LET KIDS BE KIDS AGAIN!

June 21st to September 3rd

SUMMER CAMP

Camp Meadowlands ages 5 to 12
Brainiac Academy 1st to 3rd graders
Innovators Academy 4th to 6th graders
Leader-in-Training ages 14 to 16

NEW in 2021
AFTERCARE ENRICHMENT
DISCOUNTED SWIM LESSONS

For more information visit meadowlandsymca.org or contact camps@meadowlandsymca.org
PAY IN FULL

TOTAL DUE TODAY

PAYMENT OPTIONS

AUTO DRAFT PAYMENTS

payment method on file will be charged remaining balance of each week 10 days prior to the start of each week.

NON-REFUNDABLE PROCESSING FEE TOTAL $25

NON-REFUNDABLE DEPOSIT (NUMBER OF WEEKS _____ X $50) $________

TOTAL DUE TODAY $________

PAY IN FULL

NON-REFUNDABLE PROCESSING FEE TOTAL $25

TOTAL CAMP COST $________

TOTAL DUE TODAY $________

ACKNOWLEDGMENT: I understand that all upfront fees and deposits paid at the time of registration are non-refundable. Also, no makeup days, refunds or credits are offered for any kind of absence. To attend camp, tuition must be paid in full prior to attending and my camper’s parent pack must be 100% complete.

AUTO-DRAFT AUTHORIZATION: I authorize the Meadowlands YMCA to automatically charge this payment method for the weekly balance. I understand I will be charged 10 days prior to the start of each weekly session. I assume all responsibility to notify the YMCA in writing of any changes that may affect this agreement.

PAYMENT METHOD

☐ Check *Make check payable to Meadowlands YMCA.

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Routing # ________________ Account # ________________

Bank Name # ________________________________

Attach copy of VOIED check or Bank Specification letter

Print Name on Account

______________________________ Date _________/ __________/ __________

______________________________________________________________

MEADOWLANDS YMCA SUMMER CAMP 2021 REGISTRATION FORM

ONE FORM PER CHILD

Submit completed forms to Meadowlands YMCA, 390 Murray Hill Parkway East Rutherford, NJ 07073 or camps@meadowlandsymca.org

CAMPER

Full Name ________________________________ Home Phone ________________________________

Date of Birth ________________________________ Age as of 7/1/2021 ________________________________ Grade as of 9/1/2021 ________________________________ Gender ________________________________

Home Address __________________________________________________________________________

City/Zip ________________________________

PARENT/GUARDIAN

Full Name ________________________________ Date of Birth ________________________________

Home Address __________________________________________________________________________

City/Zip ________________________________

Work Phone ________________________________ Cell Phone (Required) ________________________________ Email ________________________________

CAMP

NO. OF DAYS

CAMPS

WEEK 1

WEEK 2

WEEK 3

WEEK 4

WEEK 5

WEEK 6

WEEK 7

WEEK 8

WEEK 9

WEEK 10

WEEK 11

TOTAL

MEADOWLANDS ACADEMY

AGES 5-12

5

☐ $266 ☐ $266 ☐ $266 ☐ $266 ☐ $266 ☐ $266 ☐ $266 ☐ $266 ☐ $266 ☐ $266 ☐ $266 $_______

BRANIAC ACADEMY

1st–3rd GRADERS

3 T-TH

☐ $319 ☐ $319 ☐ $319 ☐ $319 ☐ $319 ☐ $319 ☐ $319 ☐ $319 ☐ $319 ☐ $319 ☐ $319 $_______

INNOVATORS ACADEMY

4th–6th GRADERS

5

☐ $314 ☐ $314 ☐ $314 ☐ $314 ☐ $314 ☐ $314 ☐ $314 ☐ $314 ☐ $314 ☐ $314 ☐ $314 $_______

LEADERS- IN-TRAINING

AGES 14-16

5 MANDATORY

☐ $167 ☐ $167 ☐ $167 ☐ $167 ☐ $167 ☐ $167 ☐ $167 ☐ $167 ☐ $167 ☐ $167 ☐ $167 $_______

CAMP SUBTOTAL $_______

ADD ONS SUBTOTAL $_______

TOTAL (CAMP + ADD ONS) $_______

ADD ONS

WEEK 1

WEEK 2

WEEK 3

WEEK 4

WEEK 5

WEEK 6

WEEK 7

WEEK 8

WEEK 9

WEEK 10

WEEK 11

TOTAL

BEFORE CARE

7:00AM-8:30AM

☐ $30 ☐ $30 ☐ $30 ☐ $30 ☐ $30 ☐ $30 ☐ $30 ☐ $30 ☐ $30 ☐ $30 ☐ $30 $_______

AFTERCARE

4:30PM-6:30PM

☐ $40 ☐ $40 ☐ $40 ☐ $40 ☐ $40 ☐ $40 ☐ $40 ☐ $40 ☐ $40 ☐ $40 ☐ $40 $_______

ENRICHMENT T-TH

AGES 5-8

4:30-5:15PM

☐ $40 ☐ $40 ☐ $40 ☐ $40 ☐ $40 ☐ $40 ☐ $40 ☐ $40 ☐ $40 ☐ $40 ☐ $40 $_______

AGES 9-12

5:30-6:15PM

☐ $40 ☐ $40 ☐ $40 ☐ $40 ☐ $40 ☐ $40 ☐ $40 ☐ $40 ☐ $40 ☐ $40 ☐ $40 $_______

PAYMENT METHOD

☐ Check *Make check payable to Meadowlands YMCA.

