

YMCA Camp Coffman Day Camp Checklist

Child's Name: _____

- _____ Registration Form
- _____ Emergency Contact/Parental Consent Form
- _____ Financial Agreement/Requested Hours of Care
- _____ Child Health Report with proof of immunizations
- _____ Permission Slip/Parent Statement of Understanding

How did you hear about Camp Coffman?

- Camp Brochure
- Friend
- Radio Ad
- Website/Facebook
- School Flyer
- Other

Please provide your email address: _____

**Pick up and drop of for Oil City is at located at:
316 West First St.
Oil City, PA 16301**

Pick up and drop off for Clarion is at the Clarion YMCA





YMCA Camp Coffman 2017 Day Camp Registration

Name _____ Phone Number _____
 Address _____ Birth Date _____
 City, State, Zip _____ Member _____ Non-member _____
 Email address: _____
 Please mark shirt size: ___YS ___YM ___YL ___AM ___AL ___AXL

\$25 non-refundable one time registration fee, per family, must accompany registration packet!

“Field Trip Fridays” Every Friday we will be going on field trips. All field trips are included in your weekly tuition except for bigger trips! Those will be announced at a later date.

3 Days: Member \$90/Non-Member \$110
 5 Days: Member \$115/Non-Member \$135

\$10 Discount for 2nd and 3rd child

- | | | |
|---------------|-------------------------|------------|
| _____ June 5 | Aloha Week | Session 1 |
| _____ June 12 | Bugs Life | Session 2 |
| _____ June 19 | Game Show Week | Session 3 |
| _____ June 26 | Captain Y & Superheroes | Session 4 |
| _____ July 3 | Jurassic World | Session 5 |
| _____ July 10 | Summer Fiesta | Session 6 |
| _____ July 17 | On the Ball | Session 7 |
| _____ July 24 | Splashtopia | Session 8 |
| _____ July 31 | Outdoor Explorers | Session 9 |
| _____ Aug. 7 | Food Frenzy | Session 10 |
| _____ Aug. 14 | Drama-O-Rama | Session 11 |
| _____ Aug. 21 | Camp Pride Week | Session 12 |

M	T	W	Th	F
	XXX			
				XXX

I will be dropping off and picking up my child(ren) at:

___ Oil City YMCA Child Care Center ___ YMCA Camp Coffman ___ Clarion YMCA

Like us on Facebook @ Camp Coffman Day Camp

******We will post reminders throughout the summer on here along with lots of pics!******

Comments/Concerns: _____

Financial Agreement

**All payments MUST be accompanied with a
CAMP Payment Slip**

Available online, at The Child Care Center, or at The Clarion County YMCA

YMCA Day Camp Rates

Members:

3 Days \$90

5 Days \$115

Non-Members:

3 Days \$110

5 Days \$135

CAMP PAYMENT SLIP

Camper Name: _____

Session: _____ Circle Days Attending: M T W R F 3 day 5 days

Day Camp Registration Fee \$25 per family due at time of enrollment: \$ _____

Day Camp Enrollment Rate _____

Field Trip (Cost & dates to be determined) _____

CCIS Co-Payment _____

Total: _____

I understand that all fees (including co-pays) must be paid BEFORE services are rendered.

(Parent/Guardian Signature)

Date

EMERGENCY CONTACT / PARENTAL CONSENT FORM

65 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182; 3280.124 (a)(b), 3280.181 & 182; 3290.124 (a)(b), 3290.181 & .182

CHILD'S NAME		BIRTHDATE	
ADDRESS			
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER	
ADDRESS			
BUSINESS NAME		BUSINESS TELEPHONE NUMBER	
ADDRESS			
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER	
ADDRESS			
BUSINESS NAME		BUSINESS TELEPHONE NUMBER	
ADDRESS			
EMERGENCY CONTACT PERSON(S)	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE	
PERSON(S) TO WHOM CHILD MAY BE RELEASED	NAME	ADDRESS	TELEPHONE NUMBER WHEN CHILD IS IN CARE
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER	
ADDRESS			
SPECIAL DISABILITIES (IF ANY)		ALLERGIES (INCLUDING MEDICATION REACTION)	
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION		MEDICATION, SPECIAL CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD			
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)	
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT			
OBTAINING EMERGENCY MEDICAL CARE		ADMIN. OF MINOR FIRST - AID PROCEDURES	
WALKS AND TRIPS		SWIMMING	
TRANSPORTATION BY THE FACILITY		WADING	

PERIODIC REVIEW

SIGNATURE OF PARENT or GUARDIAN

DATE

SIGNATURE OF PARENT or GUARDIAN

DATE



Escort Sheet

Child's Name _____ Birth Date _____
Address _____
Home Phone _____ Cell Phone _____
Parent/Guardian signature _____

