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FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

LEARN PLAY THRIVE



YMCA CAMP BERNIE

**Advantage School Program – Camp Edition
2020 Enrollment Packet**

327 Turkey Top Road

Port Murray, NJ 07865

P:908.832.5315

F:908.832.9078

www.ymcacampbernieymca.org





YMCA Camp Bernie Advantage Program

INFORMATION FOR PARENTS & GUARDIANS

OUR PHILOSOPHY

For 63 years, YMCA Camp Bernie has provided programs that help children make new friends, develop new skills and experience innovative, age-appropriate challenges. We build strong kids so they can become healthy and productive adults. We provide safe and healthy program experiences with positive role models. We offer a wide variety of activities through which children have fun, build confidence, develop skills and make friends. We teach and live the YMCA values of caring, honesty, respect and responsibility that encourage cooperation, trust, integrity and accountability. We celebrate diversity and respect each other in our community. We operate in a way that considers the care, welfare, health, and safety of all the children in our program.

ENROLLMENT

Any child in grades K-8 is eligible to apply for the Advantage Care program. Enrollment can be on a drop-in basis, or from 1-5 days per week. It may take up to 5 business days from the date we receive the enrollment packet for the child to be able to attend the program. For any change in enrollment, written communication must be sent to Camp Bernie, at info@campbernieymca.org, as well as to the appropriate school office.

PROGRAM HIGHLIGHTS & HEALTHY U/CATCH

YMCA Camp Bernie is a branch of the Ridgewood YMCA and has been operating a child care program in the Lebanon Township school district since 2009. YMCA Camp Bernie has contracted on an annual basis by the board of education to operate a state licensed child care center within the Lebanon Township school district buildings of Woodglen Middle School and Valley View Elementary School. For the 2020 fall semester, YMCA Camp Bernie is operating under our Youth Camp License at our camp facility to serve the distance learning needs of local families in light of the changes to school schedules due to the Coronavirus pandemic. The ratio for our program, in accordance with state requirements, is 1 staff for every 15 students. While we will assist children with their remote learning needs, YMCA Camp Bernie does not provide one-on-one services.

The YMCA Camp Bernie Advantage Program, in partnership with the New Jersey YMCA State Alliance and Horizon Blue Cross Blue Shield of NJ, participates in the Healthy U and CATCH Kid's Club initiative, which is designed to prevent childhood obesity by instituting behavioral changes in the children in our program. Activity time is offered daily in the form of group games & free play outside or in our pavilion. If you wish to provide snacks for your child, you are welcome to send food & drink, but we ask that it correlate with the following USDA guidelines:

1. No sugar sweetened or artificially sweetened beverages, including soda, juice drinks and sports drinks.
2. Small portions of any foods that are high in solid fats, added sugar, trans fats, and sodium.
3. Fruits and vegetables, fresh or packed in water or 100% fruit juice.
4. Natural low-fat and reduced-fat cheeses, and yogurt with no more than 23g of sugar per 6 oz serving.
5. Breakfast cereal with no more than 6g of sugar per dry ounce (no more than 21g sugar per 100g).
6. Whole grain-rich or enriched or fortified bread or bread products.



YMCA Camp Bernie Advantage Program

HOMEWORK & SCHOOLWORK POLICY

Schoolwork assistance will be provided by our staff for the Remote Learning Support program and Homework Help is offered Monday–Thursday afternoons. If children cannot adhere to the quiet time policy during school work time, they will be asked to leave the school work room and guardians may be contacted. Staff will offer assistance as needed, but constant one-on-one help is not available. Staff do not check assignment books or folders if children say they do not have school work. It is up to the child and the guardian(s) to ensure that school work is completed, but if there are specific concerns you have about your child’s homework needs, please speak to the Advantage Program Coordinator.

ELECTRONICS AND TOYS POLICY

We value the condition of toys & electronic equipment in our programs, either from home or issued by the school in the form of laptops. We do allow them to utilize these items at designated times in consideration of safety and proper supervision. However, we highly discourage children bringing toys and electronics from home, as they are often lost, broken, and can cause arguments between children. Also in conjunction with the CATCH curriculum, we strive to reduce screen time at our programs outside of schoolwork, and replace it with social interactions and physically active games. Laptop usage for games is permitted at designated times, but will be limited. Staff do their best to supervise the games children play on their electronics during designated times to ensure their appropriateness. Games with violence, weapons and gore will not be tolerated. Children are not allowed to search the web unless it is required as part of a schoolwork assignment. If your child has a cell phone and wishes to use it to contact parents/guardians, we will allow them to do so with permission from a staff person and appropriate supervision. Outside of this, YMCA Camp Bernie reserves the right to confiscate devices, should an attempt be made to either receive or send text, voice, audio, and picture or video messages during program hours. Use of the camera feature of any cell phone, digital camera, or other similar device is strictly forbidden. Staff are not responsible for any personal items.