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Routing # ________________ Account # ________________

Bank Name # ________________________________

Attach copy of VOIED check or Bank Specification letter

Print Name on Account

__________________________________________________

PAYMENT METHOD

☐ EFT Draft Checking ☐ EFT Draft Savings

Routing # ________________ Account # ________________

Bank Name # ________________________________

Attach copy of VOIED check or Bank Specification letter

Print Name on Account

__________________________________________________
CAMP PARENT PACK

PARENT PACK CHECKLIST
1. _______ Fill out Registration Form (if one has not already been submitted)
2. _______ Fill out Child Information Form
3. _______ List Emergency Contacts & Approved Individuals for Pick Up
4. _______ Sign Registration Agreement and Permission for Emergency Medical Care
5. _______ Sign Walking Trips Permission Form and Receipt of Information
6. _______ Fill out and sign Medical Report Form
7. _______ Attach a copy of Immunization Records from Doctor/Pediatrician’s Office
8. _______ Sign Waiver of Liability and Indemnity Agreement
9. _______ Pull off Policies and Procedures and keep for further reference
10. _______ Parent Pack must be completed prior to my child attending
11. _______ Enclose payment for fees made out to: Meadowlands Area YMCA

All participants must complete pack
Regardless of prior participation

Child will NOT start camp unless we have this completed Parent Pack with your Registration Form.

Please note, as per current NJ State regulations your child will not be allowed to attend camp until 14 days after any out of state travel. Regardless of prior registration or payment.
# CHILD INFORMATION FORM

**CHILD’S NAME__________________________________ NICKNAME__________________________**

**ADDRESS______________________________________ HOME TELEPHONE____________________**

**CITY__________________________________ STATE______ ZIP________**

**HOME TELEPHONE_________________________ AGE_____ SEX_______ BIRTHDATE_____/_____/______**

**MOTHER/GUARDIAN’S NAME** ______________________________________________________ BIRTHDATE_____/_____/______

**HOME ADDRESS______________________________________________________________**

**CITY_______________________________________ STATE_________ ZIP________**

**TELEPHONE: HOME____________________ BUSINESS____________ CELL________________**

**EMAIL ADDRESS___________________________________________________________**

**OCCUPATION_________________ PLACE OF EMPLOYMENT* __________________________**

**WORK ADDRESS____________________________________________________________**

**CITY______________________________ STATE____________ ZIP________**

**FATHER/GUARDIAN’S NAME** ____________________________________________________ BIRTHDATE_____/_____/______

**HOME ADDRESS____________________________________________________________**

**CITY______________________________ STATE__________ ZIP________**

**TELEPHONE: HOME____________________ BUSINESS____________ CELL________________**

**EMAIL ADDRESS___________________________________________________________**

**OCCUPATION_________________ PLACE OF EMPLOYMENT* __________________________**

**WORK ADDRESS____________________________________________________________**

**CITY______________________________ STATE____________ ZIP________**

---

*The Camp Program is partially funded through corporate and individual contributions. Please be sure to include your employer’s information as it could be helpful in securing these contributions and grants.*

**It is your responsibility to inform the YMCA in writing (providing legal documentation) of any custody limitations for either parent. It is sometimes necessary to communicate with a parent or guardian during the day because of accident, illness, or absenteeism. We will try the above listed number first. If we are unable to contact you, please list those additional people that we may contact in an emergency under Emergency Contacts**
PICK UP & EMERGENCY CONTACTS

List all persons approved to pick up the child, including parent/guardians. The child will not be released to anyone else without written permission from parents/guardians. Please note these individuals must be able to provide photo identification to YMCA staff.

You are required to have an Emergency Pick Up Plan for your child. In the event that the YMCA facility is closed unexpectedly, due to inclement weather, loss of electricity, etc., the Camp program may be cancelled. If such a situation should arise, we need to know whom to call if we are unable to contact you.

Please make advanced arrangements with three adults upon whom we may call to quickly pick up your child. Please list them below with all the required information. We recommend that you choose adults who reside or work close to the camp. Any additional individuals can be added on another sheet of paper if necessary.

It is sometimes necessary to contact a parent or guardian during the day because of accident, illness or absenteeism. We will try to contact parents/guardians first. However, if we are unable to contact you, we will call the people listed below.

