

School Holiday Camp Program 2017-2018

First Child's Name _____ Date of Birth ____/____/____

Second Child's Name _____ Date of Birth ____/____/____

Address _____ Apt/Suite # _____

City _____ State _____ Zip _____

Medical Conditions/Allergies First Child* _____

Medical Conditions/Allergies Second Child* _____

*** A medical form must be on file for every child attending this program. A child will not be allowed into the program without an up to date medical form on file at the time of enrollment.**

Applications must be submitted no less than five business days before any holiday camp day you intend for your child to attend.

Contact Information

Parent Information:		Cell Phone	Work Phone	E-mail address Required
Mother's Name				
Father's Name				

Emergency Contacts (other than parents):		Phone	Relationship
Full Name			
Full Name			

Authorized Pickups* (other than parents):		Phone	Relationship
Full Name			
Full Name			

*** Your child will NOT be allowed to leave with a person whose name is not listed above. Please list ALL persons allowed to pick up your child from program. Siblings under age of 16 will not be allowed to pick up the child.**

Programs Fees (Please Circle Dates of choice)

Full Day Program Hours 8AM-6PM (Please circle day/s that apply)	Columbus Day October 9, 2017	Election Day November 7, 2017	Martin Luther King Day January 15, 2018	Chancellor's Conference Day June 7, 2018	June Clerical Day June 11, 2018	Eid al-Fitr June 15, 2017
After School program participants	\$85	\$105 Trip TBD	\$85	\$85	\$85	\$85
None-ASP participants	\$95	\$115 Trip TBD	\$95	\$95	\$95	\$95
Late Stay 6-7PM	\$10	\$10	\$10	\$10	\$10	\$10

Sibling discount: Register one child and receive a 10% discount for each additional sibling registered

TERMS OF ENROLLMENT

- Holiday Camp Fees are non-refundable.
- There is a **\$35 fee** for any bounced checks.
- Please keep in mind that there is a late pick up fee of \$15 if your child is not picked-up on time.
- I understand that Shorefront Y reserves the right to suspend or terminate a child's enrollment due to unacceptable behavior issues.

Signature of Parent or Guardian _____ Date _____



How did you find out about our Shorefront Y Holiday Camp?

☐ Friend (please specify) _____ ☐ Newspaper (please specify) _____

☐ Flyers ☐ Radio ☐ Email from us ☐ Shorefront Y website ☐ Other (please specify) _____

New participant(s): ☐ Yes ☐ No, this will be my child's _____ year at the Shorefront Y Holiday Camp.

Other children in the family:

First Last Birth Date ____/____/____ Age _____ Sex: F M

Programs attending at Shorefront Y ☐ Day Care ☐ LKSA ☐ Sports _____ (specify) Others _____ (specify)

First Last Birth Date ____/____/____ Age _____ Sex: F M

Programs attending at Shorefront Y ☐ Day Care ☐ LKSA ☐ Sports _____ (specify) Others _____ (specify)

Demographic/Religious Affiliation Questions:

In order to be considered for many funding sources, the Shorefront Y must collect and maintain demographic information on the families we serve. Responding to the following is optional. If you choose to answer you will be helping us greatly to be responsive to our funders:

- ☐ Hispanic/Latino
- ☐ Black/African
- ☐ Asian
- ☐ White-Caucasian
- ☐ Other _____

- ☐ Jewish Observant
- ☐ Jewish
- ☐ Christian
- ☐ Muslim
- ☐ Other _____

For office use only:

Amount Paid	Receipt #	Payment Date	Transaction Details



Photo Release

I hereby grant permission, without reservation, to the Shorefront YM-YWHA and the United Jewish Appeal-Federation of Jewish Philanthropies of New York, Inc, ("UJA-Federation"), and those authorized by the Shorefront YM-YWHA and UJA-Federation, to take photographs and to make recording of me and my child and to use them in original or modified form in all media now or hereafter known, with or without my or my child's name or information about me or my child, for the promotion, public education, and/or fundraising activities of both organizations. I understand and agree that I am entitled to receive no compensation for the above.

I release The Shorefront YM-YWHA and UJA-Federation its officer, director, agents, employees, independent contractor, licensees and assignees from all claims that I now have or in the future may have relation to the above.

I agree that The Shorefront YM-YWHA and UJA-Federation will be the sole owners of all tangible rights in the above mentioned photographs and recording, will full power of disposition.

I am the parent or guardian of the minor named above, and I hereby consent to the foregoing on behalf of the minor and myself.

Signature _____

Administration of Medicine/Medical Release Agreement

The medical form is due before the start of the program, no child will be allowed to start before a complete medical form is on file. Based on Office of Children and Family Services regulations, our staff CAN NOT administer medication at any time. If your child needs to take medication during Holiday Camp hours, YOU must make other arrangements. Students may not carry their own or other medication to the program. Students are permitted to store an inhaler for asthma at the site, provided inhaler is in original box with instructions.

