**REQUIRED** Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name of parent or guardian \_\_\_\_\_

\* If for religious reasons you cannot sign this, you must provide a legal, signed waiver to The Youth Center for attendance.

# The Youth Center Summer Day Camp

16 Hampton Road, Glen Gardner, NJ 08826

(908) 537-4594

## Parent's Request for Administration of Medicine by Camp Personnel

**Check One:**

My child (print) \_\_\_\_\_ **DOES NOT** need to receive medication while at camp.

Signature of Parent/Guardian: \_\_\_\_\_

My child (print) \_\_\_\_\_ **DOES** need to receive medication while at camp.

I hereby request The Youth Center Day Camp to assist my child \_\_\_\_\_  
\_\_\_\_\_, in administering his/her medication.

Medicine prescribed by doctor: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ RX Number: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time(s): \_\_\_\_\_

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

The medication is to be delivered to the Camp Director or Assistant Camp Director. It must be in a container properly labeled (pharmacy issued container for prescription medicines and unopened container for non-prescription medicines) with the child's name, the physician's name and phone numbers, date of original prescription, and name of the medicine.

I, the parent/guardian, do hereby authorize The Youth Center Day Camp personnel to assist my child in taking oral medicine and agree that I will not hold liable any member of the camp staff or an individual of official capacity who is directed by me and/or the Camp Director to assist my child in taking said medication.

- Please be advised The Youth Center does not employ a nurse. First Aid and CPR for the Professional Rescuer are the highest level of emergency training for any one staff member. Medication will be administered by one possessing one of the above certifications only. Due to the nature of the camp environment we are very busy with well planned activities from start of the day to finish for all campers. Please understand we do our best to accommodate medication administration but we are human and wearing many hats throughout the day. There is always the possibility of a missed medication. If this presents a serious concern on your part please reconsider camp options or possibly request the child's physician prescribing a time release dose given in the morning before camp (if appropriate). That stated if you do choose for your child to take medication at camp I request the following:
  - That you call the medication administrator's cell number (we will provide) every time the medication needs to be administered. This is the best assurance of you child's medication not being missed. Please feel free to discuss any questions or concerns with either of the Camp Directors.

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_

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

The Youth Center Summer Day Camp  
16 Hampton Road, Glen Gardner, NJ 08826 (908) 537-4594

PERMISSION SLIPS

CHILD'S NAME: (please Print); \_\_\_\_\_

1. SPRUCE HILLS CONDO POOL PERMISSION SLIP

I hereby give permission for my child, {camper's name} \_\_\_\_\_, to participate in the camp's swimming program at The Spruce Hills Condo Pool in Glen Gardner, NJ for instructional and recreational swimming with The Youth Center Summer Day Camp program.

**PLEASE CHECK APPROPRIATE BOXES:**

I hereby give permission for my child to swim in the deep end of the pool: (This does not guarantee your child will be permitted to do so.)  Yes  No

My child's swimming ability is:  Swimmer  Non-Swimmer

**PLEASE NOTE:** All campers are tested by the swim staff, on the 1<sup>st</sup> swim day (prior to participation in pool activities). After testing, swimmers are assigned color-coded armbands, according to their swimming ability. Buddy checks are done every 10-15 minutes throughout the duration of swim time.

We do have appropriate swim aids (i.e., bubble, PFDs etc.) and adequate staff teaching swimming skills. Please refrain from providing additional swim aids of any type with your child as some inhibit the swim progress and many are not appropriate.

- I understand the children will be traveling to and from the pool by school vehicle.
- I grant permission for all swim trips to the pool for the duration of my child's enrollment in camp.
- I will not hold The Youth Center, or its employees, or Spruce Hills Condo Association, responsible for any personal injury or accidents incurred on The Youth Center premises, Spruce Hills Condo Pool premises, or during transportation.

\_\_\_\_\_  
Parent/Guardian Name (print)                      Parent Signature                      Date



2. PG MOVIES PERMISSION SLIP

**CHECK ONE:** I  give permission / **DO NOT**  give permission

for my son / daughter {camper's name} \_\_\_\_\_ to watch PG movies at The Youth Center Summer Day Camp. I understand that movies may be watched during before or after care and/or on rainy days.

I grant permission for the duration of my child's enrollment at The Youth Center Summer Day Camp.

\_\_\_\_\_  
Parent/Guardian Name (print)                      Parent Signature                      Date

# The Youth Center Summer Day Camp Fundraising

## **Any way you can help is very much appreciated!**

Being a non profit small business, *we need your Help!*

The Youth Center relies on support from the community, participants and volunteers. Some areas of need are:

- **Committee Chairperson** - to lead each committee
- **Fundraising Committees** – to help plan and coordinate upcoming events.  
(1 or 2 in the summer months)
- **Parent Advisory Committee** – to review camp programs and establish short and long term goals of the camp.

