



Smolenski Park Summer Camp 2011 Enrollment Packet

Packet Includes

- Day Camp Hours & Fees**
- Weekly Camp Themes & Dates**
- Child Care Enrollment Form**
- Immunization Records Form**
- Health History & Emergency Care Plan**
- Day Camp Bank Draft /Credit Card Authorization Form**
- Parent Approval Form**



**United Way
of Racine County**

[Make new friends, Learn new skills, and Enjoy being outdoors.](#)

The heart of the Racine Family YMCA Day Camp experience is the small close-knit group of campers who, together with their counselors, plan and carry out a variety of activities for fun and personal development. Day Camp activities coordinate with the weekly theme. Activities such as environmental hikes, swimming, crafts, group games, sports, camp songs, outdoor cooking, overnights, and field trips are designed to promote success confidence and self-esteem, which are fundamentals in all YMCA youth programs.

[Phenomenal Staff](#)

The Racine Family YMCA camp staff is highly trained and very committed. References, past work experiences and criminal background are thoroughly checked prior to hiring. All counselors are trained in CPR and Basic First Aid. Our counselors are hard working young men and women who are dedicated, experienced, responsible, enthusiastic, positive and fun. The counselor to camper ratio is never greater than 1:12.



[Parent Orientation](#)

If your child is attending Summer Day Camp, please plan on attending our Parent Orientation on Friday, June 10th from 7pm-8 pm at the Racine Family YMCA located 725 Lake Ave.

During the orientation we will go over the rules and regulations for camp, along with basic information that you will need. You will also have the opportunity to meet the Camp Counselors and ask any questions that you may have. We ask that all parents and campers plan on attending even if you have been to camp previously.

[All are welcome at Day Camp](#)

The Racine Family YMCA Day Camp believes that every child should have the opportunity to experience the YMCA Day Camp. If financial assistance is needed, the Racine Family YMCA works closely with state agencies that help fund child care. We ask that you first apply for child care financial assistance with the Wisconsin Works program (W2) located at the Workforce Development Center; 1717 Taylor Ave. Families who do not qualify for financial assistance with W2 may apply for financial assistance through the United Way of Racine and The Racine Family YMCA Strong Kids Campaign.

For more information please contact:

262-634-1994

Cheree Allen @ Ext. 272 or Jen Eisel @ Ext. 206

<p><u>Smolenski Park Day Camp Hours</u> Regular Camp Hours (Monday- Friday) 8:30am-4:30pm Summer Session Hours Monday-Thursday, 1:30pm-4:30pm Fridays, 8:30am-4:30pm Extended Care Hours (Monday- Friday) 6:30am-8:30am and 4:30pm-6:00pm</p>	<p><u>Applying for W2?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><u>Enrollment Fees</u> This is a one-time fee. <input type="checkbox"/> 1st Child \$30.00 <input type="checkbox"/> 2 Children \$25.00 each <input type="checkbox"/> 3 or more children \$20.00 each</p>
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Enrollment Information

Name _____

Birth Date _____ Age ___ Male/ Female _____

Mother's Name _____ Father's Name _____

Address _____

City _____ Zip Code _____

If address is different from the child

Billable Parent _____

Birth Date _____ Age ___ Male/Female _____

Address _____

City _____ Zip Code _____

Day Camp Weekly Fees

Please check all boxes that apply

Days	Summer Session	Members	Participants	Extended Care
<input type="checkbox"/> 3	<input type="checkbox"/> \$60.00	<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$85.00	<input type="checkbox"/> \$30.00
<input type="checkbox"/> 4	<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$90.00	<input type="checkbox"/> \$105.00	<input type="checkbox"/> \$40.00
<input type="checkbox"/> 5	<input type="checkbox"/> \$80.00	<input type="checkbox"/> \$110.00	<input type="checkbox"/> \$125.00	<input type="checkbox"/> \$50.00

Weeks	Monday	Tuesday	Wednesday	Thursday	Friday	Field Trip
1 June 13-17 Theme: We are Family Trip: Discovery World	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 June 20-24 Theme: Picasso's Playground Trip: Wustum Museum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 June 27-July 1 Theme: Splish Splash Trip: North Beach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 July 5-8 Theme: Summer Fun! Trip: Carthage College	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 July 11-15 Theme: Moovin & Groovin Trip: Skatetown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 July 18-22 Theme: Going Green Trip: The Domes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 July 25-29 Theme: Mystery Mayhem Trip: Apple Holler: Gemstone Mining Exp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 August 1-5 Theme: Put Me in Coach Trip: Action Territory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 August 8-12 Theme: Healthy Kids Week Trip: Racine Family YMCA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 August 15-19 Theme: We Survived Trip: Family Picnic Smolenski Park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

****Field Trip Days****

In order to come to camp on Fridays you must attend field trip.

