



Welcome to YMCA CAMP OCKANICKON'S School's Out Program for the 2010-2011 school year.

To assist you in the registration process, we suggest that you review the following checklist. All of these items must be completed and in our camp office for your child's School's Out registration to be complete.  
All registrations are subject to availability in programs.

**The completed Registration Form with all of the above must be in the YMCA CAMP OCKANICKON Office by**

**August 20, 2010**

**to begin School's Out the first week of school.**

**Registrations received after August 20<sup>th</sup> will be able to start the second week of school.**

CHECK LIST for Each Child

- Registration Fee
- First Monthly Installment
- Work address/phone number-pg. 2
- Home address/phone number-pg.2
- Authorized Individuals Section-pg.2
- Starting Date-pg.2
- Site Location-pg.2
- Date of Birth-pg.2
- With whom the child lives-pg.2
- Enrollment Schedule-pg.2
- Health History Signature-pg.3
- Homework Agreement Signature-pg.4
- Release and Waiver of Liability/Indemnity-pg.5
- Photo Waiver-pg. 5
- Parent Agreement Signature-pg.6
- Licensing Information Signature-pg.7
- Medication Permission Slip – If needed-pg. 8
- Parent Letter Signature-pg. 9
- Driver's License # Waiver – Optional-pg.10
- Signature on Expulsion Policy-pg. 11/12
- Automatic Billing Form – Optional-pg. 13
- Court Order limiting non-custodial parent – if applicable
- Child Photo (a head shot with name on back- photo is non-returnable)-pg.2

**SAVE TIME AND PAPER!  
ENROLL IN OUR AUTOMATIC BILLING PROGRAM!  
~Have your tuition automatically billed each month~  
Be Sure to Complete Page 13 of this Registration Packet!**



**HEALTH HISTORY**

**PLEASE CHECK AND EXPLAIN IF APPROPRIATE. IF NOTHING APPLIES WRITE "NONE"**

**II. CHILD'S HEALTH HISTORY** (please circle and explain if appropriate)    Frequent Ear Infections    Epilepsy  
Convulsions/seizures    Diabetes    Asthma    Bleeding disorder    Hypertension    Hearing Impairment    Heart defect/disease

Other (please specify): \_\_\_\_\_

**Allergies:** Insect Bites \_\_\_\_\_ Penicillin \_\_\_\_\_ Other Drugs \_\_\_\_\_ Foods \_\_\_\_\_

Does Your Child have any special needs or classifications? If yes, explain: \_\_\_\_\_

Has this child ever required any counseling or hospitalization? If yes, explain: \_\_\_\_\_

Does child have any chronic or reoccurring illness?: \_\_\_\_\_

Does child take any medication? If yes, indicate purpose: \_\_\_\_\_

Will the child need medication during program hours?    Yes    No    If yes, what time: \_\_\_\_\_

**\*\*Please supply program with any prescriptions that need administration\*\***

**(See medication instructions in manual and Medication Permission Slip to be completed)**

Medical/Hospital Insurance Carrier: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

Family Physician (name, address): \_\_\_\_\_ Phone# (    ) \_\_\_\_\_

Dentist/Orthodontist (name, address): \_\_\_\_\_ Phone# (    ) \_\_\_\_\_

\*If you answered yes to any of the above, please explain in detail, and indicate any special steps or guidelines to follow for your child's safety in the program: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This health history is correct to the best of my knowledge, and the person herein described has permission to engage in all prescribed camp activities except as noted. Authorization for Treatment: I hereby give permission to the medical personnel selected by the Camp Director to order X-Rays, routine tests, treatment, and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the School's Out Program Director to secure and administer treatment, including hospitalization, for my child as named above. I understand that I will be responsible for the payment of all medical bills. The completed form may be photocopied for trips out of site/camp. I further agree to hold harmless the YMCA and its staff members conducting the activities from any and all claims, suits, losses or otherwise, during or arising in any way from the activities. I acknowledge that this General Release of Liability to YMCA Camp Ockanickon, Inc. is binding on me personally and on my heirs, personal representatives, successors, and assigns.

**Parents Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**III. Child's Special Interest:**     Arts & Crafts     Sports     Reading     Drama     Music    Other:

\_\_\_\_\_ *Please share any information that will help in meeting your child's needs:* \_\_\_\_\_

\_\_\_\_\_

**SCHOOL'S OUT PROGRAM  
HOMEWORK AGREEMENT**

Among the many activities available to children in the School's Out Program, homework/study time is provided on a daily basis. Rather than assigning your child this task, we request that parents inform us if this is a priority for their child. Discussion of this between the parent(s) and child is encouraged so that there is an understanding at the start between the child, parent and School's Out Staff. **Please be advised that the homework time is determined by the Site-Supervisor and may consist of two scheduled times with ½ hour increments.** School's Out Staff will encourage your child to complete his work; however it is the responsibility of your child to take advantage of the time and the support that is offered.