Could you assist us in any of the following?

**Parent Advisory Committee**

Fundraising Committee Member and/or Chairperson (please check)

Raffle Committee

Raffle Chairperson

Pizza Sale Committee

Pizza Sale Chairperson

Zumbathon Committee

Zumbathon Participant June 4, 2011

**Scholarship recipients are required to be active participants in  
all fundraisers.**

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Campers Name

\_\_\_\_\_  
Best phone number for Camp Director to reach you

\_\_\_\_\_  
Best Time To Call

THE YOUTH CENTER  
CAMP SURVEY

Please fill out the following survey and include with your camp packet paperwork

What **benefits** do you hope to gain from camp? My child will: (check all that apply)

- Make Friends
  - Be professionally supervised
  - Develop/Improve swimming skills
  - Benefit from Physical fitness opportunities
  - Personal growth
  - Learn new skills
  - Other \_\_\_\_\_
- 

**Reason(s)** for attending camp (check all that apply)

- Camp experience for my child
  - Childcare – so I can work
  - Childcare – so I can attend school
  - Other \_\_\_\_\_
- 

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

How did you hear about The Youth Center? \_\_\_\_\_

**IMPORTANT!!**  
Please read, sign  
and return with Camp packet

**The Youth Center Waiver and Release of Liability  
Summer Day Camp**

I (parent or guardian name) \_\_\_\_\_, intending to be legally bound, and recognizing the danger involved in any physical activity, do agree as follows:

- In consideration for the services rendered by The Youth Center either on The Youth Center premises or any other premises utilized by The Youth Center for myself/my child/ren’s benefit; I agree to waive any rights, claims, or damages for injuries which may occur as a result of participation in any programs for which me or my child/ren are involved.
  
- I agree to disclose myself/my child/ren’s physical limitations, disabilities, ailments, or impairments which may affect me or my child/ren’s ability to participate in any program(s).
  
- I also do not hold the aforementioned institutions liable for any personal injuries, bodily injuries or property damage while on or going to and from any of the premises utilized by The Youth Center programs.

\_\_\_\_\_  
**Child’s Name** (please print)

\_\_\_\_\_  
**Parent or Guardian name** (please print)

\_\_\_\_\_  
Parent or Guardian *signature*

\_\_\_\_\_  
Date



**PARENT/GUARDIAN AGREEMENT FORM**

I have thoroughly read this entire camp packet. I understand and agree to all the terms and conditions as described within, including payment requirements.

\_\_\_\_\_  
Child’s Name (please print)

\_\_\_\_\_  
Parent or Guardian name (please print)

\_\_\_\_\_  
Parent or Guardian *signature*

\_\_\_\_\_  
Date

FYI- read and keep the following pages

The Youth Center 16 Hampton Rd., Glen Gardner, NJ 08826 (908) 537-4594

Dear Parents:

We are pleased to have your child/children enrolled in our Summer Day Camp Program.



We have an exciting schedule of events and happenings planned for this summer; I am confident your child(ren) will have a terrific camp experience with us.

It is important that you complete a Camp packet and either mail or bring to The Youth Center BEFORE camp begins. The packet can be downloaded from our website [www.theyouthcenter.net](http://www.theyouthcenter.net) OR obtained from our office at 16 Hampton Road, Glen Gardner, 908-537-4594.

There are 2 separate sections to the camp packet, some you keep and some you must return:

1<sup>st</sup> set of pages contain **important** Parent Information. *Please read and keep for reference.*

2<sup>nd</sup> set of forms - **you need to complete and return to us, including 3 attachments by June 1<sup>st</sup>.**

(\*If registering after June 1<sup>st</sup>, packet must be returned to us with registration.)

**Your child(ren) will not be allowed to participate in camp until a completed packet has been received by The Youth Center.**

Please remember to also provide these additional 3 items with the set of forms you return:

- 1) **Insurance card** covering child (copy of both sides)
- 2) Child's **immunizations**. IMPORTANT NOTE → When completing the gold medical form, please complete every line and if it does not apply then indicate so with "N/A" or dash.
- 3) **Photo** of your child.

A statement will be mailed to you detailing your balance due and payment due dates. (Monthly Installment Plan (MIP) statements were mailed previously). Please pay from this statement as no further statements will be sent. If you did not receive a statement, please call to request one. *Payments must be kept current for your child to attend camp.*

Throughout the summer, you may register for additional camp weeks, Before Care and/or After Care **providing there is space available**. However, due to the processing time required, we ask that you notify us at least seven days prior to the start of the week you would like to add so that your child can be included on the appropriate rosters. Also, you may switch weeks, provided there is availability; processing fee of \$5 per week per child will be assessed. We cannot accommodate untimely requests.