NAME____________________________________________________  RELATIONSHIP______________________________
HOME ADDRESS__________________________________________________________________________________
CITY_____________________________________________________ STATE_________________ ZIP _________________
TELEPHONE: HOME_______________________  BUSINESS_____________________  CELL______________________

NAME____________________________________________________  RELATIONSHIP______________________________
HOME ADDRESS__________________________________________________________________________________
CITY_____________________________________________________ STATE_________________ ZIP _________________
TELEPHONE: HOME_______________________  BUSINESS_____________________  CELL______________________

NAME____________________________________________________  RELATIONSHIP______________________________
HOME ADDRESS__________________________________________________________________________________
CITY_____________________________________________________ STATE_________________ ZIP _________________
TELEPHONE: HOME_______________________  BUSINESS_____________________  CELL______________________

NAME____________________________________________________  RELATIONSHIP______________________________
HOME ADDRESS__________________________________________________________________________________
CITY_____________________________________________________ STATE_________________ ZIP _________________
TELEPHONE: HOME_______________________  BUSINESS_____________________  CELL______________________
REGISTRATION AGREEMENT

1. I am enrolling my child for the Summer Camp. A nonrefundable $25.00 processing fee.

2. I understand that my deposit made at time of registration is non-refundable and that the balance is due June 1st unless, I have signed up for the Convenient Auto Draft Option.

3. I acknowledge that I have received, understand and agree to follow the Summer Camp Policies and Procedures including the outlined Discipline Policy.

4. I give permission for the YMCA to photograph or film my child and use said pictures for any form of advertising or promotion as deemed appropriate.

Parent/Guardian Signature___________________________________________ Date____________

PERMISSION FOR EMERGENCY MEDICAL CARE

In order to meet all legal requirements, I hereby authorize representatives of the Meadowlands Area YMCA to give consent for any and all emergency medical care for my child while he/she attends programs sponsored by the Meadowlands Area YMCA.

Parent/Guardian Signature___________________________________________ Date____________

WALKING TRIPS PERMISSION

I give permission for my child to participate in any walking trips outside the building with the YMCA staff and participants.

Parent/Guardian Signature___________________________________________ Date____________

RECEIPT OF INFORMATION

I have read and received a copy of the following information/policies listed below: Please initial next to each document’s name and sign and date below.

__ Information to Parents Document  __ Policy on the Release of Children

__ Positive Guidance and Discipline Policy  __ Expulsion Policy

__ Policy on Methods of Parental Notification __ Policy on Communicable Disease Management

__ Policy on the Use of Technology and Social Media

Parent/Guardian Name______________________________________ Child Name_____________________________________

Parent/Guardian Signature___________________________________________ Date____________
MEDICAL REPORT FORM

**Copy of Immunizations Records from Pediatrician/Doctor Must be included.**
This form must be completed by parent, doctor signature is not required.

NAME__________________________________________________________

ADDRESS_________________________________________________________________________  PHONE________________________________

BIRTH DATE_______________________________  PARENT/GUARDIAN NAME______________________________________________

DATE OF IMMUNIZATION (Most recent only): EXAMINATION:

TETANUS____________________________________________           (✓) if normal, if not, (✗) and give details on back

DIPHTHERIA__________________________________________       GENERAL CONDITION________________________________

WHOOPING COUGH_______________________________      ___________________________________________________________________________________________

SMALL POX_________________________________________       HEIGHT____________________________________________________

POLIO________________________________________________            WEIGHT___________________________________________________

OTHER_______________________________________________       EARS______________________________________________________

DISEASE HISTORY
Give age child had any of the following:

WHOOPING COUGH_______________________________       POST NASAL CONDITION_______________________________

MUMPS______________________________________________       EYES_______________________________________________________

CHICKEN POX______________________________________       LUNGS____________________________________________________

ASThma_____________________________________________       HEART____________________________________________________

SCARLET FEVER____________________________________       HERNIA___________________________________________________

EPILEPSY____________________________________________       SKIN_______________________________________________________

MEASLES____________________________________________     ORTHOPAEDIC-FEET___________________________________

GERMAN MEASLES________________________________     OTHER____________________________________________________

OTHER_______________________________________________             _____________________________________________________________

Has child had any serious accident(s)?______________________________ If yes, at what age?____
Please describe. ___________________________________________________________________________________________________________

Has child ever been hospitalized___________________  Under what circumstances________________________________

________________________________________________________________________________________________________________________________

Does the child have frequent sore throats________     __________________________________________________________________________________

Gifted?________     Physically Handicapped?__________     Neurologically Impaired?______________

Emotional or behavioral problems?____________________________________________________________________________________

Does the child have any special needs of which we should be aware?_________________________________________

________________________________________________________________________________________________________________________________

Is the child on any special medication?____________________ If so, please explain________________________

Is the child subject to frequent colds?____________________

Habits?______________________________________________________________________________________________________________

Does the child understand and speak English?__________ Other Languages____________________________________

Physician’s Name______________________Phone____________________ Address_____________________________________________

MY CHILD, ___________________, IS IN ___________________________ CONDITION AND MAY SAFELY
ENGAGE IN ALL USUAL ACTIVITIES EXCEPT AS NOTED ABOVE.