Parent's Name _____ Phone _____
Address _____
Parent/Guardian Signature _____ Date _____

Name _____ Phone _____
Address _____
Parent/Guardian Signature _____ Date _____

Name _____ Phone _____
Address _____
Parent/Guardian Signature _____ Date _____

Name _____ Phone _____
Address _____
Parent/Guardian Signature _____ Date _____

Name _____ Phone _____
Address _____
Parent/Guardian Signature _____ Date _____

Name _____ Phone _____
Address _____
Parent/Guardian Signature _____ Date _____

Name _____ Phone _____
Address _____
Parent/Guardian Signature _____ Date _____

Name _____ Phone _____
Address _____
Parent/Guardian Signature _____ Date _____

(814) 670-0691

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

DO NOT OMIT ANY INFORMATION

This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):
 NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.
 NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):
 NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.
 NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?
 YES NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG) <input type="checkbox"/> YES <input type="checkbox"/> NO	NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.	
	VISION (subjective until age 3)	
	HEARING (subjective until age 4)	
	LEAD	

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER: DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.



YMCA Camp Coffman

Permission Slip & Statement of Understanding

Parent/Guardian Initials are required for each item below to indicate Parental Consent.

- _____ Obtaining Medical Care
- _____ Administering Minor First Aid Care
- _____ Take Part in any camp activity under supervision of camp counselors
- _____ Walk and Trips
- _____ Attend field trips
- _____ Swimming
- _____ Ride on YMCA bus driven by a properly licensed operator over the age of 21.
- _____ Ride in the YMCA van driven by a properly licensed operator over the age of 18.
- _____ Wading
- _____ Archery
- _____ Horseback Riding and taking care of the horses
- _____ Have child's picture taken and used in publicity materials on or off the internet.
- _____ Zipline/Rockwall/Freefall

1. I understand that all fees **MUST** be paid before my child attends Day Camp.
2. I understand that a complete physical must be completed before my child attends Day Camp.
3. I understand that I may be asked to show my ID when picking up my child.
4. I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child must be listed on the escort sheet or other arrangements must be made by calling the YMCA Child Care Center to inform them of the changes.
5. I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, staff may have no recourse but to contact the police for the child's safety.
6. I understand that state law mandates the YMCA to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
7. I understand that if my child becomes a threat to themselves or others, they may be asked to leave the program.

Signature of Parent/Guardian _____ Date _____



YMCA Camp Coffman

Day Camp 2017

If you ever need to reach the Day Camp staff, call the Camp Director, Jennifer Cooper, directly at 814-670-0594 or the camp cell phone which will be with the head counselor at 814-657-8585.

YMCA Mission

To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.

What to bring to camp:

Campers should bring the following items on a daily basis:

1. Backpack
2. Swim suit
3. Towel
4. Water shoes (or old sneakers for in the creek)*
5. Sneakers (NO flip flops)
6. Water bottle
7. Sunscreen

*Water shoes or old sneakers must be worn in the creek. Campers are not permitted to enter the creek barefoot.

What NOT to bring to camp:

1. Cell Phones
2. Valuables
3. Video Games
4. Money*

*If a camper has money, the counselor will either put it into the camper's personal account or return it to the parents.

Extended Care Hours for Oil City Area YMCA

Day Camp is between the hours of 6AM and 6PM. There are no longer extra fees for extra hours. A counselor will only be available for before care from 6:00-7:00AM if it is requested.

Pick -Up/Drop Off Procedures

Drop off time is between 7:00 and 8:00 am if you need care before this we will have a counselor arrive anytime after 6:00 am but it needs to be requested. If you arrive at 8:01 or later, **your child is not guaranteed a ride to camp!** We will arrive back from Camp Coffman at 4:00.

- When a child arrives, parents **MUST** sign in with a staff member
- An **ADULT** must bring the child into the building upon arrival and also enter the building to sign the child out at the end of the day.
- Children should **NEVER** be dropped off outside the building and left to go inside without an adult.

Your child will only be released to the persons designated on the escort sheet. Be sure that all designated people, including parents, are prepared to show ID upon request.

ONLY Authorized Individuals May Pick Up Children

For your protection, only persons authorized on the escort sheet is to pick up your child. Of someone other than those persons authorized on the escort sheet is to pick up your child, please notify the camp counselor or director. In an emergency, you may call the director to authorize an oral release designation. We will call you back at a home or work number listed on file to confirm.

Delay Release of Children

The day camp staff reserves the right to delay the release of a child to a parent or another adult if they have reasonable cause to believe the adult is impaired by alcohol or drugs, or is any way incapable of assuming responsibility for the child.

Payments

It is essential that the arrangements of the financial agreement be followed and payment made on time. Failure to pay will result in a camper being denied enrollment. Payments must be accompanied by the Camp Payment Slip.