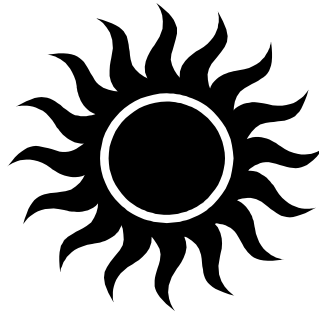
If at anytime you need to drop off your child(ren) before 9:00 AM and/or pick them up after 4:00 PM, you must register in advance for extended care for a minimum of one week at a time.

All packets, payments and paperwork should be mailed, faxed to 908-537-6549 or given to an office staff member; please **do not** give these to counselors. If bringing to The Youth Center after hours, you may leave in the top locked box to the left of the front steps.

We look forward to receiving this completed packet and your timely payments. If you have any questions/comments at any time before or throughout the summer, please do not hesitate to contact me personally or one of the office staff members.

Sincerely,  
Colleen Rountree  
Camp Administrator

**The Youth Center  
Summer Day Camp  
PHILOSOPHY**



The Youth Center Summer Day Camp program is committed to providing a fun and memorable outdoor experience for all campers in a safe and caring environment. We offer a wholesome diversity of programs, which will cultivate the camaraderie of campers by working and playing together each day with the focus on respect for oneself, respect for each other and respect for nature. Our pledge is to better the lives of all we serve and we believe that our best investment in the future is through the youth of today.

# The Youth Center Summer Day Camp

## Daily Checklist

### TO POST ON REFRIGERATOR

- Lunch** in a brown bag only - with Full NAME written with marker in LARGE letters!
- Bathing suit on** (under clothes) EVERY DAY\*\* (labeled with name) regardless of weather conditions or forecast
- Backpack** with a complete change of clothing head to toe\*\* (labeled with name)
- Water shoes** and **towel** in bag\*\* (labeled with name)
- WEAR SNEAKERS EVERYDAY\*\*** (labeled with name)
- Yellow camp t-shirt and permission slip (on trip days)\*\* (labeled with name)
- Personal items left at home
- Positive camper attitude** and **smile** 😊

**\*\*Child's first and last name on EVERYTHING, please!!**

Things do get lost or misplaced and we want you to be able to find them if they do!  
We cannot be responsible for lost items.

Question?? Concern?? Feedback!!

Please feel free to contact us using whichever of the following methods is most convenient for you.

MAIN Youth Center PHONE: (908) 537-4594

CAMP CELL PHONE: (908) 391-4158 Text message including your name.

EMAIL: [theyouthcentergg@yahoo.com](mailto:theyouthcentergg@yahoo.com)

MAIL: The Youth Center, 16 Hampton Rd. Glen Gardner, NJ 08826

WEBSITE: [www.theyouthcenter.net](http://www.theyouthcenter.net)

## **Particulars for Parents** - Page 4 of 5

### **PICK UP AND DROP OFF**

#### **\* \* COMMUNICATIONS \* \***

#### ***PERMISSION SLIPS AND IMPORTANT NOTES!***

Please speak with a staff member EACH and EVERY DAY. We often have very important information that you may need to respond to at pick up or drop off.

All arrivals PRIOR TO 9 AM need to register with the office in advance for Before Care, for a minimum of one week, or your child will not be admitted. Anytime prior to 9 AM REQUIRES registration in the Before Care Program.

***PRIOR TO 9 AM - BEFORE CARE DROP OFF:*** Children must be escorted into building with an adult and signed in with the Before Care counselor.

**It is a violation to leave a vehicle running without a licensed motorist in the driver's seat. Please do not leave your car running and unattended for even a moment.**

***DROP OFF AT 9 AM:*** A staff member will be on the front step from 9:00 – 9:20 to greet you as you pull up with your child in the morning. There is no need to get out of your car. Your child will be escorted into the building and to his/her appropriate group. **PLEASE** follow the appropriate travel direction of traffic as posted and wait until you are acknowledged and please be patient, as every parent needs to do the same. However, if you have **medication** for your child to take at camp, please park to the side of the building and come in and speak to Steph or Colleen and personally hand the medication to her or to a supervisor. **Please do not allow your child to carry medications on them.**

***PICK UP "passes":*** To help ensure the safety of your child, we will be issuing two "pick up passes" per family. Additional pick up passes will be given upon request. Children will be released only to those who show a pick up pass to the counselor. In the event that you need to assign someone else to pick up your child and you are unable to transfer your pass to them, you can call and give us verbal permission and as long as the individual is listed on the release-authorization form, in your packet, they will have permission to pick up your child for that day(s).

***PICK UP AT 4 PM:*** Parents (or authorized **ADULT** as specified on release form) must walk into the building, show "pick up pass" to their child's counselor and **sign** child out. Please inform alternate authorized adults that we **DO** ask for picture ID.

***PICK UP AFTER 4 PM:*** Anyone needing to pickup their child **AFTER 4 PM**, must register in advance for After Care, for a minimum of one full week.