Parent/Guardian Signature_______________________________        Date___/___/___
WAIVER of LIABILITY & INDEMNITY AGREEMENT

In consideration of being permitted to utilize the facilities, services and programs of the YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the YMCA and all branches thereof, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any, loss, liability, damage or cost they may, incur due to the presence of the undersigned or such children in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.

3. I THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releasees or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereof or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of New Jersey and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE

Parent/Guardian Signature ______________________________________________________________________ Date __________

Meadowlands YMCA
390 Murray Hill Parkway East Rutherford NJ 07073
201-955-5300 camps@meadowlandsymca.org
ALL DOCUMENTS BEYOND THIS PAGE SHOULD BE KEPT FOR YOUR RECORDS
Dear Camp Parent:

In keeping with New Jersey’s child care center licensing requirements, we are obligated to provide you, as the parent of a child enrolled at our center, with this informational statement.

The statement highlights, among other things: your rights to visit and observe our center at any time without having to secure prior permission; the center’s obligation to be licensed and to comply with licensing standards; and the obligation of all citizens to report suspected child abuse/neglect/exploitation to the State Central Registry Hotline (877) NJ ABUSE.

Sincerely,

David Kisselback

David Kisselback
President & CEO
EXPULSION POLICY

Unfortunately, there are sometimes reasons we have to expel a child from our program either on a short term or permanent basis. We want you to know we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced. The following are reasons we may have to expel or suspend a child from this center.

IMMEDIATE CAUSES FOR EXPULSION

- The child is at risk of causing serious injury to other children or himself/herself.
- Parent threatens physical or intimidating actions toward staff members.
- Parent exhibits verbal abuse to staff in front of enrolled children.

PARENTAL ACTIONS FOR CHILD'S EXPULSION

- Failure to pay/habitual lateness in payments.
- Failure to complete required forms including the child’s immunization records.
- Habitual tardiness when picking up your child.
- Verbal abuse to staff.
- Other (Explain)

CHILD'S ACTIONS FOR EXPULSION

- Failure of child to adjust after a reasonable amount of time
- Uncontrollable tantrums/angry outbursts.
- Ongoing physical or verbal abuse to staff or other children.
- Excessive biting.
- Other (Explain)

SCHEDULE OF EXPULSION

If after the remedial actions above have not worked, the child’s parent/guardian will be advised verbally and in writing about the child’s or parent’s behavior warranting an expulsion. An expulsion action is meant to be a period of time so that the parent/guardian may work on the child’s behavior or to come to an agreement with the center. The parent/guardian will be informed regarding the length of the expulsion period and the expected behavioral changes required in order for the child or parent to return to the center. The parent/guardian will be given a specific expulsion date that allows the parent sufficient time to seek alternate child care (approximately one to two weeks’ notice depending on the risk to other children’s welfare or safety). Failure of the child/parent to satisfy the terms of the plan may result in permanent expulsion from the center.

A CHILD WILL NOT BE EXPELLED IF A PARENT/GUARDIAN:

- Made a complaint to the Office of Licensing regarding a center’s alleged violations of the licensing requirements.
- Reported abuse or neglect occurring at the center.
- Questioned the center regarding policies and procedures.
- Without giving the parent sufficient time to make other child care arrangements.

PROACTIVE ACTIONS THAT CAN BE TAKEN IN ORDER TO PREVENT EXPULSIONS

- Try to redirect child from negative behavior.
- Reassess classroom environment, appropriateness of activities, supervision.
- Always use positive methods and language while disciplining children.
- Praise appropriate behaviors.
- Consistently apply consequences for rules.
- Give the child verbal warnings.
- Give the child time to regain control.
- Document the child’s disruptive behavior and maintain confidentiality
- Give the parent/guardian written copies of the disruptive behavior that might lead to expulsion.
- Schedule a conference including the director, classroom staff, and parent/guardian to discuss how to promote positive behaviors.
- Give the parent literature of other resources regarding methods of improving behavior.
- Recommend an evaluation by professional consultation on premises.
- Recommend an evaluation by local school district study teams
POLICIES AND PROCEDURES

REGISTRATION
- Payments may be paid by Visa/MasterCard/American Express/Discover, cash, check, or money order. Checks should be made out to the Meadowlands Area YMCA. Prior to June 1st, $50.00 deposit per registered week of camp + 25.00 processing fee. Balance is due June 1st unless you have chosen Payment Plan Option #2. Late payment fee of $20.00 will be assessed to all balances not paid by June 1st. Full payment is due at time of registration, if registering after June 1st unless you are using payment Plan Option #2. All payments should either be mailed directly to the YMCA office (390 Murray Hill Parkway, East Rutherford, NJ 07073) or brought to the YMCA Office (390 Murray Hill Parkway, East Rutherford, NJ). Payments must not be sent with the child to the Program.
- A CHILD MAY NOT ATTEND WITHOUT THE PROPER FEES BEING CURRENT. There are no CREDITS OR REFUNDS for days missed. Personal illness and activities do not reduce weekly fees. Your fee pays for direct operating costs, such as staff, snack and materials. All of these must be available for your child. When you enroll, you are reserving the time, space, staffing and provisions for your child whether the child attends or not.
- If a check is returned by the bank for any reason, there will be a $25.00 penalty fee. All subsequent payments must be made with credit card, cash or money order.