RECALL ITEMS

All state licensed child care centers are required to provide guardians with the Consumer Product Safety Commission (CPSC) website at <http://www.cpsc.gov/cpscpub/prerel/prerel.html>. The Program Coordinator receives and reviews email updates weekly to ensure there are no unsafe children’s products at our facility that have been listed for recall by the CPSC.



YMCA Camp Bernie Advantage Program

TYPICAL DAILY SCHEDULE

Before Care:

The before care program will operate M-F on regularly scheduled school days from 7am until 9am at YMCA Camp Bernie, 327 Turkey Top Road, Port Murray, NJ. All Lebanon Township children attending school on that day are bussed to Woodglen and Valley View, utilizing Lebanon Township transportation. As this program develops, other transportation arrangements may be made with other school districts. The Before Care program will not operate in the event of school closings or delayed openings for weather or other emergencies. If the school buildings are closed for any reason, the Advantage Program won't operate. Monthly fire drills are held to comply with state licensing which may slightly impact the schedule.

- 7:00-7:30 Arrivals, quiet stations available
- 7:30-9:00 Group games or free play inside or on camp grounds
- As Needed Students will board buses for their regular school day, as arranged with school districts

Remote Learning Support:

School districts in our area are selecting a wide variety of on-site and remote learning schedule options. YMCA Camp Bernie is responding to the needs of families in our communities by offering remote learning support on-site to allow guardians to fulfill their work obligations even when their children are not in school. Advantage Care staff will ensure that students keep to their school schedules. Students will be connected with their own teachers for remote learning sessions. They will also be given opportunities and support to complete all necessary classwork. In any down time from their lessons, students will be engaged in activities that promote healthy habits, social-emotional growth, and educational enrichment.

- 8:00-1:00 Remote Learning, Classwork, Camp Activities

After Care:

The after care program will operate M-F on regularly scheduled school days from 1pm until 6pm at YMCA Camp Bernie. All Lebanon Township children attending school on that day are bussed to camp from Woodglen and Valley View, utilizing Lebanon Township transportation. As this program develops, other transportation arrangements may be made with other school districts. There is a late pick up fee of \$5 per child charged after 6pm; which will increase in \$5 increments for every 5 minutes that pass. The after care program will not operate in the event of school closings or early dismissals for weather or other emergencies. Monthly fire drills are held to comply with state licensing which may slightly impact the schedule. If there is ANY CHANGE to your child's regular dismissal from school, you must notify the school office.

- 1:00-3:00 Remote Learning Continuation or specials/enrichment activities
- 3:00-5:00 Homework Time, Arts & Crafts, CATCH games
- 5:00-6:00 Group games, recreational electronic time, stations available



YMCA Camp Bernie Advantage Program

Vacation Camp (Holiday Care):

The Vacation Camp program will operate at YMCA Camp Bernie, 327 Turkey Top Rd in Port Murray from 7am-6pm on specific school holidays, provided a minimum of 5 participants are enrolled a week prior to the program. Registrations will be taken up to 5 business days prior to the scheduled school vacation day so a) guardians can be notified at least 4 business days prior if it will be cancelled and b) supplies can be purchased for activities for the children attending. Full-time (5 day/week) enrolled students do not pay any additional fees to attend Vacation Camp from 9am-4pm. If before or after care services are required, additional fees will be charged accordingly. Please see the Vacation Camp registration form for additional information & to register. The Fall 2020 Vacation Camp dates are as follows:

October 12th – Columbus Day/Teacher In-Service

November 5th & 6th – NJEA Convention

December 24th, 28th-31st – Winter Break

*If your district has additional days in which school is closed, you may opt for drop-in services for that day, unless it is part of your regular school schedule.

DROP-IN SERVICE

Families who have last minute schedule changes can be accommodated via the Drop-In Service, however, your child must be fully registered in the program at least 5 business days prior. Payment is due at the time of the service by cash or check unless you complete a credit card charge form and indicate automatic billing for additional services.

ILLNESS & ABSENCE POLICY

Children are not allowed to attend the Advantage Program if they are absent from school. In the event your child becomes ill during the Advantage Program, you will be contacted by a member of the Advantage staff and your child will be isolated from the other children in the program until you are able to make arrangements for pickup. Please keep emergency contact numbers up to date. If your child will not be attending Advantage Care on their scheduled days for any reason, please notify camp on the day of their absence, as well as the school office if it is a school day for them.