**Please indicate your choice:**

Yes, I would like my child to participate in the designated time of up to an hour to do homework.

No, I would like my child to determine for his/herself to participate as needed.

*Child's Signature:* \_\_\_\_\_

*Parent's Signature:* \_\_\_\_\_

**YMCA CAMP OCKANICKON, INC. PROGRAM WAIVER**

YMCA Camp Ockanickon, Inc. conducts its programs with the best interests of all participants in mind. The YMCA attempts at all times to run programs that are educational, enjoyable and safe. Further, the activities of the YMCA are designed to further the educational, motivational and charitable objectives of the YMCA. Nonetheless, participants must understand that some of the activities of the YMCA may involve inherent risks and hazards for which the YMCA cannot be held responsible. Because of the nature of YMCA activities, injuries may still result even after reasonable precautions have been taken but it is acknowledged that the YMCA cannot be held responsible in the event that injury occurs.

The undersigned represents that it knows of no legal, physical or health reason why he or she or the participating child (if the participant is a minor) cannot fully participate in the program being registered for.

**Finally, by signing below, the undersigned hereby acknowledges that it is understood that YMCA Camp Ockanickon, Inc. is a non-profit corporation, organized exclusively for charitable and educational purposes, and as such, is immune from liability for the negligence of its agents, servants or employees under N.J.S.A. 2A:53A-7.**

\_\_\_\_\_  
Signature of Applicant/Parent                      Date

\_\_\_\_\_  
Print Name of Child in Program

\_\_\_\_\_  
Print Name of Applicant/Parent                      Date

\_\_\_\_\_  
Print Name of Child in Program

**PHOTO WAIVER**

I hereby grant the YMCA Camp Ockanickon Inc. full rights to copyright, exhibit, and publish in any medium including, but not limited to, editorial, illustration, promotion, advertising, Internet, or trade all photographs taken by the YMCA and its agents of me and/or my child \_\_\_\_\_ (name of person/people being photographed) while the child is participating at the YMCA's events.

**Initials** \_\_\_\_\_

**SCHOOL'S OUT, PROVIDED BY YMCA CAMP OCKANICKON, INC.**

**SCHOOL'S OUT PROGRAM  
PARENT AGREEMENT**

.....  
Parent's Name: \_\_\_\_\_ Telephone # (    ) \_\_\_\_\_

Child's Name: \_\_\_\_\_ Site Location: \_\_\_\_\_

This agreement establishes the terms under which the YMCA Camp Ockanickon School's Out Program will provide childcare.

I have received and read the enclosed statement regarding the School's Out's licensing requirements, the discipline/expulsion policy, the communicable disease management policy and the policy on the release of children.

I understand that my **monthly payment fee will be due by the 25<sup>th</sup> of the month prior to services being rendered and that if I pay after that date I will incur a late fee of \$25.** Example: October's fees are due September 25<sup>th</sup>.

I understand that it is my responsibility to pay ON TIME and that there will be NO monthly reminders.

I understand that I am responsible for payment of hours of care provided, in addition to the contracted hours that the School's Out Program has agreed to.

I understand that it is required by law that I, or an authorized adult individual, must escort my child into the program in the morning and sign my child in on the designated form, indicating the time. It is also understood that it is required by law that I, or an authorized adult individual, must sign my child out by 6:00pm on the designated form, indicating the time on all days that they attend.

I agree to notify the School's Out Program 3 hours prior to program start, if my child will be absent from the program for the given day, by providing the Site Supervisor with a note directly or calling the 24 hour voice mail at my child's School's Out Site (See School's Out Site phone numbers on front of Parent Information Packet).

I understand that an afternoon snack is included in the cost of care.

I understand any picture taken may be used for publication purposes.

As a voluntary participant, I am aware of and have acknowledged the existence of a risk and that I clearly share in its assumption.

I agree to give one (1) week written notice of an enrollment change or withdrawal from the program, and understand there are no refunds for changes or withdrawals after the first of the month.

I understand that I must give School's Out notification in writing of any changes in emergency information, including names, addresses, and phone number changes for parents or emergency contacts.

I understand that there will be NO SCHOOL'S OUT AT CAMP OFFERED ON DAYS WHEN SCHOOLS ARE CLOSED DUE TO WEATHER / EMERGENCIES.