HEALTH
- If your child will be absent from the summer program, as a courtesy please call the YMCA camp director on the camp phone.
- Each child must have a medical form filled out by a parent and immunization records from physician prior to admission.
- DO NOT send your child to the program if he/she has any of the following symptoms: fever or headaches, rashes or inflamed skin, nausea or vomiting, abdominal pains or diarrhea, sore throats, ear ache, inflammation of the eyes, enlarged glands, persistent coughing.
- The YMCA should be informed about the nature of any illness. If your child has a communicable disease, tell us when it first appeared.
- No medicine can be administered by staff; but medication can be overseen by staff with doctor’s authorization and note from parent/guardian. Please contact the Child Care Director for specific procedures and guidelines.
- If a child develops any of the above symptoms while in the YMCA’s care, the parents will be notified to have the child picked up by an authorized adult. Doctor’s permission may be required for that child to return to the program in some cases.
- Children may not make up an absence on another day.

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 at the program, the child will be removed from the group, and parents will be called to take the child home.

- Severe pain and discomfort
- Elevated temperature of 100.3 degrees Fahrenheit
- Severe coughing
- Yellow eyes or Jaundiced skin
- Infected, untreated skin patches
- Skin rashes in conjunction with fever or behavior changes
- Skin lesions that are weeping or bleeding
- Acute diarrhea
- Episodes of acute vomiting
- Lethargy
- Red eyes with discharge
- Difficult or rapid breathing
- Mouth sores with drooling
- Stiff neck

Once a child is symptom-free or has a health care provider’s note stating that the child no longer poses a serious health risk to himself/herself or others, the child may return to the program unless contraindicated by local health department or Department of Health.
EXCLUDABLE COMMUNICABLE DISEASES

A child or staff member who contracts an excludable communicable disease may not return to the center without a health care provider’s note stating that the child presents no risk to himself/herself or others.

Note: If a child has chicken pox, a note from the parent stating that all sores have dried and crusted is required. If a child is exposed to any excludable disease at the program, parents will be notified in writing.

COMMUNICABLE DISEASE REPORTING GUIDELINES

Some excludable communicable diseases must be reported to the health department by the center. The Department of Health’s Reporting Requirements for Communicable Disease and Work-Related Conditions Quick Reference Guide, a complete list of reportable excludable communicable diseases, can be found at: http://www.nj.gov/health/cd/documents/reportable_disease_magnet.pdf.

FEVER/CONTAGIOUS DISEASES

If your child went home with a fever, your child will have to remain at home for 24 hours, fever free without medication, before returning to the program. In the case of a contagious disease, except chickenpox, a doctor’s note will be required before the child can return. We understand that it is difficult for a parent to leave or miss work; therefore, we suggest that alternative care arrangements be made in advance. If a child has been absent due to a communicable disease, a doctor’s note MUST accompany the child to school/program upon his/her return or he/she will NOT be permitted to stay in attendance at the YMCA for that day.

(Please see communicable disease policy)

REQUIREMENTS

If a child is sick or injured at the YMCA we will notify his/her parent. In some cases, we may request that you immediately come for your child, in other circumstances we only inform you of your child’s situation so that you can decide if some action should be taken.

NON-PRESCRIPTION MEDICATION

Only the following non-prescription (over the counter) medication will be administered.
1) Antihistamines/decongestants
2) Acetaminophen
3) Cough suppressants
4) Topical ointments

State licensing requirements for non-prescription medication states:

“...Which shall be dispensed in accordance with the recommended dosage, age and/or weight of the child, as indicated on the label.”

Parent must then sign a Medication Permission form with the above note attached.

SNACKS & LUNCH

The YMCA attempts to make the food breaks healthful. We try to involve children in the preparation and in nutrition education. If your child has dietary restrictions, be sure to indicate them on the health form.

Children should bring a bagged lunch to the program each day. Be sure to put your child’s name on the bag. It is best to send non-perishable items. (NO GLASS BOTTLES PLEASE)
POLICIES AND PROCEDURES

VALUABLES
The YMCA Day Camp program is not responsible for articles that may be lost or damaged. Children are asked to keep valuables at home. Should you permit your child to bring these items, the YMCA is not responsible for any loss or damage to them.

POLICY ON THE METHODS OF PARENTAL NOTIFICATION
It is very important at the Meadowlands Area YMCA that we have open communication with our parents and staff members. We use many forms of communication to notify parents and staff members of news, reminders, updates, schedules and emergencies.

Lines of communications include but are not limited to......
- Telephone (landline–home number)
- Cell phones
- Work phones
- Text – cell phone
- Written “hard copies” given out at the site
- E-mails
- Mail

If parents need to contact the YMCA Camp Director or Staff Members, they may use the office number or the Camp Site Phone Numbers.

DROPPING OFF AND PICKING UP CHILDREN

• The YMCA is responsible for the children once they are signed into the program.