BILLING INFORMATION & FINANCIAL ASSISTANCE

YMCA Camp Bernie will bill you monthly if you have not signed up for automatic payments, and all payments are due by the 25th of the month preceding program. Payments made after the 25th of the month are subject to a late payment fee of \$10. Past due accounts may be cause for suspension or termination of program participation. September enrollments and payments are due no later than August 25th. If there are any questions regarding your account, please call the main Camp Bernie office at 908-832-5315 from 9am-5pm, Monday-Friday. Please make checks payable to: YMCA Camp Bernie. Our tax ID number is 221-508-752. Financial assistance is available for the Advantage Care program through NORWESCAP Child and Family Resource Services. Please contact NORWESCAP of Hunterdon County at (908) 782-8183 for more information.



YMCA Camp Bernie Advantage Program

ENROLLMENT AGREEMENT

Guardian's Name _____ Child's Name _____

This agreement establishes the terms under which YMCA Camp Bernie Advantage Program will provide care. **Failure to comply is a breach of contract and may jeopardize my child's space in the program.**

- 1) I have received, read and agree to the Advantage Program's policies and procedures and all guidelines set forth in the Guardian Information Packet.
- 2) I will submit a completed enrollment form, along with payment for September or the first month of enrollment. I will be billed monthly thereafter. Also, I will submit a \$25 registration fee the first month of enrollment in the Advantage Program or Summer Camp, which is valid for the calendar year. This fee will be charged again in January for the following calendar year.
- 3) I am responsible for monthly payments that will be due by the 25th of the prior month. All late payments are subject to a late fee charge of \$10.00. There will be a \$25.00 processing charge for returned checks.
- 4) I will notify YMCA Camp Bernie in writing of any changes in contact information, either personal or for authorized pick-ups/emergency contacts.
- 5) I agree to provide YMCA Camp Bernie with one week written notice of any enrollment change or withdrawal from the program, and understand that no refunds are possible after the first of the month.
- 6) I understand that I, or another authorized adult, must escort my child into and out of the program and sign my child in and out on the designated forms. Any changes in authorized pick-ups must be submitted in writing prior to that adult being permitted to assume responsibility of my child. In emergency situations, verbal confirmation of release will be accepted by an authorized adult. Children will not be released from the program unattended.
- 7) I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, my child will not be released & staff will contact the police.
- 8) I understand that the program ends at 6 pm. Authorized individuals picking up after 6 pm will be charged \$5.00 per child for every five minutes they are late and this charge will be billed directly to me. Habitual lateness may result in my child's dismissal from the program.
- 9) I understand that there will be no programs on days the school district closes due to emergencies or inclement weather. Unfortunately, there will be no monetary credit for these missed days.
- 10) My child's school must be notified in writing prior to or on the day of any changes to their dismissal.
- 11) I understand that the YMCA is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

Guardian Signature _____ Date _____



YMCA Camp Bernie Advantage Program

2020 ENROLLMENT FORM

| | |
|-----------------------------------|--------------------------------------|
| Child's Name _____ | Birth Date _____ Male [] Female [] |
| Home Address _____ | Grade as of Sept 2020 _____ |
| City _____ Zip _____ | Phone (H) _____ |
| Mother/Guardian Name _____ | Father/Guardian Name _____ |
| Home Address (if different) _____ | Home Address (if different) _____ |
| _____ | _____ |
| Employer _____ | Employer _____ |
| Work Address _____ | Work Address _____ |
| Phone (Work) _____ | Phone (Work) _____ |
| Phone (Cell) _____ | Phone (Cell) _____ |
| Work Days & Hours _____ | Work Days & Hours _____ |
| Email _____ | Email _____ |

AUTHORIZED/EMERGENCY CONTACT INFORMATION

I/we permit the following individuals to pick-up my child from the YMCA Camp Bernie Advantage program and to be contacted in an emergency, in the event that I/we are not available. In my/our absence, the persons listed are authorized to make decisions concerning my child. We require at least **TWO** emergency contacts. ****Identification of ANY authorized adult, including parents/guardians, is required to be shown at time of pick-up.****

1. Name(s) _____ Address _____
Home Phone _____ Work Phone _____ Cell Phone _____
2. Name(s) _____ Address _____
Home Phone _____ Work Phone _____ Cell Phone _____
3. Name(s) _____ Address _____
Home Phone _____ Work Phone _____ Cell Phone _____

The following person(s) are **NOT** permitted to pick up my child:

1. Name _____ Relationship _____
2. Name _____ Relationship _____

* If there is a court order restricting visitation/pickup, a copy must be provided to the YMCA by law.



YMCA Camp Bernie Advantage Program

POLICY ON THE RELEASE OF CHILDREN

Each child may be released only to the child's guardian(s) or person(s) authorized by the guardian(s) to take the child from the program and to assume responsibility for the child in an emergency if the guardian(s) cannot be reached. No child shall be released from the program unsupervised.

If a particular non-custodial parent or guardian has been denied access, or granted limited access, to a child by a court order, the program shall secure documentation to this effect, maintain a copy on file, and comply with the terms of the court order.