Financial Agreement

The Financial Agreement is to ensure that your child is being credited for the correct week(s) and that the money is being designated where you want it to go. This **MUST** accompany all payments.

Items on a Financial Agreement:

- Camper Name
 - ❖ List child's name
- Session
 - ❖ Which week are you paying for?
- Circle days attending: 3 days or 5 days
 - ❖ If 3 days, mark the days attending.
- \$25 Day Camp Registration Paid
- Field Trip
 - ❖ Field Trip added cost
- CCIS Co-Payment
 - ❖ If you receive CCIS and have a co-payment, list it here when paying.

Scholarships and other Financial Aid

CCIS - Child Care Information Services: Contact 814-518-5226 for more information. If you qualify for CCIS, they will fund your child's enrollment fees all or in part depending on your application through them.

OEO - We have received a grant from the Office of Economic Opportunity for low-income families to send their child(ren) to camp at no cost to the family. Please contact the Camp Director for more information.

YMCA Scholarship - If your family does not qualify for an OEO scholarship, you may apply for a scholarship through the Oil City YMCA or Clarion County YMCA. Scholarship applications are available at the front desk and take at least 2 weeks to process. Please note that a YMCA scholarship for camp will not exceed more than 50% of the weekly enrollment costs.

The Ron Shiley Scholarship - A memorial fund has been set up in honor of Ron Shiley, a Boy Scout leader that enjoyed Camp Coffman for many years and his family and friends would like to provide that same experience to local youth in need of financial aid. Contact the Camp Director for details.

Physicals (Child Health Report)

The parent/guardian is responsible for obtaining a physical from the child's doctor before attending Day Camp. Admission into the Day Camp Program may be denied if this is not completed. (Contact Camp Director if you are unable to get a physical completed before camp starts.

Illnesses

If a child has any of the following signs or symptoms of illness, he/she shall be immediately isolated and discharged to their parent or guardian:

- Temperature of 101 degrees, when in combination with any other signs of illness.
- Diarrhea (3 times)
- Untreated infected skin patches (rash)
- Vomiting (once)
- Evidence of lice, scabies, or other parasitic infestation
- Communicable and contagious diseases such as chicken pox, measles, mumps, pink eye, etc.

Emergency Procedures

In case of a severe emergency or accident, we will:

- Administer First Aid/CPR
- Call emergency medical transportation or transport to nearest hospital.
- Contact parents
- Contact YMCA

Nutrition

We will serve breakfast and lunch daily.

Discipline Policy

Explanation and re-direction is the standard method of discipline.

There will be a three strike system.

- Strike 1 - warning
- Strike 2 - time out
- Strike 3 - time out (at counselor's discretion), talk with Camp Director, and a phone call home to parent/guardian.
- If problem persists, the child will be removed from our program.

Removal from Program

The YMCA reserves the right to remove a child from our program for the following reasons:

- Failure of a parent or guardian to pay camp fees
- The child is a threat to themselves, other children, or the staff.
 - ❖ This includes behaviors such as fighting, striking others, and wandering away from the program.

In the event of repeated inappropriate behavior by a child, the following actions will be taken:

- Parents will be notified immediately
- Possible removal from the program

Our intent is to work together with the parent or guardian for the best care for each child. Working together as a team is a necessary step to correct repeated inappropriate behavior. Your patience, support, and follow-through are not only appreciated, but necessary.

Photography

Photographs of the children participating in our program may be taken and may appear in newspapers, magazines, brochures, our website facebook, or other publicity material. Your permission for photographs including your child to be used without compensation is a part of this agreement unless otherwise stated.

Like us in facebook @ Camp Coffman Day Camp

Swimming

While YMCA Camp Coffman does not have a swimming pool, a swimming area and beach have been created in the creek that campers will be able to enjoy. Water shoes or old sneakers are required.

Horses

Horse Camp will be held one day during the week (weather permitting). Sneakers/boots are required. Children will be unable to participate if the proper footwear is not worn. Helmets are available and **MUST** be worn.

Field Trips

Field Trips are considered an important part of the educational program and will be taken every Friday. There will be an added cost for two of the trips this year and that will be determined later. The added cost is to cover the cost of the venue and to help defer the cost of renting a larger bus for the day. Spending money is optional and we ask that you put your camper's money in an envelope with their name on it and give it to one of the counselors to hold onto for them. A packed lunch is required for field trip days. We are taking smaller field trips the other 10 weeks to places like 2-mile, Oil Creek State Park, Clarion Pool, Hasson Pool, and the deck hockey facility. There is no added cost for these smaller trips, but a packed lunch is necessary.

**Don't forget to like us on Facebook @
CAMP COFFMAN DAY CAMP to view pictures of your
children's day and for helpful reminders.**



Oil City YMCA Younger Days

316 West First St. Oil City, PA 16301

P 814-670-0594 F 814-670-0691