• When dropping off a child, NEVER leave him/her unattended. Escort him/her to the staff person on duty and SIGN THE CHILD IN ON A DAILY BASIS. Only authorized persons listed on the information package may pick up the child. THEY MUST SIGN THE CHILD OUT EACH DAY. ID must be presented when picking up a child from the Summer Day Camp Program.

• Written notices must be given if a child is to leave with someone other than the authorized people on the information package. ID must be presented when picking up a child from the Summer Day Camp Program. Please check for information from the staff each day when you sign your child out.

• A child who is dropped off early will be assessed an Early Drop off Fee of $18 per half hour (or part thereof). The children must be picked up promptly at registered pick-up time or there will be a Late Pick Up charge of $18.00 per half-hour (or part of). After the first half-hour, an authorized adult on the emergency form will be contacted to pick up the child. If an authorized adult cannot be reached one hour after pick-up time, the Site Director or Acting Site Director will make arrangements with the Division of Youth and Family Services to care for the child until an authorized adult can pick up the child. There is a limit of 3 late pick-ups. Any child who is chronically picked up late will not be allowed to remain in the program.

• Please LABEL all your child’s belongings with a permanent black marker, as the YMCA is not responsible for lost or stolen items. We are not opposed to electronic games or equipment (i.e.: game boys) however the YMCA is not liable for any loss or damage to any items brought to camp.

• The YMCA will provide two snacks per day (one snack for morning and one snack for afternoon). Please provide your child with additional water/drink bottle.

• It is imperative that your child is signed In and Out each day they attend camp. Please always have your Picture ID available as you may be asked to present it when picking up your child.

• Cell Phones are not permitted at any time. If any child brings a cell phone to the campsite, it will be retrieved and returned to the parent when he/she picks up the child.

• Items your child must bring on a daily basis in his/her backpack:
  - Lunch – except when notified
  - Suntan Lotion
  - Water Bottle
  - Additional T-shirt
POLICY OF THE RELEASE OF CHILDREN

Each child may be released only to the child’s parent(s) or person(s) authorized by the parents to take the child from the center and to assume responsibility for the child in an emergency if the parent(s) cannot be reached.

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

If the parent(s) or person(s) authorized by the parent(s) fails to pick up a child at the time of the center’s daily closing, the center shall ensure that:

1. The child is supervised at all times;
2. Staff members attempt to contact parent(s) or person(s) authorized by the parent(s) and
3. An hour or more after closing time, and provided that other arrangements for releasing the child to his/her parent(s) or person(s) authorized by the parent(s), have failed and the staff members cannot continue to supervise the child at the center, the staff members shall call the 24-hour State Central Registry Hotline 1-877-NJ-ABUSE (1-877-652-2873) to seek assistance in caring for the child until the parent(s) or person(s) authorized by the child’s parent(s) is able to pick up the child.

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

1. The child may not be released to such an impaired individual;
2. Staff members attempt to contact the child’s other parent or alternate person(s) authorized by the parent(s):
3. If the center is unable to make alternate arrangements, a staff member shall call the 24-hour State Central Registry Hotline 1-877-NJ-ABUSE (1-877-652-2873) to seek assistance in caring for the child.

For school-age child care programs, no child shall be released from the program unsupervised except upon written instruction from the child’s parent(s).

POLICY ON THE USE OF TECHNOLOGY AND SOCIAL MEDIA AT CAMP

The YMCA recognizes that families and early educators have many different options for using technology with early learners. We believe that guidance needs to reflect the reality that families and early educators have access to apps, digital books, games, video chatting software, and a multitude of other interactive technologies that can be used with young children. Even as new technologies emerge, the YMCA believes that these principles apply, though guidance may evolve as more research on this topic is published.

Our four guiding principles for use of technology with early learners are as follows:

1. Technology, when used appropriately, can be a tool for learning.
2. Technology should be used to increase access to learning opportunities for all children.
3. Technology may be used to strengthen relationships among parents, families, early educators, and young children.
4. Technology is more effective for learning when adults and peers interact or co-view with young children.
GUIDELINES FOR POSITIVE DISCIPLINE

Positive discipline is a process of teaching children how to behave appropriately. Positive discipline respects the rights of the individual child, the group, and the adult. Methods of positive discipline shall be consistent with the age and developmental needs of the children and lead to the ability to develop and maintain self-control.

Positive discipline is different from punishment. Punishment tell children what they should not do; positive discipline tells children what they should do. Punishment teaches fear; positive discipline teaches self-esteem.

You can use positive discipline by planning ahead:

- Anticipate and eliminate potential problems.
- Have a few consistent, clear rules that are explained to children and understood by adults.
- Have a well-planned daily schedule.
- Plan for ample elements of fun and humor.
- Include some group decision making.
- Provide time and space for each child to be alone.
- Make it possible for each child to feel he/she has had some positive impact on the group.
- Provide the structure and support children need to resolve their differences.
- Share ownership and responsibility with the children. Talk about our room, our toys.