**I have read and reviewed with my child the behavior policies in the parent pack. After 3 written warnings, suspension or expulsion will take place.**

I have read and agree to follow the School's Out Program's policies and procedures and all guidelines enumerated within the School's Out Parent Information Packet.

**Parents Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SCHOOL'S OUT, PROVIDED BY YMCA CAMP OCKANICKON, INC.**



1303 Stokes Road  
Medford, NJ 08055  
Phone: (609) 654-8225  
Fax: (609) 654-8895  
Tax ID: 21-0635054

**LICENSING INFORMATION TO PARENTS SIGNATURE PAGE**

Dear Parent:

In keeping with New Jersey's child care center licensing requirements, we are obliged to provide you, as the parent of a child enrolled at our center, with this informational statement (**Please see page 12 of your Parent Pack**).

The statement highlights, among other things: your right 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's Division of Youth and Family Services (DYFS).

Please read this statement and, if you have any questions, feel free to contact me at (609)-654-8225.

Sincerely,  
The School's Out Program

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Please complete and return this portion to the camp office with your registration. (Please print)

Name of Child: \_\_\_\_\_

Name of Parents: \_\_\_\_\_

I have read and received a copy of the Information to Parents statement prepared by the Bureau of Licensing in the Division of Youth and Family Services (DYFS).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SCHOOL'S OUT, PROVIDED BY YMCA CAMP OCKANICKON, INC.**

**SCHOOL'S OUT PROGRAM**

**MEDICATION PERMISSION SLIP**

I, \_\_\_\_\_ give permission to the School's Out Staff to administer the following prescription  
(print parent name)

medicine to \_\_\_\_\_ in accordance with the directions  
(print child's name)

provided by the doctor and parent(s). Prescription medication must be in the original container with the complete pharmacy label attached. Non-prescription medication must be in its original container. All medication must be accompanied by a doctor's note indicating dosage and when to be administered. The parent or a healthcare professional designated by the parent, 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 School's Out staff. The medication must be handed to the Site Supervisor and not left in the possession of the child. It is requested that only one School's Out days dosage of medicine be at School's Out at any one time. (See medication information on page 12 of your Parent Packet.)

Name of medicine: \_\_\_\_\_

Dosage to be given: \_\_\_\_\_

Time to be given: \_\_\_\_\_

To be self administered with the supervision of the School's Out Staff: \_\_\_ yes \_\_\_ no

Any special reactions to be aware of? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of medicine: \_\_\_\_\_

Dosage to be given: \_\_\_\_\_

Time to be given: \_\_\_\_\_

Any special reactions to be aware of? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Date

**SCHOOL'S OUT, PROVIDED BY YMCA CAMP OCKANICKON, INC.**  
**REGISTRATION POLICY LETTER**

DEAR PARENTS:

If there are any questions please feel free to contact the camp office at (609) 654-8225 or visit our web site at [www.ycamp.org](http://www.ycamp.org) for information and forms.

1. The program will be offering an **Early Bird registration rate** for parents whose **completed registration for the 2010-2011 school year is received in our office by JULY 31, 2010.**

We are offering a \$25 discount on the registration fee (first child only) for completed Early Bird registrations.

- **There are NO Early Bird discounts for Drop-In schedules.**
- **There are no Early Bird discounts for children starting after the first month of school**

**A COMPLETED REGISTRATION INCLUDES ALL ITEMS ON THE COVER LETTER CHECKLIST AND THE FOLLOWING:**

- Registration form must be completed in its entirety. Any empty or incomplete portions will disqualify you for the Early Bird rate and you may not start the program until completed. Please pay special attention to the medical and emergency contact information and the signature and return of this form.
- **1<sup>st</sup> month's installment fee and appropriate registration fee** must accompany your completed registration form.

If you choose not to take advantage of the Early Bird registration, but wish to **START THE FIRST WEEK OF SCHOOL**, all of the above information must be received in our office no later than 12:00 noon **AUGUST 20, 2010.**

**All registrations are subject to availability in programs. Registrations may be closed due to full enrollment based on licensing standards. Spots can not be held in advance for non-paying clients.**

2. **Drop-in Registration** is complete when your completed registration form, accompanied by your registration fee and a minimum of \$120 per child for a coupon book is received in our office **or** you are enrolled in automatic billing. You may start the first week of school if your complete registration is received in our office by August 20<sup>th</sup> and you have coupons in your possession to present to the site at time of service. A minimum of one coupon book per child must be purchased at the time of registration and/or registration change in order to complete your Drop-in registration.
3. **If clients withdraw from the program for the month of June, we reserve the right to review your schedule in the program and bill you for used time that is not covered by your to date payments. Please review page 4 of your Parent Packet for Payment Information.**
4. **Due to increased costs, we will be charging a late payment fee of \$25 for all payments received after the 25<sup>th</sup> of the month prior to service.**
5. **I have read and understand the late pick-up fees stated on page 4 of the Parent Pack.**
6. **I have read and understand the Mandatory Program Procedures and the Behavioral Management / Expulsion Policy on pages 6-8 in the Parent Pack.**

We appreciate your participation and support of the School's Out program and we are looking forward to a safe and enjoyable year. We hope that you will also visit our web site at [www.ycamp.org](http://www.ycamp.org) and click on School Aged Child Care link for information and to download forms.