If the guardian(s) or person(s) authorized by the guardian(s) fails to pick up a child at the time of the program's daily closing (6:00pm), the program shall ensure that:

- 1) The child is supervised at all times.
- 2) Staff members will attempt to contact the guardian(s) or person(s) authorized by the guardian(s)
- 3) An hour or more after closing time, and provided that other arrangements for releasing the child to his/her guardian(s) or person(s) authorized by the guardian(s), have failed and the staff member cannot continue to supervise the child at the facility, the staff member shall call the Department's State Central Registry Hotline (1-877-NJ-Abuse/1-877-652-2873) to seek assistance in caring for the child until the guardian(s) or person(s) authorized by the child's guardian(s) is able to pick up the child.

If the Guardian(s) or person(s) authorized by the guardian(s) appears to be physically and/or emotionally impaired to the extent that, in the judgment of the staff member(s), the child would be placed at risk of harm if released to such an individual, the program shall ensure that:

- 1) The child shall not be released to such an impaired individual
- 2) Staff member(s) attempt to contact the child's other guardian or alternative person(s) authorized by the guardian(s)
- 3) If the program is unable to make alternative arrangements, as noted above, a staff member shall call the Department's State Central Registry Hotline (1-877-NJ-Abuse/1-877-652-2873) to seek assistance in caring for the child.



YMCA Camp Bernie Advantage Program

FALL 2020 MONTHLY TUITION SCHEDULE

BEFORE CARE

7:00am—9:00am (or start of school day)

| | |
|-------------|-------------|
| 5 days/week | \$160/month |
| 4 days/week | \$135/month |
| 3 days/week | \$110/month |
| 2 days/week | \$80/month |
| 1 day/week | \$45/month |
| Drop-in | \$12/day |

School District: _____

School: _____

Teacher: _____

Team: _____

REMOTE LEARNING SUPPORT

8:00am—1:00pm (or end of the school day)

| | |
|---------------|-------------|
| 5 days/week | \$680/month |
| 4 days/week | \$560/month |
| 3 days/week | \$440/month |
| 2/3 days/week | \$400/month |
| 2 days/week | \$340/month |
| 1 day/week | \$180/month |
| Drop-in | \$50/day |

1st Day Attending: _____

(all remote)

(example: MT/RF rotation)

(TR/MWF rotation)

AFTER CARE

1:00pm (or end of school day)—6:00pm

| | |
|-----------------------------|-------------|
| 5 days/week | \$560/month |
| 4 days/week | \$515/month |
| 3 days/week | \$425/month |
| (2/3 days/week on rotation) | \$360/month |
| 2 days/week | \$290/month |
| 1 day/week | \$150/month |
| Drop-in | \$40/day |

FULL DAY

8am-6pm

| | |
|-------------|--------------|
| 5 days/week | \$1200/month |
| 4 days/week | \$1060/month |
| 3 days/week | \$840/month |
| 2 days/week | \$600/month |
| 1 day/week | \$320/month |
| Drop-in | \$85/day |

- ✓ There is a 10% reduction offered to siblings of a child enrolled in care. A reduction is offered to First Responders.
- ✓ The first month's payment & \$25 annual registration fee are due with your completed enrollment form.
- ✓ 5 business days must be allowed between enrollment & the first day your child attends
- ✓ Payment is due at time of services for use of the Drop-in Program, unless the Automatic Billing Form has been submitted and additional services box checked.



Child's Name _____

YMCA Camp Bernie Advantage Program

**Please check the day(s) of the week and program you need care on a monthly basis. This can be changed with written notification (email to info@campbernieymca.org).*

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|--|--------|---------|-----------|-----------------|--------|
| Before Care 7 am– 9 am | | | | | |
| Remote Learning Support 8am–1 pm | | | | | |
| After Care 1 pm– 6 pm | | | | | |
| Drop In (please check if you anticipate this need) | | | Before | Remote Learning | After |

Payment Information:

Enclose Full First Month payment with registration

\$_____ Monthly Before Care Fee

\$_____ Monthly Remote Learning Support Fee

\$_____ Monthly After Care Fee

\$_____ \$25 YMCA registration fee *(if applicable, billed at first registration or annually in January)*

Method of Payment:

Check Cash Discover

Visa MC Amex

Card # _____

Expiration _____ Security Code _____

Signature _____ Date _____

Name on Card: _____

Billing Email: _____

Registration Policy:

Registration is on a first-come, first served basis. YMCA camp Bernie reserves the right to dismiss a participant or refuse application at any time for just and reasonable cause.

Financial Terms:

Full 1st month payment must accompany registration. Total fees must be returned by August 31, 2020 to begin care on the first day of school.

No refunds will be issued after the 1st of Sept.

Financial Assistance and Scholarships are available.

Visit www.campbernieymca.org for more information.