****Fees do not include fieldtrips! ****

CHILD CARE ENROLLMENT

Use of form: Use of this form is mandatory for Family Child Care Centers to comply with DCF 250.04(6)(a)1. Failure to comply may result in issuance of a noncompliance statement. This form may also be used by Group Child Care Centers and Day Camps to comply with DCF 251.04(6)(a)1. and DCF 252.41(4)(a)1. respectively. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Instructions: The parent / guardian shall fill out the form completely, sign it and submit it to the center prior to the child's first day of attendance. Information on this form shall be kept current. When enrolling a child under two years of age, a completed *Intake for Child Under 2 Years* form must also be on file prior to the child's first day of attendance.

CHILD INFORMATION

Name (Last, First, MI) _____ Address - Home (Street, City) _____ Telephone Number _____ Birthdate (mm/dd/yyyy) _____ First Day of Attendance _____

PARENT OR GUARDIAN - All parents / guardians are permitted to visit during center hours and are allowed to pick up the child unless access is prohibited or restricted by a court order. Attach court order, if any.

Relationship to Child	Name	Address - Home (Street, City)	Home / Cell Telephone No.	Name and Address - Place of Employment OR Where Reachable While Child is in Care	Telephone No.
Mother					
Father					
Guardian					
Guardian					

AUTHORIZED PERSONS - Persons other than parents / guardians who are authorized to pick up the child or accept the child if dropped off. If no one, write "None."
 Relationship to Child _____ Name _____ Address - Home (Street, City) _____ Home / Cell Telephone No. _____ Name and Address - Place of Employment OR Where Reachable While Child is in Care _____ Telephone No. _____

EMERGENCY CONTACT - The person to be notified in an emergency when parents / guardians cannot be reached. Yes No This person is authorized to pick up the child.
 Relationship to Child _____ Name _____ Address - Home (Street, City) _____ Home / Cell Telephone No. _____ Name and Address - Place of Employment OR Where Reachable While Child is in Care _____ Telephone No. _____

PHYSICIAN OR MEDICAL FACILITY
 Name _____ Address (Street, City, State, Zip Code) _____ Telephone Number _____

AUTHORIZATION
 Yes No I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.
 Yes No I have had an opportunity to review the policies of this child care center and a summary of the Wisconsin Rules for Licensing Child Care Centers.
 Yes No I give permission for my child to participate in field trips and other activities during operating hours. Transported Walking
 Yes No I have been informed of the number of pets in the center and their degree of contact with the enrolled children. Note: If pets are added after a child is enrolled, parents shall be notified in writing prior to the pet's addition to the center.

SIGNATURE - Parent or Guardian _____ Date Signed _____ Telephone Number _____

DAY CARE IMMUNIZATION RECORD

COMPLETE AND RETURN TO DAY CARE CENTER. State law requires all children in day care centers to present evidence of immunization against certain diseases within 30 school days (8 calendar weeks) of admission to the day care center. These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the day care center. See "Waivers" below. If you have any questions on immunizations or how to complete this form, please contact your child's day care provider or your local health department.

	PERSONAL DATA	PLEASE PRINT	
STEP 1	Child's Name (Last, First, Middle Initial)	Date of Birth (Month/Day/Year)	Area Code/Telephone Number
	Name of Parent/Guardian/Legal Custodian (Last, First, Middle Initial)	Address (Street, Apartment number, City, State, Zip)	

	IMMUNIZATION HISTORY					
STEP 2	List the MONTH, DAY AND YEAR the child received each of the following immunizations. DO NOT USE A (4) OR (X) except to indicate whether the child has had chickenpox. If you do not have an immunization record for this child, contact your doctor or local public health department to obtain the records.					
	TYPE OF VACCINE	First Dose Month/Day/Year	Second Dose Month/Day/Year	Third Dose Month/Day/Year	Fourth Dose Month/Day/Year	Fifth Dose Month/Day/Year
	Diphtheria-Tetanus-Pertussis (Specify DTP, DTaP, or DT)					
	Polio					
	Hib (Haemophilus influenzae Type B)					
	Pneumococcal Conjugate Vaccine (PCV)					
	Hepatitis B					
	Measles-Mumps-Rubella (MMR)					
	Varicella (chickenpox) vaccine Vaccine is required only if the child has not had chickenpox disease.					
	Has the child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known.					
<input type="checkbox"/> Yes year _____ (Vaccine is not required) <input type="checkbox"/> No or Unsure (Vaccine is required)						