***AFTER CARE PICK UP:*** Parents (or authorized adult as specified on release form) must walk into the building, show "pick up pass" to the After Care counselor and sign their child out. Please inform alternate authorized adults that we **DO** ask for picture ID. **6 PM IS WHEN AFTER CARE ENDS. PLEASE MAKE ALLOWANCES IN YOUR SCHEDULE FOR TRAFFIC AND OTHER UNFORESEEABLE CIRCUMSTANCES\*, AS IT HAS BEEN A LONG DAY FOR ALL. \*\*\* If you are unable to pick your child up by 6:00 PM please make arrangements for another authorized person to come by 6:00 PM.\*\*\***

## The Youth Center Summer Day Camp

# **Particulars for Parents** - Page 2 of 5

**NOTE:** AN ADDITIONAL FEE WILL BE ASSESSED FOR PICK UPS AFTER 4 PM (OR 6 PM FOR AFTER CARE) AT A MINIMUM RATE OF \$5.00 FOR EVERY 5 MINUTES LATE.

**NOTE:** Daily requests for Before and/or After Care can only be granted if we have adequate staffing. There will be a \$10.00 charge for either AM or PM (\$20 for both) for a special day of request.

## **SWIMMING**

### **POOL**

We have an arrangement with the Spruce Hills Condo Association in Glen Gardner, ½ mile across the highway, that provides us with exclusive use of their pool and facilities for recreational and instructional swim, prior to them opening the pool to their members. Campers swim most days and will be taught following Red Cross progression. Therefore there will be challenging skills for all campers. Additionally we may be taking recreational swim trips to other swim facilities.

### **AQUATIC SAFETY**

All campers are tested, by the waterfront staff, on the 1<sup>st</sup> swim day (prior to any participation in water activities). Retesting will be done at specific intervals in the summer; we do our best to retest when we see progress. After testing, swimmers are assigned color-coded armbands according to their swimming ability. We take pride in our aquatic safety practices. In addition to our aquatic staff our counselors are actively involved with their assigned swimmers or they are designated as “look –outs” to assist the lifeguards in proactive and preventative safety measures. Buddy checks are done every 10-15 minutes throughout the duration of swim time. You need to indicate on the pool permission form whether or not you deem your child as a swimmer and allow him/her in the deep end of the pool. The ultimate decision on swimmer status will be determined by the Camp Directors or their assignees. However, if you classify your child as a non-swimmer or check “no deep end” on the pool permission slips, he/she will NOT be permitted in the deep end at all without your written permission.

### **SWIM WEAR**

The following applies regardless of weather conditions for the day or if it is overcast when you arrive at camp. Please have children wear swimsuits underneath clothes **DAILY** (this will reduce changing time). In addition to swimming we plan water related activities **DAILY**, i.e. our water play area, sprinkler, creek, etc. Please have sunscreen **applied PRIOR** to their **arrival** at camp, on a **DAILY BASIS**. **If your child is sun sensitive, be sure to include extra sunscreen for them for use during the day.**

We do have appropriate swim aids (i.e., bubble, PFDs etc.) and adequate staff teaching swimming skills. Please refrain from providing additional swim aids with your child as some inhibit the swim progress and many are not appropriate.

### **CLOTHING**

As part of our dress code, campers/staff are to wear “appropriate” clothing. Inappropriate clothing would be any “revealing/suggestive shorts or tops or t-shirts with designs or writing that is unacceptable to our standards. **Girl’s swimsuits should be 1 piece only.** Tattoos or pierced body parts other than ears are to be concealed or removed during camp. Wearing jewelry is not conducive to the camp environment and can be a safety hazard. The Youth Center cannot be responsible for any complications or loss thereof.

## The Youth Center Summer Day Camp

# **Particulars for Parents** - Page 3 of 5

**CLOTHING** (continued) Please have children wear clothing that is able to get dirty and possibly stained as well as wearing a bathing suit underneath **EVERYDAY**. We plan on doing “hands on” activities and clothing may get soiled. We also require a backpack with a change of clothing from head to toe on a daily basis, including an extra pair of sneakers and a beach towel. **Campers need to wear sneakers EVERYDAY. NO FLIP FLOPS OR SANDALS! Also water shoes are needed DAILY for creek activities.**

Please **label** ALL clothing and “permitted” items with your child’s first and last name in permanent marker or laundry tape. We are not responsible for lost or misplaced clothing or other items. *Please check the lost and found in the front lobby each Friday.*

### **SNACKS/BREAKFAST/LUNCH**

Snacks and Breakfast – will be provided by The Youth Center as follows: a light breakfast for all campers registered in the **Before Care Program** and a snack with beverage or water will be provided to all campers during the day and again in After Care. If your child has a specific allergy, we recommend that you provide extra snacks separate from their lunch.

