



Dear YMCA Summer Camp Families,

Thank you for choosing to be a part the Salem YMCA this summer! We are glad that you and your family will be joining us. In order to ensure that the summer camp registration process goes smoothly, please take time to review some easy steps below.

#### ENROLLMENT PACKET

- ❑ All camp forms, including medical form, must be returned to the YMCA **on or before June 21, 2010**. If enrolling **after June 21<sup>st</sup>**, forms must be completed at the time of enrollment with payment in full for that session. If your child is attending more than one camp, please submit copies of the enrollment packet per camp he/she will be attending. ***Please keep a photocopy of your enrollment packet before submitting it to the YMCA.*** Additional information is available in the parent handbook including what your child should bring to camp, pick up and drop off locations, and camp themes. The handbook is also available online at [www.northshoreymca.org](http://www.northshoreymca.org).

#### PAYMENT

- ❑ Enroll in E-PAY, an easy way to manage your child's camp fees, which **automatically drafts your tuition** through your credit card. The forms are located in the full enrollment packet. Should you choose not to enroll in E-PAY, **payment in full is required** ONE week before the camp session begins. Failure to submit it will result in your slot being forfeited. Even if you are currently on EPAY for afterschool, you must fill out **a NEW EPAY FORM** for summer camp!
- ❑ If you have a balance from summer camp 2009 or afterschool, you will be unable to enroll until your balance is PAID IN FULL.

#### FINANCIAL ASSISTANCE

- ❑ If you are applying for YMCA financial assistance, **please allow up to two weeks for your application to process.** Make sure all information requested in the application is included such as pay stubs and tax forms. Failure to submit such documentation may slow down this process. If applying for financial assistance, a **non-refundable \$15 per session deposit is required.**

#### QUESTIONS?

- ❑ Please refer to camp specific sections of our parent handbook. Should you have any additional questions or concerns about summer camp that are not addressed in our camp handbook, please contact the director of the particular camp listed. Looking for our camp registrar? Please call 978.744.0351 ext. 1509 and leave a voice mail. On June 21st, the registrar will be available Monday through Friday from 8:30 AM to 4:30 PM.

We look forward to working with you and your family this summer!

Respectfully,

A handwritten signature in cursive script that reads "Linda Berger".

Linda Berger  
Associate Executive Director  
Salem YMCA



**2010 CAMP ENROLLMENT PACKET  
MEDICAL FORM**

Salem YMCA  
(978) 744.0351 phone  
(978) 740.9168 fax

Camper Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Camp Name \_\_\_\_\_ Session(s) Attending \_\_\_\_\_

**COMPLETE BY PHYSICIAN BELOW – CAMPER MAY NOT ATTEND CAMP UNTIL FORM IS RETURNED**

**Has the child/adolescent ever had:**

- |                         |                              |                             |                 |                              |                             |
|-------------------------|------------------------------|-----------------------------|-----------------|------------------------------|-----------------------------|
| Frequent ear infections | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Pneumonia       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Bronchitis              | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Surgery         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Kidney problems         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Hospitalization | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Heart problems          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Broken bones    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Convulsions             | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Chicken pox     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "Yes" to any of the questions above, please explain:

Current Medications \_\_\_\_\_

Allergies \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Date of last physical \_\_\_\_\_ Ht \_\_\_\_\_ WT \_\_\_\_\_ HC \_\_\_\_\_ BP \_\_\_\_\_

Abnormal Findings  None Finding \_\_\_\_\_

Hearing \_\_\_\_\_ Vision \_\_\_\_\_ Restrictions to normal activity  Yes  No

Comments \_\_\_\_\_

Special Notice, i.e. Medic Alert \_\_\_\_\_

**Immunizations & Dates:**

DPT DT Td	MMR	Last TB Date	Type _____
1.	1.	_____	Result _____
2.	2.	Last Lead Date _____	Result _____
3.			
4.			
5.	HepB		
	1   2   3		
Polio: Oral Inactive		Last Hgh/Hct Date _____	Result _____
1.			
2.	Hib		
3.	1   2		
4.	3   4		Result _____
5.			
	Flu _____	Varicella _____	

Physician's Signature \_\_\_\_\_

Date \_\_\_\_\_

The Department of Public Health's Camping Regulations require that all campers and staff members be immunized against diphtheria, tetanus, pertussis, poliomyelitis, measles, mumps, and rubella. This sheet must include the month, year, and type of immunization or occurrence of clinical disease. Exemptions are allowed for religious or medical reasons. Camp Directors must ensure that each camper and staff member meets the Massachusetts immunization requirements before admittance to camp.





**2010 CAMP ENROLLMENT PACKET  
SALEM YMCA ENROLLMENT SHEET**

**Salem YMCA  
(978) 744.0351**

Camper Name \_\_\_\_\_ Eye Color \_\_\_\_\_ Skin Color \_\_\_\_\_  
 Home Address \_\_\_\_\_ Hair Color \_\_\_\_\_ Height \_\_\_\_\_  
 Telephone \_\_\_\_\_ Sex \_\_\_\_\_ Weight \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Primary Language \_\_\_\_\_  
 Identifying Marks \_\_\_\_\_

**PARENT / GUARDIAN INFORMATION**

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

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

Relationship to Child \_\_\_\_\_

Relationship to Child \_\_\_\_\_

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

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

Home Phone Number \_\_\_\_\_

Home Phone Number \_\_\_\_\_

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

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

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

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

Work Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

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

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

Days/Hours at Work (i.e. Monday- Friday 7:00 am-3:00 pm) \_\_\_\_\_

Days/Hours at Work (i.e. Monday-Friday 7:00 am-3:00 pm) \_\_\_\_\_

E-mail Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Instructions to reach parent in the event of an emergency  
 Has your child been screened for developmental delays?