Billing Address: _____

AUTOMATIC BILLING FORM

**Please complete this section if you would like to sign up for our recurring credit card charge plan so our office can charge your credit card automatically for Monthly Payments and/or Drop-In services. The credit card listed above will be billed on the 25th day of each month. If the 25th is a weekend day or holiday, you will be charged the next business day.*

If you would like us to automatically bill your payments to this credit card, please check and sign below.

Please bill my tuition to this credit card each month for the duration of the school year.

Please bill this credit card for additional services (drop-in charges, late pick-up) as needed.

Cardholder's Signature _____

Date _____



YMCA Camp Bernie Advantage Program

YMCA CAMP BERNIE PROGRAM WAIVER

I understand that certain of the Ridgewood YMCA (YMCA Camp Bernie) activities have inherent risks and I hereby assume all risks and hazards incident to my participation in all Ridgewood YMCA, YMCA Camp Bernie activities. I hereby agree to waive and release all claims against and, indemnify and hold harmless, the Ridgewood YMCA, YMCA Camp Bernie, its volunteers, supervisors, officers, directors, trustees, participants, coaches, referees, as well as, organizers of any related event and any persons transporting participants to and from activities that are not on Ridgewood YMCA, YMCA Camp Bernie property from any claims or injury sustained during my use of the Ridgewood YMCA, YMCA Camp Bernie property, sustained during my use of equipment owned or leased by the Ridgewood YMCA, YMCA Camp Bernie or during my use of equipment or facilities at another property during an event in which the Ridgewood YMCA, YMCA Camp Bernie sponsors or participates.

Name of Participant (Please Print)

Date

Name of Parent/Guardian (Please Print)

Signature of Parent/Guardian

Address

City

State

Zip

Phone Number



YMCA Camp Bernie Advantage Program

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up the named minor’s right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of the named minor’s participation in YMCA Camp Bernie programs, now or any time in the future.

Acknowledgment of Risk

I, in my legal capacity as the parent/guardian of the minor named below, do hereby acknowledge and agree that participation in YMCA Camp Bernie activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with camp participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with camp participation and that said list in no way limits the operation of this Agreement.

Coronavirus / COVID-19 Warning & Disclaimer

COVID-19 is an **extremely contagious virus** that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. **COVID-19 can lead to severe illness and, in some cases, death. While we are following all applicable legal guidelines to minimize the risk of COVID-19, participation in YMCA Camp Bernie programs could increase the risk of contracting COVID-19 and YMCA Camp Bernie cannot guaranty that COVID-19 infection will not occur.**

Initial

Participant and Minor Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of participation in YMCA Camp Bernie programs, I, _____, the parent/guardian of the minor(s) named below, agree to release and on behalf of the minor(s) named below, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE YMCA Camp Bernie, its officers, directors, employees, volunteers, agents, representatives and insurers (“Releasees”) from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the named minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against YMCA Camp Bernie on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of YMCA Camp Bernie facilities/equipment or participation in YMCA Camp Bernie programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

Initial



YMCA Camp Bernie Advantage Program

In consideration of the named minors' participation in YMCA Camp Bernie programs, I, the undersigned parent/guardian of the named minor(s), agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to my or the named minors' participation in YMCA Camp Bernie programs.

I hereby certify on behalf of the named minor(s) that I have full knowledge of the nature and extent of the risks inherent in YMCA Camp Bernie program participation and that I, on behalf of the named minor(s), am voluntarily assuming said risks. I understand that the named minor(s) will be solely responsible for any loss or damage, including personal injury, property damage, or death, the named minor(s) sustain while participating in YMCA Camp Bernie programs and that by signing this agreement I, on behalf of the named minor(s), HEREBY RELEASE Releasees of all liability for such loss, damage, or death. I further certify that the named minor(s) are in good health and have no conditions or impairments which would preclude our safe participation in YMCA Camp Bernie programs.

I further certify that my date of birth is _____ (MM/DD/YYYY), that my present age is _____, that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and that I have legal capacity to act as the parent/guardian of the named minor(s). I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

Participant Name (Print Clearly)

Date

Name of Minor

Name of Minor

Name of Minor

Name of Minor

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)



YMCA Camp Bernie Advantage Program

HEALTH HISTORY AND CHILD INFORMATION

General Health History: Check "Yes" or "No" for each statement. Has/does your child:

| | | | |
|--------------------------------|--|----------------------------------|--|
| Ever been hospitalized? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Ever had surgery? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have recurrent/chronic illness | <input type="checkbox"/> Yes <input type="checkbox"/> No | Had a recent infectious disease? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Had a recent injury | <input type="checkbox"/> Yes <input type="checkbox"/> No | Have diabetes? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Had seizures? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Had headaches? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Had fainting or dizziness? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Had asthma/shortness of breath? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain "Yes" answers in the space below.