	REQUIREMENTS						
STEP 3	The following are the minimum required immunizations for the child's age/grade at entry. All children within the range must meet these requirements at day care entrance. Children who reach a new age/grade level while attending this day care must have their records updated with dates of additional required doses.						
	AGE LEVELS	NUMBER OF DOSES					
	5 months through 15 months	2 DTP/DTaP/DT	2 Polio	2 Hib	2 PCV	2 Hep B	
	16 months through 23 months	3 DTP/DTaP/DT	2 Polio	3 Hib ¹	3 PCV ²	2 Hep B	1 MMR ³
	2 years through 4 years	4 DTP/DTaP/DT	3 Polio	3 Hib ¹	3 PCV ²	3 Hep B	1 MMR ³ 1 Varicella
At Kindergarten entrance	4 DTP/DTaP/DT ⁴	4 Polio			3 Hep B	2 MMR ³ 2 Varicella	
¹ If the child began the Hib series at 12-14 months of age, only 2 doses are required. If the child received one dose of Hib at 15 months of age or after, no additional doses are required. Minimum of one dose must be received after 12 months of age (Note: a dose 4 days or less before the first birthday is also acceptable). ² If the child began the PCV series at 12-23 months of age, only 2 doses are required. If the child received the first dose of PCV at 24 months of age or after, no additional doses are required. ³ MMR vaccine must have been received on or after the first birthday (Note: a dose 4 days or less before the 1 st birthday is also acceptable). ⁴ Children entering kindergarten must have received one dose after the 4 th birthday (either the 3 rd , 4 th or 5 th) to be compliant (Note: a dose 4 days or less before the 4 th birthday is also acceptable).							

	COMPLIANCE DATA AND WAIVERS
STEP 4	IF THE CHILD MEETS ALL REQUIREMENTS (sign at STEP 6 and return this form to the day care center), OR
	IF THE CHILD DOES NOT MEET ALL REQUIREMENTS (check the appropriate box below, sign and return this form to day care center).
	<input type="checkbox"/> Although the child has not received all required doses of vaccine for his or her age group, at least the first dose of each vaccine has been received. I understand that it is my responsibility to obtain the remaining required doses of vaccines for this child WITHIN ONE YEAR and to notify the day care center in writing as each dose is received.
	NOTE: Failure to stay on schedule or report immunizations to the day care center may result in court action against the parents and a fine of up to \$25.00 per day of violation.
	<input type="checkbox"/> For health reasons this child should not receive the following immunizations _____ (List in STEP 2 any immunizations already received)
_____ Physician's Signature Required	
<input type="checkbox"/> For religious reasons this child should not be immunized. (List in STEP 2 any immunizations already received)	
<input type="checkbox"/> For personal conviction reasons this child should not be immunized. (List in STEP 2 any immunizations already received);	

	SIGNATURE
STEP 5	To the best of my knowledge this form is complete and accurate.
	_____ SIGNATURE - Parent, Guardian or Legal Custodian Date Signed

HEALTH HISTORY AND EMERGENCY CARE PLAN

Use of form: This form is required for family and group child care centers and day camps to comply with DCF 250.04(6)(a)1. and 250.07(6)(L)5., DCF 251.04(6)(a)6. and 251.07(6)(k)5., and DCF 252.44(6)(g) of the Wisconsin Administrative Codes. Failure to comply may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: The parent / guardian should complete this form for placement in the child's file prior to the child's first day of attendance. Information contained on the form shall be shared with any person caring for the child. The department recommends that parents / guardians and center staff periodically review and update the information provided on this form.

CHILD INFORMATION

Name (Last, First, MI)

Address - Home (Street, City, State, Zip Code)

Telephone Number

Birthdate (mm/dd/yyyy)

Date - First Day of Attendance (mm/dd/yyyy)

PARENT / GUARDIAN INFORMATION

Provide information where the parent(s) / guardian(s) may be reached while the child is in care.

Name

Telephone Number - Home

Telephone Number - Work

Telephone Number - Cellular

Name

Telephone Number - Home

Telephone Number - Work

Telephone Number - Cellular

PHYSICIAN / MEDICAL FACILITY INFORMATION

Name - Physician

Address - Medical Facility

Telephone Number

SUNSCREEN / INSECT REPELLENT AUTHORIZATION If provided by the parent, the sunscreen or insect repellent shall be labeled with the child's name. Per DCF 251.07(6)(f)2., authorizations shall be reviewed every 6 months and updated as necessary. Per DCF 250.07(6)(f)2.a., Authorizations shall be reviewed periodically and updated as necessary.