I have read and understand the above policy changes in the School's Out program for the 2010-2011 school year.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**SCHOOL'S OUT, PROVIDED BY YMCA CAMP OCKANICKON, INC.**

**DRIVER LICENSE NUMBER- WAIVER**

Dear School's Out Parents:

All families must provide a minimum of two Authorized Pick-ups for their child (ren), other than the parents. Parents are always the first to be contacted in any emergency; however in our present international and social climate it is paramount that we have plans for all contingencies. This requires that we have alternative people authorized by you that we can identify with certainty when they come to pick-up your child in an unforeseen emergency when you are not available. You are receiving this letter because some parents have expressed opposition to our policy of having a driver license number to assure proper identification of your Authorized Pick-up Person. We therefore ask that you sign the following, if you are opposed to providing a driver license number for your non-parental/guardian authorized pick-up people, and return it to us in order to complete your child's registration for School's Out.

I (parent/guardian name) \_\_\_\_\_ have provided the names, addresses, and phone numbers of TWO non-parental Authorized Persons to pick-up my child (ren) from School's Out in an emergency when parent(s)/guardians can not be reached, however I choose not to provide their driver license number and am satisfied that my child (ren) may be released to these individuals based solely on School's Out Staff checking their license at the time of pick-up.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School's Out Site: \_\_\_\_\_

Child(ren)'s Names: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SCHOOL'S OUT, PROVIDED BY YMCA CAMP OCKANICKON, INC.**

10:122-6.8 Expulsion Policy

May be used to inform parents of the center's policy on the expulsion of children from enrollment.

**EXPULSION POLICY**

**NAME OF CENTER:** \_\_\_\_\_

**NAME OF CHILD:** \_\_\_\_\_

**SIGNATURE OF PARENT:** \_\_\_\_\_

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. From the time of the incident, you will be given two weeks to find alternate child care. 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 verbal or physical 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. The parent/guardian will be informed about the expected behavioral changes required in order for the child 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 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 child's parent(s):

- 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 EXPULSION**

Staff will try to redirect child from negative behavior.

Staff will reassess classroom environment, appropriateness of activities, supervision.

Staff will always use positive methods and language while disciplining children.

Staff will praise appropriate behaviors.

Staff will consistently apply consequences for rules.

Child will be given verbal warnings.

Child will be given time to regain control.

Child's disruptive behavior will be documented and maintained in confidentiality.

Parent/guardian will be notified verbally.

Parent/guardian will be given written copies of the disruptive behaviors that might lead to expulsion.

The Director, classroom staff and parent/guardian will have a conference(s) to discuss how to promote positive behaviors.

The parent will be given literature or other resources regarding methods of improving behavior.

Recommendation of evaluation by professional consultation on premises.

Recommendation of evaluation by local school district child study team.



**School's Out**  
PROVIDED BY CAMP OCKANICKON

**CREDIT CARD CHARGE FORM**  
(Check spelling for accuracy)

Child's First Name

Child's Last Name

Name: 1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

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

School: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Purpose of Payment: \_\_\_\_\_

Payment Amount: \$ \_\_\_\_\_ Credit Card Type:  Amex  Discover  MC  Visa

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Sec. Code # \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address (If different): \_\_\_\_\_

Date: \_\_\_\_\_ Taken By: \_\_\_\_\_

**Note:** If you would like us to **automatically bill** your payment to this credit card, please check and sign below. *Thank you!*

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

Please use this credit card # for billing **extra services** as needed during the school year (i.e. drop-in charges, coupons, late pick-up)

Cardholder's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*Please Note\*\*\***

Your credit card will be billed on the 25<sup>th</sup> day of each month. If the 25<sup>th</sup> is a weekend day, you will be charged the next business day.

**\*\*\*December's Payment will be charged on November 23<sup>rd</sup> due to the Thanksgiving Holiday\*\*\***

**\*\*\*January's Payment will be charged on December 22<sup>nd</sup> due to the Christmas Holiday\*\*\***

Monthly statements will not be mailed. If you would like a statement each month, please call the Camp's Main Office.