Allergies: No known allergies; **IS ALLERGIC TO** Food Medicine Environment (stings, hay fever, etc...)

Please describe allergies in the space below. If your child has allergies requiring medical treatment, please send a health care plan from your doctor. Check if HEALTH CARE PLAN IS ATTACHED

Mental, Emotional and Social Health: Check "Yes" or "No" for each statement.

| | |
|--|--|
| Have there been any recent significant life event(s) that continue to affect the child's life? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are there any accommodations that your child uses currently in his/her educational setting? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are there any safety/supervision concerns for your child in his/her educational setting? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does your child have any learning or behavioral issues? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If yes, please describe below and include a copy of your child's latest IEP. Also please tell us anything that you wish to that may help us gain a better understanding of your child. Check if IEP IS ATTACHED

Medical Insurance Information:

Insurance Carrier: _____ Policy Holder: _____

Policy #: _____ Group #: _____

Pediatrician Name, Address & Phone _____

Parent/Guardian Authorization for Health Care: This health history is correct and accurately reflects the health status of the student to whom it pertains. The child is in good health and has permission to participate in all program activities except as noted in writing. I give permission to medical personnel to order x-rays, routine tests, transportation and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to medical personnel to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for the child named above. I understand that I will be responsible for payment of all medical bills. I understand the information on this form will be shared on a "need to know" basis with program staff. I give permission to photocopy this form. In addition, the program has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Guardian Signature _____ Date _____



YMCA Camp Bernie Advantage Program

MEDICATION PERMISSION SLIP

Guardian's Name _____ Child's Name _____

Check here if **NOT APPLICABLE** to your child. You then do not need to fill out this form, but please **DO** return it as part of your registration packet to comply with state licensing procedure **with your signature at the bottom.**

I, _____, give permission to the Advantage Program staff to administer the following prescription medicine to _____ in accordance with the directions provided by the doctor and guardian. Prescription medicine must be in the original container with the complete pharmacy label attached. Non-prescription medicine must be in its' original container. All medication must be accompanied by a doctor's note indicating dosage and when to be administered. Advantage Staff cannot administer needles. The guardian or healthcare professional designated by the guardian must instruct the staff on the proper use and administration of the medication. Please indicate if the child has permission to self administer medication with the oversight of the Advantage Program staff. The medication must be given to the Site Director and not left in the possession of the child. The State of New Jersey requires that all Epi pen prescriptions must be in original box and must contain both Epi pens. The health care plan for the child must also be attached.

Name of medication: _____

Reason for medication/illness or symptoms treated: _____

Dosage to be given: _____ Time to be given: _____

To be self-administered with the supervision of the Advantage Program staff? Yes No

Any special reactions to be aware of or any other information needed? _____

Name of medication: _____

Reason for medication/illness or symptoms treated: _____

Dosage to be given: _____ Time to be given: _____

To be self administered with the supervision of the Advantage Program staff? Yes No

Any special reactions to be aware of or any other information needed? _____

Guardian Signature _____ Date _____



YMCA Camp Bernie Advantage Program

POLICY ON THE MANAGEMENT OF COMMUNICABLE DISEASES

If a child exhibits any of the following symptoms, the child should not attend the program. If such symptoms occur in the program, the child will be removed from the group, and guardians will be called to take the child home. Once the child is symptom-free, or has a health provider's note stating that the child is no longer poses a serious health risk to himself/herself or others, the child may return to the program.

Severe pain or discomfort

Acute or bloody diarrhea

Episodes of acute vomiting

Lethargy

Severe coughing

Yellow eyes or jaundice skin

Elevated oral temperature of 101.5 degrees Fahrenheit

Skin rashes in conjunction with fever or behavior changes

Red eyes with discharge

Infected, untreated skin patches

Difficult or rapid breathing

Skin lesions that are weeping or bleeding

Mouth sores with drooling

Stiff neck

TABLE OF EXCLUDABLE COMMUNICABLE DISEASES

A child who contracts any of the following diseases may not return to the program without a health care provider's note stating that the child presents no risk to himself/herself or others. If a child is exposed to any excludable disease in the program, guardians will be notified in writing.

Respiratory Illnesses

CHICKEN POX**

GERMAN MEASLES*

HEMOPHILUS INFLUENZAE*

MEASLES*

MENINGOCOCCUS*

MUMPS*

STREP THROAT

TUBERCULOSIS*

WHOOPING COUGH*

Gastrointestinal Illnesses

CAMPYLOBACTER*

ESCHERICHIA COLI*

GIARDIA LAMBLIA*

HEPATITIS A*

SALMONELLA*

SHINGELLA*

Contact Illnesses

IMPETIGO

LICE

SCABIES

SHINGLES

*Reportable diseases that must be reported to the health department by the health center.