Parents are welcome to provide special snacks for their child’s entire group at any time, i.e. birthday or a special treat. **No peanut butter, peanut or any type nut snack items please.**

Lunch – please be sure to pack a lunch, including beverage, for your child. Use **ONLY** a **brown paper bag** with your child’s first & last name written on the bag with marker in large letters! We refrigerate all lunches and have limited space.

### ***SPECIAL NEEDS***

***Please specify in detail on the gold medical form if your child has any special needs that should be addressed, i.e. bee stings, any allergies, fear of water, etc.***

### **TRIPS**

For all pre planned trips, **all** campers are asked to wear The Youth Center yellow camp shirt marked with your child’s first and last name. One shirt is provided to each camper during their first week of camp. Additional shirts are available and may be purchased in the office.

Permission slips for field trips will be distributed and need to be returned, signed in a timely manner in order for your child to attend any field trip.

### **MEDICATIONS**

Absolutely no medications, prescription or nonprescription, are to be brought to camp by a child. Parent or guardian must bring meds to camp in original prescribed container and personally hand to the Camp Directors. **The “Parent’s Request for Administration of Medicine by Camp Personnel”** Form must be completed and returned prior to camp.

### **MOVIES**

Please be advised that both G rated and PG rated movies such as Hey Arnold, Lilo and Stitch, The Secret Garden and Grease may be shown during Before and After care, and/or on some rainy days.

(Please refer to enclosed PG Movies permission slip.)

### **GROUP PLACEMENT**

Campers are placed in appropriate groups after registrations are received. Placement is dependent upon a few factors including: age of child, size of groups and where the Camp Directors feel is most appropriate for the needs, personality, enrollment structure, interest and maturity of the camper. Based on these factors group placement can be changed at any time without previous notice. However, please realize that along with safety our greatest concern is in the best interest of the camper and being sure they are happy. If you have any concerns, please do not hesitate to bring them to the Director's attention (in writing).

### **PERSONAL ITEMS**

**Sports equipment, toys, collector cards & items, games, CELL PHONES, GAMEBOYS, IPOD MP3, CD players, CDs etc. may not be brought to camp.** Doing so only creates problems that we want to avoid. Backpacks may be searched by counselors on a daily basis, and unauthorized items will be retained in the main office. If these items are lost, stolen or broken WE WILL NOT take responsibility.

### **ZERO TOLERANCE POLICY / UNACCEPTABLE BEHAVIORS**

The Youth Center is small and personal and we carefully protect all campers from unkind treatment. We cannot tolerate any form of bullying, i.e., name-calling, sexual innuendoes/ harassment, racial comments, physical threats or action will be accepted including through any type of internet socializing at any time. Although we realize all children will not be "friends" at all times, everyone is expected to be kind and considerate to one another. This policy is strongly enforced and The Youth Center staff reserves the right to expel any camper who demonstrates undesirable/unacceptable behavior at any time. A parent or guardian will be called to remove the camper immediately any time of the day, if necessary.

Absolutely no weapons or any items deemed as weapons will be allowed at camp and any form of contraband will be confiscated from the camper and he/she will be expelled without a refund.

### **RAINY DAYS**

If the Camp Director declares a particular day as a "Rainy Day" all staff default to their "rainy day schedule" which has been pre-planned. It is at this time that the whole camp may participate in certain multi age group activities.

### **FEEDBACK & HOW TO CONTACT US**

Question?? Concern?? Feedback!! Please feel free to contact us using whichever of the following methods is most convenient for you.

MAIN Youth Center PHONE: (908) 537-4594

CAMP CELL PHONE: (908) 391-4158 Text message including your name.

EMAIL: [theyouthcentergg@yahoo.com](mailto:theyouthcentergg@yahoo.com)

MAIL: The Youth Center, 16 Hampton Rd. Glen Gardner, NJ 08826

WEBSITE: [www.theyouthcenter.net](http://www.theyouthcenter.net)

Please realize that administratively we are minimally staffed and wear many "hats" and therefore, during the camp season we are not always in our office. However, we will check voicemail (908) 537-4594 and email daily and respond as soon as we are able.

Afterhours (or anytime), correspondence can also be placed in the box outside – located to the left of our front stairs, in the top locking box.

The Youth Center Summer Day Camp

**Particulars for Parents** - Page 5 of 5

**PAYMENT SCHEDULE IS AS FOLLOWS FOR 2011:**

<u>CAMP DATES</u>	<u>WEEK #</u>	<u>Balance of Payment DUE BY</u>
If paying after due date, add \$5 per week.		
June 20-24	Week 1	Balance Due By <b>6/1</b>
June 27-July 1	Week 2	Balance Due By <b>6/1</b>
July 5-8 (closed 7/4)	Week 3	Balance Due By <b>6/15</b>
July 11-15	Week 4	Balance Due By <b>6/15</b>
July 18-22	Week 5	Balance Due By <b>7/1</b>
July 25-29	Week 6	Balance Due By <b>7/1</b>
Aug 1-5	Week 7	Balance Due By <b>7/15</b>
August 8-12	Week 8	Balance Due By <b>7/15</b>
August 15-19	Week 9	Balance Due By <b>7/30</b>
August 22-26	Week 10	Balance Due By <b>7/30</b>

Payment for Extended Care is due with payment for the week according to the schedule above.