You can use positive discipline by intervening when necessary:

- Re-direct to a new activity to change the focus of a child’s behavior.
- Provide individualized attention to help child deal with a particular situation.
- Use time-out – by removing a child for a few minutes from the area or activity so that he or she may gain self-control. (One minute for each year of the child’s age is a good rule of thumb).
- Divert the child and remove from the area of conflict.
- Provide alternate activities and acceptable ways to release feelings.
- Point out natural or logical consequences of children’s behavior.
- Offer a choice only if there are two acceptable options.
- Criticize the behavior, not the child. Don’t say “bad boy” or “bad girl”. Instead you might say “That is not allowed here.”

You can use positive discipline by showing love and encouragement:

- Catch the child being good. Respond to and reinforce positive behavior; acknowledge or praise to let the child know you approve of what he/she is doing.
- Provide positive reinforcement through rewards for good behavior.
- Use encouragement rather than competition, comparison or criticism.
- Overlook small annoyances, and deliberately ignore provocations.
- Give hugs and caring to every child every day.
- Appreciate the child’s point of view.
- Be loving, but don’t confuse loving with license.

Positive discipline is NOT:

- Disciplining a child for failing to eat or sleep or for soiling themselves.
- Hitting, shaking, or any other form of corporal punishment.
- Using abusive language, ridicule, harsh, humiliating or frightening treatment or any other form of emotional punishment of children.
- Engaging in or inflicting any form of child abuse and/or neglect.
- Withholding food, emotional responses, stimulation, or opportunities for rest or sleep.
- Requiring a child to remain silent or inactive for an inappropriately long period of time.

Positive discipline takes time, patience, repetition and the willingness to change the way you deal with children. But it’s worth it, because positive discipline works.
POLICIES AND PROCEDURES CONT'D

INFORMATION TO PARENTS

Under provisions of the Manual of Requirements for Child Care Centers (N.J.A.C. 3A:52), every licensed child care center in New Jersey must provide to parents of enrolled children written information on parent visitation rights, State licensing requirements, child abuse/neglect reporting requirements and other child care matters. The center must comply with this requirement by reproducing and distributing to parents and staff this written statement, prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families. In keeping with this requirement, the center must secure every parent and staff member’s signature attesting to his/her receipt of the information.

Our center is required by the State Child Care Center Licensing Law to be licensed by the Office of Licensing (OOL), Child Care & Youth Residential Licensing, in the Department of Children and Families (DCF). A copy of our current license must be posted in a prominent location at our center. Look for it when you’re in the center. To be licensed, our center must 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 arrangements; parent participation; administrative and recordkeeping requirements; and other.

Our center must have on the premises a copy of the Manual of Requirements for Child Care Centers and make it available to interested parents for review. If you would like to review our copy, just ask any staff member. Parents may view a copy of the Manual of Requirements on the DCF website at http://www.nj.gov/dcf/providers/licensing/laws/CCMan.pdf or obtain a by sending a check or money order for $5 made payable to the “Treasurer, State of New Jersey”, and mailing it to: NJDCF, Office of Licensing, Publication Fees, PO Box 657, Trenton, New Jersey 08646-0657.

We encourage parents to discuss with us any questions or concerns about the policies and program of the center 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 center may be in violation of licensing requirements, you are entitled to report them to the Office of Licensing toll free at 1 (877) 667-9845. Of course, we would appreciate your bringing these concerns to our attention, too.

Our center must have a policy concerning the release of children to parents or people authorized by parents to be responsible for the child. Please discuss with us your plans for your child’s departure from the center.

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

Parents are entitled to review the center’s copy of the OOL’s Inspection/Violation Reports on the center, which are available soon after every State licensing inspection of our center. If there is a licensing complaint investigation, you are also entitled to review the OOL’s Complaint Investigation Summary Report, as well as any letters of enforcement or other actions taken against the center during the current licensing period. Let us know if you wish to review them and we will make them available for your review or you can view them online at https://data.nj.gov/childcare_explorer.

Our center must cooperate with all DCF inspections/investigations. DCF staff may interview both staff members and children. Our center must post its written statement of philosophy on child discipline in a prominent location and make a copy of it available to parents upon request. We encourage you to review it and to discuss with us any questions you may have about it.

Our center must post a listing or diagram of those rooms and areas approved by the OOL for the children’s use. Please talk to us if you have any questions about the center’s space.

Our center must offer parents of enrolled children ample opportunity to assist the center in complying with licensing requirements; and to participate in and observe the activities of the center. Parents wishing to participate in the activities or operations of the center should discuss their interest with the center director, who can advise them of what opportunities are available.

Parents of enrolled children may visit our center at any time without having to secure prior approval from the director or any staff member. Please feel free to do so when you can. We welcome visits from our parents. Our center must inform parents in advance of every field trip, outing, or special event away from the center, and must obtain prior written consent from parents before taking a child on each such trip.