**Note: If a child has chicken pox, a health care provider's note is not required for re-admitting the child to the program. A note from the guardian is required, stating that at least six days has elapsed since the onset of the rash, or that all sores have dried and crusted.



YMCA Camp Bernie Advantage Program

DISCIPLINE & EXPULSION POLICY

All the children in the Advantage Program are entitled to a safe, supervised, and supportive environment while in our care. The Advantage Staff will use positive reinforcement, consistency in following routines, and enforcing reasonable limitations as tools to avoid unwanted behaviors. Our goal as a staff team is always to help children develop and maintain self-control in the group activities & settings with which they are presented.

Staff members shall not: a) discipline children for failing to eat or sleep or for soiling themselves, b) withhold active play as a means of discipline unless the child's actions or behavior present a danger to themselves or others, c) use hitting, shaking, or any form of corporal punishment, d) use abusive language, ridicule, harsh, humiliating, or frightening treatment or other forms of emotional punishment, e) engage in or inflict any form of abuse and/or neglect, f) withhold food, emotional responses, stimulation, or the opportunities for rest or sleep, or g) require a child to remain silent/inactive for an inappropriately long period of time for the child's age.

When a child does exhibit unwanted behavior, the child will be warned and given an explanation of why such behavior is unacceptable. Should the behavior persist, the child may be separated from his/her peers for a time appropriate to the child's age, to cool down and have a more in-depth discussion with a staff member. The child so removed will either be under the supervision of another staff member or continuously visible to a staff member. If the behavior still continues, a discipline report will be written, then emailed to guardians in a timely manner. Serious behavior infractions may warrant an immediate report and even a phone call requesting pick-up.

Ongoing inappropriate behavior, uncontrollable tantrums/angry outburst, chronic disrespect of other students and/or staff, consistently not obeying site rules, or any ongoing verbal or physical abuse of other students/staff will result in suspension from the program until a conference can be arranged with the Coordinator and/or Executive Director to discuss an action plan.

Immediate expulsion from the program would be necessary if: a) a child is deemed by program staff to be at risk of causing injury to him/herself, other children, or staff members b) if a guardian exhibits verbal abuse to staff, especially in front of enrolled children, or c) if a guardian threatens physical violence or shows intimidating actions toward staff members. With the exception of Immediate Causes for Expulsion, if remedial actions do not improve behaviors, the child's parent/guardian will be advised in writing with a specific timeframe and behavior expectations for continued enrollment through email. This timeframe will be of sufficient time to allow parent/guardian to seek alternative care in the event that the situation does not improve.

Additional parental actions for temporary suspension or permanent expulsion could result from failure to complete required forms, falsifying information on required forms, failure to pay, habitual lateness in payments, and habitual tardiness when picking up child(ren). There will be no credits/refunds for suspensions or expulsions.

Advantage Director: Cara Apsley Email: capsley@campbernieymca.org Office: 908-832-5315 ext 417



YMCA Camp Bernie Advantage Program

SCHOOLWORK AGREEMENT

Guardian's Name _____ Child's Name _____

Among the many activities available to children in the Advantage Program, Schoolwork assistance and Homework Help are available to students in our fall programs, where staff will be available to provide children a quiet space to complete homework assignments.

Rather than assigning your child to this time, we request that guardians inform us if this is a priority for their child on this form. Discussion between the guardian(s) and child is encouraged so that there is an understanding of guardians' expectations. Advantage staff do not have direct communication with each child's teacher and may not know all assignments that are given. Advantage staff do not check folders or assignment books when a child says they have no schoolwork.

Advantage staff do their best to assist children with the completion of assignments, however, constant one-on-one help is not available, and it remains the responsibility of the child to take advantage of the time and support that is offered.

Please indicate your preference after discussion with your child:

- Yes, I would like my child to participate in the designated time to do schoolwork.
 No, I prefer to have my child do their schoolwork at home.

SOCIAL MEDIA & TECHNOLOGY POLICY

Any communication with children or adults using social media websites must use YMCA Camp Bernie sponsored or approved sites. No personal social media pages, websites, or email addresses may be shared with enrolled families. Staff with profiles cannot request to be friends or accept friend requests from children or guardians unless otherwise authorized. Further, YMCA staff are prohibited from communicating via social media with presently enrolled families. YMCA staff are prohibited from using social media apps/cell phones while supervising children. YMCA Camp Bernie prohibits guardians from posting photos or videos of any child in Advantage Care, other than their own. Posting private or sensitive information about participants, previous participants, staff members, and previous staff members is prohibited. Abusive or vulgar language, disparaging remarks and/or references of a disparaging manner, personal attacks of any kind or offensive terms targeting participants, staff or enrolled families are prohibited. Any posts that may reveal the Advantage Care's current location are prohibited. Parents/Guardians will be communicated with in person at each site, with a business telephone or through email with the site director.