Monthly Installment Plan Agreement (MIP)'s are due monthly as per your MIP Agreement.

Financial Aid co-payments are due according to your Scholarship Agreement.

**CAMP HOURS & PROGRAMS**

**Mini Trekkers Camp** Ages 3 to 5 Hours: Tues, Wed & Thurs 9:30 to noon.  
Offered 4 weeks in July beginning July 5<sup>th</sup>. Payment schedule same as Full Day.

**Full Day Summer Day Camp:** Ages: 3 to 13 Hours: 9am to 4pm

**Extended Care:** Before Care: 7 to 9 AM After Care: 4 to 6 PM

<u>CAMP DATES</u>	<u>MINI TREKKERS CAMP</u>	<u>FULL DAY CAMP</u>	<u>FULL DAY-DESCRIPTION</u>
June 20-24		Week 1	Pre week, Modified program
June 27-July 1		Week 2	Weeks 2-7: Core camp weeks Full day camp With traditional & unique activities
July 5-8 (closed 7/4)	1	Week 3	
July 11-15	2	Week 4	
July 18-22	3	Week 5	
July 25-29	4	Week 6	
Aug 1-5		Week 7	
August 8-12		Week 8	Travel Week-limited enrollment, No Daily Option
August 15-19		Week 9	Travel Week-limited enrollment, No Daily Option
August 22-26		Week 10	Camp/child care week- modified program

THE YOUTH CENTER SUMMER DAY CAMP

# Special Events/Features

## Weekly Special Events

Each Friday we will have a different special event either a campfire or a talent show. A weekly calendar given out on Mondays will indicate which will be offered.

## Explanation Of "Campfire" And "Talent Show" Days

"Campfire/Carnival" Days - all campers assemble in the gym for a mock campfire; an example may be logs and orange, yellow and red tissue paper with lights underneath. We sit in a big circle around the "campfire", sing camp songs and tell stories. The campers are then divided into their groups and they follow a schedule of carnival type events – playing games, winning prizes and participating in various other activities.

"Talent Show" – consists of skits, singing, dancing and various expressions of talent performed by all campers. Parents/families are invited and **encouraged** to come watch our shows on scheduled days. Arrive in our gym at 4 pm for the talent shows, which begin shortly thereafter, on scheduled Fridays. However on August 5<sup>th</sup> the talent show is scheduled for 5:00 PM.

**Friday, August 5<sup>th</sup>**

### COOK OUT/POTLUCK PICNIC

Following the talent show on the last **Friday** of "regular" camp, August 5, there will be a cook out/potluck. All campers and their families are welcome to the picnic even if not enrolled in this week of camp. More Info to follow!

### SLEEP OVER

After the cookout there will be a **sleep over** for all campers over 7 years old and enrolled in Week 7. Campers sleep in The Youth Center gym or in the activity room on mats, with their sleeping bags & pillows; girls and boys sleep in separate areas of the building. Details to follow & Permission Slip required. **PICK UP 9AM SATURDAY, Aug 6<sup>th</sup>**.



The Youth Center  
Summer Day Camp  
**DISCIPLINE POLICY**

Each Monday morning, staff will introduce our **camp rules and expectations** for campers. In addition, prior to certain activities specific rules will be reviewed with campers. If any of the rules are violated, the counselor may initiate the three strike system.

### Strike 1: Counselor Action

Removal of the child from the group and placed in “timeout”

One-on-One discussion of the expectation(s) that were violated

Resolution -the camper returns to the group once s/he is ready to adhere to rules

Entry is recorded on Daily Camper Log

#### Violations:

Any form of Oppositional Defiance i.e.,:

- Disrespecting the camp staff
- Any physical altercation
- Rude to others
- Not following directions
- Any behaviors deemed unacceptable by the camp staff

### Strike 2: Disciplinarian Action

Child is separated from the group and sent to the Disciplinarian (Directors, assigned Head Counselor, etc.)

One-on-One discussion of the expectation(s) that were violated

Resolution-the camper returns to the group once s/he takes accountability for the mistake and is ready to adhere to rules

### Strike 3: Parental Action

Child is separated from the group and sent to the Disciplinarian (Directors, assigned Head Counselor, etc.)