Instructions to reach parent in the event of an emergency  
 Yes No

Does your child have an Individual Education Plan (IEP) with school?

Yes No *If yes, please provide a copy*

Can the YMCA use my child's photographs in promotional literature?

Yes No

Can the YMCA email pictures of my child involved YMCA camp activities at the address above? Yes No

I certify that I will supply the YMCA with documentation of physical examination and immunizations in accordance with public health department requirements and failure to do so will result in my child not being able to attend camp.

**X** \_\_\_\_\_  
 Parent/Guardian Signature

**X** \_\_\_\_\_  
 Date



**2010 CAMP ENROLLMENT PACKET  
SALEM YMCA FIELD TRIP PERMISSION**

**Salem YMCA  
(978) 744.0351**

Camper Name \_\_\_\_\_

**OFF-SITE AUTHORIZATION / FIELD TRIP AUTHORIZATION**

I, \_\_\_\_\_, give permission for my child to participate in all of the regularly scheduled activities, arriving and departing by program vehicle or contracted bus, and acknowledge that at times these activities may take place at the following off-site locations:

- |                         |               |                           |
|-------------------------|---------------|---------------------------|
| Salem YMCA              | Winter Island | Roller Palace             |
| Salem Willows           | Crane's Beach | Forrest River             |
| Salem Common            | Salem Cinema  | Bentley School Playground |
| Stone/Franklin Park Zoo |               |                           |

Parents will be notified of any off-site planned field trips in advance (information may be included in the Parent Handbook and/or newsletters). Children may be moved to other facilities in the event of an emergency.

I give permission for my child to participate in organized, scheduled and advertised field trips away from the program site. I understand that the program will provide, in writing, a list of scheduled activities, time of departures and expected time of return.

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

X \_\_\_\_\_  
Date

**SWIMMING PERMISSION**

I give my child permission to go swimming at the Salem YMCA at the beach and or/Salem YMCA on his/her scheduled days. I understand that my son/daughter will be supervised by the summer camp staff, as well as a certified association lifeguard.

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

X \_\_\_\_\_  
Date

**SUNPROTECTION / BUG SPRAY**

I give permission for YMCA staff to put sunscreen/bug spray on my child. I understand that I must provide my child with these supplies.

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

X \_\_\_\_\_  
Date

**PARENT HANDBOOK RECEIPT**

I have received and reviewed the Salem YMCA Camp Parent Handbook. I understand and agree to abide by the policies that have been established by the Salem YMCA. These policies include:

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>▪ Attendance Policy</li> <li>▪ Late Pick-up Policy</li> <li>▪ Inclement Weather Policy</li> <li>▪ Health Care Policy</li> <li>▪ Medication and Administration Policy</li> </ul> | <ul style="list-style-type: none"> <li>Transportation Policy</li> <li>Behavior Management Policy</li> <li>Substance Abuse Policy</li> <li>Termination and Suspension</li> </ul> |
|--|---|

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

X \_\_\_\_\_  
Date



**2010 CAMP ENROLLMENT PACKET  
SALEM TRANSPORTATION PLAN**

Salem YMCA  
(978) 744.0351

Camper Name \_\_\_\_\_

**My child will arrive to the program by:**

- Parent/Guardian Drop Off
- Unsupervised walk to the YMCA camp area
- Program Van (only for those who currently receive YMCA transportation services)
- Program Bus (Summer School)  
Bus Co. \_\_\_\_\_ Phone \_\_\_\_\_
- Late Drop Off  
Time to be dropped off \_\_\_\_\_  
Days of the week \_\_\_\_\_  
Sessions \_\_\_\_\_
- Other \_\_\_\_\_

**My child will depart from the program by:**

- Parent/Guardian Drop Off
- Unsupervised walk to the YMCA camp area
- Program Van (only for those who currently receive YMCA transportation services)
- Program Bus (Summer School)  
Bus Co. \_\_\_\_\_ Phone \_\_\_\_\_
- Early Pick up  
Time to be picked up \_\_\_\_\_  
Days of the week \_\_\_\_\_  
Sessions \_\_\_\_\_
- Other \_\_\_\_\_

  X    
Parent/Guardian Signature

  X    
Date

**PARENTAL INFORMATION SHEET**

We appreciate you placing your trust in us to care for your child this summer. We place the utmost importance upon each child's safety, well-being and overall camp experience. Please help us by taking a few minutes to share your insights about your child. By doing so, please recognize any information provided on this sheet will be shared with relevant members of the Salem YMCA summer camp team.

**What should we know specifically about your child so we can provide the best care?**

**What would you most like for your child to accomplish this summer at camp?**

**What would your child most like to accomplish this summer at camp?**