I, give my permission for my child to receive whatever emergency medical care that may be deemed needed by Shorefront Y Holiday Camp personnel for the treatment of any injury that may be incurred while in the program's activities or swimming on premises or elsewhere. I understand Shorefront Y Holiday Camp will make effort to contact myself or my emergency contact before or immediately after such emergency treatment is rendered.

Signature _____

Activity/ Trip & Transportation Release

I hereby grant permission, without reservation for my child to participate in all activities and attend all trips with the Shorefront Y Holiday Camp.

As parent/guardian of the above named child/children, I hereby release the Shorefront Holiday Camp from all liability arising out of his/her transportation throughout all the extra curriculum activities, including trips.

Signature _____

Waiver of Liability

The Shorefront YM-YWHA provides service for children during the 2017-2018 school year. Our staff is trained to provide the maximum level of protection for your child while in our care. Even with all of these safeguards, injuries can occur. As a parent or legal guardian of the above named student, I fully understand the risks involved in my child's participation in the all program activities. To the best of my knowledge, my child has no medical conditions, which would conflict with his/her participating in the Shorefront Y Holiday Camp educational, sport and recreation programs. I further agree to waive the right to press legal charges against Shorefront YM-YWHA in those instances where any of the above have not clearly demonstrated negligence leading to injury of the above named student.

Signature _____

Swimming Consent

I, the parent or guardian of the minor named above, give permission for my child to go swimming in the Shorefront YM-YWHA pool for the duration of their attendance in the Shorefront Y Holiday Camp.

Signature _____



Climbing Wall Consent

I, the parent or guardian of the minor named above, give permission for my child to participate in the climbing wall unit activity at the Shorefront Y.

Signature _____

Special Needs

We make every effort to accommodate the children we serve in our programs. If your child has an IEP (Individual Educational Plan), please speak to the director of the program before registering in order to assure the best experience for your child in the Holiday Camp. Please understand that if you do not provide the most recent copy of your child's IEP at the time of registration, and will not communicate your child's unique needs to the Shorefront Y ASP management, we reserve the right to terminate our services for your child.

Signature _____

Parent Agreement

- The Shorefront YM-YWHA will not be responsible for any lost, stolen, or damaged property.
- The Shorefront YM-YWHA reserves the right to use all pictures taken for publicity purposes.
- The Shorefront YM-YWHA reserves the right to terminate the program for any participant who exhibits serious and persistent behavioral pattern and may pose a risk to him/herself and/or others. The Program Director will be in communication with families of any child exhibiting problematic behaviors. **No refund will be issued for termination due to behavioral issues.**
- The Shorefront YM-YWHA reserves the right to suspend and/or expel any child/children who are caught breaking any of the program rules. **NO refund will be given if a child is expelled from the Shorefront Y Holiday Camp.**

Each participant of the Shorefront YM-YWHA Holiday Camp is expected to:

1. Follow the program's rules.
2. Respect the Beliefs, Rights and Property of other participants.
3. Resolve conflicts peacefully without fighting or name calling.
4. Be respectful and courteous to All Holiday Camp Staff.
5. Never leave/walk away from the group.
6. Address all issues with staff if a problem were to arise.
7. Take proper care of all Shorefront Y rooms, the contents of the rooms, and all property belonging to the Shorefront Y.

Parents / guardians of a child in the Shorefront YM-YWHA Holiday Camp are expected to:

1. Talk with the Program Director/ Upper Staff about your child's behavior issues and address them at home with your child.
 2. To follow recommendations made by the Program Director concerning your child's development.
 3. Be on time every day to pick up your child at dismissal time.
- **Children are not allowed to bring in electronic games, iPods, cell phones or any other type of electronic game or any other types of toys. We strongly encourage all students to leave all valuables at home. These items will be confiscated.**
 - I understand that Shorefront Y has a strictly Kosher food policy as well as Nut Aware policy. Any food that is brought in for the groups such as birthday party celebrations or any shared treats must be approved in advance by the program director, the food must be kosher and nut free.

I have completed the form to the best of my knowledge and fully accept the terms of enrollment

Signature _____

CHILD & ADOLESCENT HEALTH EXAMINATION FORM

NYC DEPARTMENT OF HEALTH & MENTAL HYGIENE — DEPARTMENT OF EDUCATION

Please
Print Clearly
Press Hard

STUDENT ID NUMBER

OSIS

TO BE COMPLETED BY PARENT OR GUARDIAN

Child's Last Name

First Name

Middle Name

Sex

☐ Female

☐ Male

Date of Birth (Month/Day/Year)

Child's Address

Hispanic/Latino?

☐ Yes ☐ No

Race (Check ALL that apply)

☐ American Indian ☐ Asian ☐ Black ☐ White ☐ Native Hawaiian/Pacific Islander ☐ Other

City/Borough

State

Zip Code

School/Center/Camp Name

District Number

Phone Numbers

Home

Cell

Work

Health insurance (including Medicaid)?