YMCA Camp Bernie Advantage Program

LICENSING INFORMATION

The Advantage Care program is operating under a Youth Camp License for the fall of 2020, and that license is on display at our Main Office. Our usual before & after care program (which is not running this fall) operates as a licensed child care center within the Lebanon Township School District and our operations at camp this fall will follow similar guidelines. Please note that you have a right to visit and observe our program at any time without having to secure prior permission; and that all citizens are obliged to report suspected child abuse/neglect/exploitation to the State Child Abuse Hotline 1 (877) NJ ABUSE/1-877-652-2873. Please read this letter, and complete & return this signature page where it will be kept on file. The letter is yours to keep for reference if you wish.

INFORMATION TO GUARDIANS

Our programs comply with the Manual of Requirements for Child Care Centers (the official licensing regulations). The regulations cover such areas as: physical environment/life safety; staff qualifications, supervision, and staff/child ratios; program activities and equipment; health, food and nutrition; rest and sleep requirements; guardian/community participation; administrative and record keeping requirements; and others.

Our facility has on the premises a copy of the Manual of Requirements for Child Care Centers and it is available to interested guardians for review. If you would like to review our copy, just ask any staff member. Guardians may secure a copy of the Manual or Requirements by sending a check or money order for \$5 made payable to the "Treasurer, State of New Jersey", and mailing it to: NJ Department of Children and Families, Office of Licensing, Publication Fees, PO Box 657, Trenton, NJ 08646-0657.

We encourage guardians to discuss with us any questions or concerns about the policies and program or the meaning, application or alleged violations of the Manual of Requirements for Child Care Centers. We will be happy to arrange a convenient opportunity for you to review and discuss these matters with us. If you suspect our program may be in violation of licensing requirements, we would appreciate your bringing these concerns to our attention.

Our program has a policy concerning the release of children to guardians or people authorized by guardians to be responsible for the child. Please discuss with us your plans for your child's departure from the facility.

Our program has a policy about administering medicine and health care procedures and the management of communicable diseases. Please talk to us about these policies so we can work together to keep our children healthy.

Our program has a policy concerning the expulsion of children from enrollment in the program. Please review this policy so we can work together to keep your child in our program.

Our program's written statement of philosophy on child discipline is available within this packet. We encourage you to review it and to discuss with us any questions you have about it.

Guardians wishing to participate in any operations of the program should discuss their interest with the program director, who can advise them of what opportunities are available.



YMCA Camp Bernie Advantage Program

Guardians of enrolled children may visit our program at any time without having to secure prior approval from the director or any staff member, but must wear an appropriate face mask and refrain from interacting with any children who are not their own. Please feel free to do so when you can. We welcome visits from our parents/guardians.

Our program complies with the New Jersey Law Against Discrimination (LAD), P.L. 1945, c.169 (N.J.S.A. 10:5-1 et seq.), and the American with Disabilities Act (ADA), P.L. 101-336 (42 U.S.C. 12101 et seq.). Anyone who believes the program is not in compliance with these laws may contact the Division on Civil Rights in New Jersey Department of Law and Public Safety for information about filing and LAD claim at (609) 292-4605 (TTY users may dial 711 to reach the New Jersey Relay Operator and ask for (609) 292-7701), or may contact the United States Department of Justice for information about filing and ADA claim at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Our program periodically reviews the Department of Law and Public Safety (DLPS), Division of Consumer Affairs (DCA), unsafe children's products list, make the list accessible to staff and guardians, and ensure that items on the list are not at the facility. The list is available at www.state.nj.us/lps/ca/recalls.htm. Internet access may be available at your local library. For more information call the DLPS, DCA, toll free at 1-800-242-5846.

Anyone who has reasonable cause to believe that an enrolled child has been or is being subjected to any form of hitting, corporal punishment, abusive language, ridicule, harsh, humiliating, or frightening treatment, or any other kind of child abuse, neglect, or exploitation by any adult, whether working in the program or not, is required by State law to report the concern immediately to the State Child Abuse Hotline, toll free at 1 (877) NJ ABUSE. Such reports may be made anonymously. Guardians may secure information about child abuse and neglect by contacting: DCF, Office of Communications and Legislation at (609) 292-0422 or go to www.nj.gov/dcf and select Publications.

*Please note that the 2020 fall Advantage Care program is operating under a Youth Camp License, but following operational guidelines set forth by the Department of Children and Families Office of Licensing.

RECEIPT OF INFORMATION

*Please check off boxes

- Information to Guardians Document
 - Release of Children Policy
- Communicable Disease Management Policy
 - Discipline and Expulsion Policy
 - Social Media and Technology Policy

I have read and received a copy of the information/policies listed above.

Guardian's Name _____

Child's Name _____

Guardian Signature _____

Date _____