One-on-One discussion of the expectation(s) that were violated

Parent is contacted and immediately informed of the situation

Parent and Disciplinarian conference with the child  
Possible dismissal from camp

An entry is recorded in the Communication Log

(← see Star insert to left)

**If after the third strike the camper has another infraction, the parent will be contacted immediately and the child will be asked to leave the program.**

**\*\*PLEASE READ CAREFULLY\*\***

**The Youth Center enforces a “zero tolerance” policy of no threats, bullying, racial, sexual, or harassment of any type towards anyone at any time, including inappropriate internet “socializing” at any time. The Youth Center reserves the right to expel any camper who demonstrates undesirable/unacceptable behavior of any kind. A parent or guardian will be called to remove the camper immediately if deemed necessary by the Director or appointee thereof.**

**THE YOUTH CENTER SUMMER DAY CAMP  
SAMPLE DAILY SCHEDULE**

(Subject to change without notice)

\*Specific activities vary with each group on a daily basis\*

7:00-9:00 Before Care, for those registered: Supervised “recreation”, no structured activities planned during this time. Staff-supervised TV show or movies are permitted, \* Breakfast for Before Care campers only!

9:00- 9:20 Greeting and Daily Preparation

9:20- 9:30 Opening Ceremonies – attendance, flag ceremony, announcements and songs

9:30 – 10:15 Swimming



10:15 – 11:00 Games, Park

11:00-11:45 Lunch

11:45- 12:30 Craft Activity

12:30 – 1:15 Theater/Talent Show Practice

1:15 – 2:00 Sports at the Park

2:00– 2:30 Nature

2:30- 2:45 Snack

2:45-3:30 Creek/change



3:30-3:45 Closing Ceremony

3:45 – 4:00 Clean up, Reminders, Permission Slips

4:00 Dismissal

4:00-6:00 After Care, for those registered: Supervised “recreation,” no structured activities planned during this time. Staff-supervised TV Show or movies are permitted. Snack and drinks are provided around 5pm.

This is a “sample schedule” of daily activities. Please realize all groups follow their own individually pre-planned schedule. This is only a sample to present an average day at camp

Camp will not follow this schedule on days when field trips are planned.

We default to a rainy day schedule in the event of rain.

## THE YOUTH CENTER SUMMER DAY CAMP

### POLICY ON THE MANAGEMENT OF COMMUNICABLE DISEASES

If a child exhibits any of the following symptoms, he/she should not attend camp. If such symptoms occur at camp, the child will be removed from the camp, and you will be called to take him/her home.

- ◆ Severe pain or discomfort
- ◆ Acute diarrhea
- ◆ Episodes of acute vomiting
- ◆ Sore throat or severe coughing
- ◆ Yellow eyes or jaundice skin
- ◆ Red eyes with discharge
- ◆
- ◆ Elevated oral temperature of 101.5 degrees Fahrenheit
- ◆ Mouth sores with drooling
- ◆ Skin rashes lasting longer than 24 hours
- ◆ Weeping or bleeding skin lesions that have not been treated by a physician or nurse.
- ◆ Infected untreated skin patches
- ◆ Difficult or rapid breathing
- ◆ Swollen joints
- ◆ Stiff neck
- ◆ Blood in urine
- ◆ Visibly enlarged lymph nodes

Once the child is symptom free, or has a physician’s note stating that he/she no longer poses a serious health risk to themselves or others, he/she may return to camp.

If a child contracts any of the following diseases, please report it to us immediately. The child **MAY NOT** return to camp without a doctor’s note stating that the child presents no risk to himself/herself or others.

#### Respiratory Illnesses

Chicken Pox  
German Measles\*  
Hemophilus Influenzae\*  
Measles\*  
Meningococcus\*  
Mumps\*  
Strep Throat  
Tuberculosis\*  
Whooping Cough\*

#### Gastro-intestinal Illnesses

Giardia Lamblia\*  
Hepatitis A\*  
Salmonella\*  
Shigella\*  
Campylobacter\*  
Escherichia coli\*

#### Contact Illnesses

Impetigo  
Lice  
Scabies  
Shingles

**\*Reportable diseases, as specified in N.J.A.C. 10:122-7. 10(a).**

**If your child is exposed to any reportable disease at camp, you will be notified in writing.**

- ❖ Please note: It is the Directors discretion to send a child home or not permit the camper to remain at camp regardless of the illness should he/she deem necessary.**

## FAQ

Frequently Asked Questions – What will my child be doing at camp? The following descriptions are to serve as examples of age appropriate activities and to outline the camp program progression. Actual activities offered may vary and are not limited to what is listed. Grades are listed however this can vary depending on Camp Directors' discretion and census for each group.