☐ Yes ☐ No

Parent/Guardian

Last Name

First Name

Foster Parent

TO BE COMPLETED BY HEALTH CARE PROVIDER

If "yes" to any item, please explain (attach addendum, if needed)

Birth history (age 0-6 yrs)

☐ Uncomplicated ☐ Premature: _____ weeks gestation

☐ Complicated by _____

Allergies

☐ None ☐ Epi pen prescribed

☐ Drugs (list) _____

☐ Foods (list) _____

☐ Other (list) _____

Does the child/adolescent have a past or present medical history of the following?

☐ Asthma (check severity and attach MAF/Asthma Action Plan):

☐ Intermittent ☐ Mild Persistent ☐ Moderate Persistent ☐ Severe Persistent

If persistent, check all current medication(s): ☐ Inhaled corticosteroid ☐ Other controller ☐ Quick relief med ☐ Oral steroid ☐ None

☐ Attention Deficit Hyperactivity Disorder ☐ Orthopedic injury/disability

☐ Chronic or recurrent otitis media ☐ Seizure disorder

☐ Congenital or acquired heart disorder ☐ Speech, hearing, or visual impairment

☐ Developmental/learning problem ☐ Tuberculosis (latent infection or disease)

☐ Diabetes (attach MAF) ☐ Other (specify) _____

Medications (attach MAF if in-school medication needed)

☐ None ☐ Yes (list below)

Dietary Restrictions

☐ None ☐ Yes (list below)

Explain all checked items above or on addendum

PHYSICAL EXAMINATION

Height _____ cm (_____ %ile)

Weight _____ kg (_____ %ile)

BMI _____ kg/m² (_____ %ile)

Head Circumference (age ≤2 yrs) _____ cm (_____ %ile)

Blood Pressure (age ≥3 yrs) _____ / _____

General Appearance:

Ni Abnl

☐ HEENT ☐ Lymph nodes ☐ Abdomen ☐ Skin ☐ Psychosocial Development

☐ Dental ☐ Lungs ☐ Genitourinary ☐ Neurological ☐ Language

☐ Neck ☐ Cardiovascular ☐ Extremities ☐ Back/spine ☐ Behavioral

Describe abnormalities:

DEVELOPMENTAL (age 0-6 yrs) ☐ Within normal limits

If delay suspected, specify below

☐ Cognitive (e.g., play skills) _____

☐ Communication/Language _____

☐ Social/Emotional _____

☐ Adaptive/Self-Help _____

☐ Motor _____

SCREENING TESTS

Blood Lead Level (BLL)

(required at age 1 yr and 2 yrs and for those at risk)

_____/_____/_____

_____ µg/dL

Lead Risk Assessment

(annually, age 6 mo-6 yrs)

_____/_____/_____

☐ At risk (do BLL)
☐ Not at risk

Hearing

☐ Pure tone audiometry ☐ Normal ☐ Abnormal

☐ OAE _____

Head Start Only

Hemoglobin or Hematocrit (age 9-12 mo)

_____/_____/_____

_____ g/dL
_____ %

Tuberculosis

Only required for students entering intermediate/middle/junior or high school who have not previously attended any NYC public or private school

PPD/Mantoux placed

_____/_____/_____

Induration _____ mm

PPD/Mantoux read

_____/_____/_____

☐ Neg ☐ Pos

Interferon Test

_____/_____/_____

☐ Neg ☐ Pos

Chest x-ray (if PPD or Interferon positive)

_____/_____/_____

☐ NI ☐ Not Indicated
☐ Abnl

Vision

(required for new school entrants and children age 4-7 yrs)

_____/_____/_____

☐ with glasses

Acuity Right _____ / _____
Left _____ / _____
Strabismus ☐ No ☐ Yes

IMMUNIZATIONS – DATES

CIR Number of Child

Hep B _____/_____/_____

Rotavirus _____/_____/_____

DTP/DTaP/DT _____/_____/_____

Hib _____/_____/_____

PCV _____/_____/_____

Polio _____/_____/_____

Influenza _____/_____/_____

MMR _____/_____/_____

Varicella _____/_____/_____

Td _____/_____/_____

Tdap _____/_____/_____ Hep A _____/_____/_____

Meningococcal _____/_____/_____

HPV _____/_____/_____

Other, specify: _____/_____/_____

RECOMMENDATIONS ☐ Full physical activity ☐ Full diet

☐ Restrictions (specify) _____

Follow-up Needed ☐ No ☐ Yes, for _____ Appt. date: _____/_____/_____

Referral(s): ☐ None ☐ Early Intervention ☐ Special Education ☐ Dental ☐ Vision

☐ Other _____

ASSESSMENT ☐ Well Child (V20.2) ☐ Diagnoses/Problems (list) ICD-9 Code

Health Care Provider Signature

Date _____/_____/_____

DOHMH PROVIDER ONLY I.D.

Health Care Provider Name and Degree (print)

Provider License No. and State

Facility Name

National Provider Identifier (NPI)

Address

City

State

Zip

Date Reviewed: _____/_____/_____ I.D. NUMBER

Telephone (_____) _____ - _____

Fax (_____) _____ - _____

REVIEWER:

CH-205 (5/08)

Copies: White School/Child Care/Early Intervention/Camp, Canary Health Care Provider, Pink Parent/Guardian