Our center is required to provide reasonable accommodations for children and/or parents with disabilities and to comply with the New Jersey Law Against Discrimination (LAD), P.L. 1945, c. 169 (N.J.S.A. 10:5-1 et seq.), and the Americans with Disabilities Act (ADA), P.L. 101-336 (42 U.S.C. 12101 et seq.). Anyone who believes the center is not in compliance with these laws may contact the Division on Civil Rights in the New Jersey Department of Law and Public Safety for information about filing an 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 an ADA claim at (800) 514-0301 (voice) or (800) 514-0383 (TTY). Our center is required, at least annually, to review the Consumer Product Safety Commission (CPSC), unsafe children’s products list, ensure that items on the list are not at the center, and make the list accessible to staff and parents and/or provide parents with the CPSC website at https://www.cpsc.gov/Recalls. Internet access may be available at your local library. For more information call the CPSC at (800) 638-2772.

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 at the center or not, is required by State law to report the concern immediately to the State Central Registry Hotline, Toll Free at (877) NJ ABUSE/ (877) 652-2873. Such reports may be made anonymously. Parents may secure information about child abuse and neglect by contacting: DCF, Office of Communications and Legislation at (609) 292-0422 or go to www.state.nj.us/dcf/.

OOL/Information to Parents/April 2017
EMPLOYEE CODE OF CONDUCT

1. In order to protect YMCA staff, volunteers, and program participants, at no time during a YMCA program may a staff person be alone with a single child where he or she cannot be observed by others. As staff supervise children, they should space themselves in such a way that other staff can see them.

2. Staff shall never leave a child unsupervised.

3. Restroom supervision: Staff will make sure the restroom is not occupied by suspicious or unknown individuals before allowing children to use the facilities. Staff will stand in the doorway of the restroom while children are using the restroom. This policy allows privacy for the children and protection for the staff (not being alone with a child). If staff is assisting younger children, doors to the facility must remain open. No child, regardless of age, should ever enter a bathroom alone on a field trip. Always send children in pairs, and whenever possible, with staff.

4. Staff should conduct or supervise private activities in pairs—diapering, putting on bathing suits, taking showers, etc. When this is not feasible, staff should be positioned so that they are visible to others.

5. Staff shall not abuse children including:
   a. Physical abuse - to strike, spank, shake, slap
   b. Verbal abuse - to humiliate, degrade, threaten
   c. Sexual abuse - to inappropriately touch or speak
   d. Mental Abuse – to shame, withhold kindness, be cruel
   e. Neglect - to withhold food, water, basic care, etc.

No type of abuse will be tolerated and may be cause for immediate dismissal.

6. Staff must use positive techniques of guidance, including redirection, positive reinforcement, and encouragement rather than competition, comparison, and criticism. Staff will have age-appropriate expectations and set up guidelines and environments that minimize the need for discipline. Physical restraint is used only in pre-determined situations (necessary to protect the child or other children from harm), is only administered in a prescribed manner, and must be documented in writing.

7. Staff will conduct a health check of each child, each day, as they enter the program, noting any fever, bumps, bruises, burns, etc. Questions or comments will be addressed to the parent or child in a non-threatening way. Any questionable marks or responses will be documented.

8. Staff will respond to children with respect and consideration and treat all children equally regardless of sex, race, religion, or culture.

9. Staff will respect children’s rights to not be touched in ways that make them feel uncomfortable, and their right to say no. Other than diapering, children are not to be touched on areas of their bodies that would be covered by a bathing suit.

10. Staff will refrain from intimate displays of affection towards others in the presence of children, parents, and staff.

11. While the YMCA does not discriminate against an individual’s lifestyle, it does require that in the performance of their job, they will abide by the standards of conduct set forth by the YMCA.

12. Staff must appear clean, neat, and appropriately attired.

13. Using, possessing, or being under the influence of alcohol or illegal drugs during working hours is prohibited.

14. Smoking or use of tobacco in the presence of children or parents during working hours is prohibited.

15. Profanity, inappropriate jokes, sharing intimate details of one’s personal life and any kind of harassment in the presence of children or parents is prohibited.

16. Staff must be free of physical and psychological conditions that might adversely affect the children’s physical or mental health. If in doubt, an expert should be consulted.

17. Staff will portray a positive role model for youth by maintaining an attitude of respect, loyalty, patience, courtesy, tact, and maturity.

18. Staff may not be alone with children they meet in YMCA programs outside of the YMCA. This includes babysitting, sleepovers, and inviting children to your home. Any exceptions require a written explanation before the fact and are subject to administrator approval.

19. Staff members are not to transport children in their own vehicles.

20. Staff may not date program participants under the age of 18 years of age.

21. Under no circumstances should staff release children to anyone other than the authorized parent, guardian, or other adult authorized by the parent or guardian (written parent authorization on file with the YMCA).

22. Staff members are required to read and sign all policies related to identifying, documenting, and reporting child abuse and attend trainings on the subject, as instructed by a supervisor.

23. Staff will act in a caring, honest, respectful, and responsible manner.

PARENT INVOLVEMENT

- Cooperation with all policies and procedures is necessary.
- Take every opportunity to talk with YMCA staff about your child.
- Ask your child about the program every day.