	Pre-kindergarten and Kindergarten	First Grade	Second or Third Grade	Fourth or Fifth Grades	Sixth and Seventh Grades	All Groups
	Pathfinders	Discoverers	Trailblazers	Explorers	Adventurers	
Swimming	Pathfinders focus on overcoming the camper's fear of the water and increasing their comfort level. All Pathfinders wear floatation devices that The Youth Center provides and the ratio is generally 2-3 campers to 1 counselor or guard. During swimming lessons campers practice blowing bubbles, floating, kicking and swimming under water with fun and exciting songs or obstacle courses.	Discoverers increase their comfort level in the water and practice the basic skills needed for freestyle including rotary breathing and the scissor kick. Discoverers use kickboards, noodles and diving toys to assist in their progress.	Trailblazers focus on improving their freestyle and are introduced to backstroke. Swimmers enhance their ability to float on their back, tread water and swim under water during water games, relay races and obstacle courses.	During instruction Explorers are exposed to the four basic strokes but focus on refining rotary breathing and the scissor kick for freestyle and the back stroke in obstacle courses, relay races, water games and drills.	During instructional lessons Adventurers refine the four basic strokes, their endurance and are challenged in obstacle courses and drills. They may also be taught skills from Guard Start: a Junior Lifeguard Program where swimmers learn how to respond during emergency scenarios.	During each camper's first swim session a swim test will be given. The camper will then be given a color band based on his/her ability that signifies the depth of the water in which camper is allowed to swim.
Arts & Crafts	Pathfinders make crafts in stations which allow for more independent creations. They create crafts such as bean mosaics, stamping, and foam creations.	Discoverers create such crafts as sun catchers, mobiles and foam jewelry or frames.	Trailblazers create crafts like tin pencil holders, painting ceramic molds and bead key chains.	Explorers create jewelry and pots from clay, leather tannery lacing and stamping projects,	Adventurers create crafts like wooden bird houses, decorate keepsake boxes with mosaics tiling and design camp photo albums or journals.	All campers create at least one take-home craft project a week and create one or two camp-wide crafts such as tie dying shirts or groups pictures with designed frames.
Games	Pathfinders learn and enjoy the games of Red Light, Green Light, What time is it Mr. Fox? as well as, I Spy, marble tracks and building games.	Discoverers have relay races, play tag games and themed games at the park. Indoors the Discoverers learn card games like Go Fish and Memory!	Trailblazers play SPUD and Around the World down at the park and compete in cup stacking and air hockey tournaments on the pavilion.	Explorers play Knockout and Prison Ball down at the park or Jenga and foosball tournaments and card games like "War" on the pavilion.	Adventurers play outdoor games like Capture the Flag down at the park. Out on the pavilion, campers play board games like Pictionary or Scrabble and learn card games like "Spit".	Depending on the type of activity the group may stay in the center's activity room, go out to the pavilion and to the borough park.
Sports	Pathfinders learn the basic skills of soccer, kickball and T-ball while learning good sportsmanship.	Discoverers refine the basic skills of soccer, kickball and T-ball and are introduced to basketball and Frisbee.	Trailblazers are introduced to football and Frisbee golf skills and begin to play soccer, kickball and baseball games.	Explorers are introduced to ultimate Frisbee, and practice the skills of basketball, soccer, kickball and baseball.	Adventurers enjoy the games of soccer, kickball, baseball, basketball, football and ultimate Frisbee.	All groups may play at the borough park or in our full size gym depending on weather conditions.
Theater	Pathfinders will learn camp songs, use instruments and perform other activities depending on the theme of the summer.	Discoverers will practice camp songs, perform short skits and learn basic rhythms with instruments.	Trailblazers will practice camp songs as well as popular songs depending on the theme. They will also create rhythms with instruments and perform.	Explorers will individually lead camp songs, introduce new songs to the group and perform group skits or common plays.	Adventurers will write and perform songs, camp stories and skits in small groups. They will also create rhythms in "jam sessions."	All groups will perform a short skit or song at the Talent Show every other Friday at 4 pm. All family and friends are invited to attend the show!
Field Trips	Pathfinders travel to local libraries for storytelling and shows, to local farms to learn about animals and plants as well as picnic at local parks.	Discoverers discover ...local parks like Field of Dreams for a picnic, ice cream, berry picking.	Trailblazers blaze to Whitmore Sanctuary for a nature hike and picnic Crayola Factory, public pool.	Explorers explore...Voorhees State Park for a picnic and nature hike, bowling, roller rink.	Adventurers venture to... local parks like Meadow Breeze, museums, spruce run, roller rink bowling, canoeing.	All groups will be bussed to the local condo pool for swimming regularly and also take group field trips to locations such as movies, farmers fair and community pools.
Playground	Last year's fundraiser was a success and provided for a newly designed play area for 2-5 year olds here at The Youth Center. The area is completely fenced in and has a mulch surface engineered wood fiber.		Phase III of the fundraising project allowed for the implementation of an Infinity Web climber for ages 5-12.			A fenced in "splash pad" with a frog sprinkler is used by all groups for a car wash, "dry, dry, wet games" or just to cool off on hot summer days.
In house programs are offered to all campers such as, puppet shows, various demonstrations, spaghetti days and themed special events and guest appearances from interesting visitors.						