<input type="checkbox"/> Yes <input type="checkbox"/> No	I authorize the center to apply sunscreen to my child.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No	I authorize the center to allow my child to self-apply sunscreen.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No	I authorize the center to apply repellent to my child.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No	I authorize the center to allow my child to self-apply repellent.	Brand Name	Ingredient Strength

HEALTH HISTORY AND EMERGENCY CARE PLAN If available, attach any health care plan information from the child's physician, therapist, etc.

1. Check any special medical condition that your child may have.

No specific medical condition

Asthma

Diabetes

Cerebral palsy / motor disorder

Epilepsy / seizure disorder

Gastrointestinal or feeding concerns including special diet and supplements

Other condition(s) requiring special care - Specify.

Milk allergy. If a child is allergic to milk, attach a statement from the medical professional indicating the acceptable alternative.

Food allergies - Specify food(s).

Non-food allergies - Specify.

2. Triggers that may cause problems – Specify.

3. Signs or symptoms to watch for – Specify.

4. Steps the child care provider should follow. If prescription or non-prescription medications are necessary, a copy of the form *Authorization to Administer Medication* should be attached to this form. Note: group child care centers and day camps may use their own form.

5. Identify any child care staff to whom you have given specialized training / instructions to help treat symptoms.

- a.
- b.
- c.

6. When to call parents regarding symptoms or failure to respond to treatment.

7. When to consider that the condition requires emergency medical care or reassessment.

8. Additional information that may be helpful to the child care provider.

SIGNATURE -- Parent or Guardian

Date Signed (mm/dd/yyyy)

Review dates: _____

**Racine Family YMCA Summer Day Camp
Bank Draft or Credit Card Authorization Form**

Child's Name: _____

Billable Parent's Name: _____

Please check the appropriate boxes

1. Weekly rate: (please check one)

- | | | |
|--|---|---|
| <input type="checkbox"/> 3 days: \$70.00 Member | <input type="checkbox"/> 4 days: \$90.00 Member | <input type="checkbox"/> 5 days: \$110.00 Member |
| <input type="checkbox"/> 3 days: \$85.00 Participant | <input type="checkbox"/> 4 days: \$105.00 Participant | <input type="checkbox"/> 5 days: \$125.00 Participant |

2. Summer Session

- | | | |
|--|--|--|
| <input type="checkbox"/> 3 days: \$60.00 | <input type="checkbox"/> 4 days: \$70.00 | <input type="checkbox"/> 5 days: \$80.00 |
|--|--|--|

3. Extended Care Fees:

- | | | |
|--|--|--|
| <input type="checkbox"/> 3 days: \$30.00 | <input type="checkbox"/> 4 days: \$40.00 | <input type="checkbox"/> 5 days: \$50.00 |
|--|--|--|

I hear by authorize the Racine Family YMCA to deduct \$ _____
(Amount checked above)

from my checking/savings/credit card account at _____
(Please circle one) (Name of bank)

For _____
(Name of child)

I understand that this amount will be drafted from my bank account or credit card each Monday during June through August 2011. Any changes to my account info will need to be done one week in advance. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my TriNexum account.

Bank Account Information – Please Print:

Authorized Account Holder Name: _____

Account Number: _____

Routing Number: _____ Savings or Checking (please circle)

Credit Card info – Please Print

Credit Card Number _____	Expiration Date _____
Account Holder Signature: _____	Date: _____

Important Please Read & Sign

- Parental/Guardian Approval: I/We approve this registration form and certify that our child is in good health.
- I/We agree not to hold the Racine Family YMCA or its staff liable in the event of accident or injury. Our family insurance will cover any medical expenses.
- The Racine Family YMCA has our permission to use any photographs taken during my/our child in any materials published by the YMCA.
- I/We understand that the Racine Family YMCA is not responsible for lost, stolen or damaged personal items.
- I/We understand that the registration fee is non-refundable and required with registration.
- I/We understand that there is no scholarship available for the registration fee.
- I/We understand that there is no prorating of weeks and/or no refunds due to missed days.
- I/We also understand that payment is due every Thursday otherwise our child may not attend until payment is rendered.
- I/We have read and agree to all conditions of 2011 Racine Family YMCA/Smolenski Park Summer Day Camp registration.

Child's Name _____

Print (Parent's Name) _____

Signature of Parent/Guardian _____

Date: _____