



Pawtucket Family YMCA Specialty Camps

a branch of the YMCA of Pawtucket
Camp Application Instructions

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Only completed applications will secure a spot in our program

Welcome to Pawtucket Family Specialty camp programs. We thank you for entrusting your child's care to us. When filling out your application please be sure the following items are included to complete your child's registration process.

1. Fill out all of the forms / fields in the packet or when applying online.
 - Include several telephone numbers where someone can be reached in case of an emergency.
 - We must have at least one additional person, other than the parents / guardians, to be an emergency contact and who is allowed to pick up your child in case the parent(s)/ guardian(s) is unavailable / detained.
 - Include the school your child will be attending and the grade they will be entering in the Fall.
 - Medical forms must be updated annually and can be dropped off at the branch, emailed or faxed.
 - An application must be completed for each child enrolling in the program(s).
2. For automatic drafting fill out the Debit / credit card payment form . Payments are drafted on the Friday prior to the beginning of the week. **Please Note** : there is a 3% fee for all ACH transactions charged by your banking institution.
3. Financial aid is available to eligible families upon request and is based upon household size and income or emergency needs. Applications for financial aid are available at all program sites and at the YMCA office. Another way we try to keep childcare affordable is to give a \$20.00 discount on camp fees for the second and any additional child of the same family enrolled in full time childcare program. **Part time programs are not discounted.
4. Families who qualify for state assistance (DHS / CCAP):
 - >Your Authorized hours must be Full Time
 - >You must provide a valid copy of the APPROVED certificate number stating the current family co-pay
 - >You are required to complete the Parent-Provider Enrollment Agreement form.
 - >If your certificate is pending or authorized for less than full time hours, you will be responsible for the full program fee until approved.

ALL COMPLETED applications for Pawtucket Family should be emailed to

Courtenay Good cgood@ymcapawt.org

Or they can be dropped off at the Welcome Center at the Pawtucket Family Y

Only Completed Applications will secure a spot in our program

If you have questions please contact the Program Director for your location:

Pawtucket Family YMCA
20 Summer Street
Pawtucket, RI 02860

(401) 727-7900 Phone

Childcare/Camp Programs:
at Pawtucket Family Y
Courtenay Good
cgood@ymcapawt.org

PAWTUCKET FAMILY YMCA

2024 SUMMER CAMP PROGRAM GUIDE

the



NEW Specialty Camps at the FAMILY Y for 2024!!

Name:	Age	Price	6/24 1	7/1 2	7/8 3	7/15 4	7/22 5	7/29 6	8/5 7	8/12 8	8/19 9
DYNAMITES			Half Day Camp: Children will participate in a variety of activities such as the Lu, Preschool Play Gym, Climbing Wall and Swim Please note: there will be no scheduled Lunch Break due to the Half Day								
9:00AM - 12:00PM	5-6	\$115									
12:30PM - 3:30PM	5-6	\$115									
AQUAPOOLOOZA			Free Swim ~ Swim Instruction ~ Slide ~ and Water Polo are among the many activities children will participate in Please Note: Lunch is NOT provided, be sure to send your child with a lunch, 2 snacks, and a drink								
9:00AM - 3:00PM	7-8	\$225									
9:00AM - 3:00PM	9-10	\$225									
9:00AM - 3:00PM	10 - 12	\$225									
FIRST IMPRESSIONS			Children will participate in activities that include Art ~ Theater~ Music Please Note: Lunch is NOT provided, be sure to send your child with a lunch, 2 snacks, and a drink								
9:00AM - 3:00PM	7-8	\$225									
9:00AM - 3:00PM	9-10	\$225									
9:00AM - 3:00PM	10-12	\$225									
Y WORLD OF SPORTS			Children will experience the Climbing Wall and Lu They will be kept busy throughout the week competing in rounds of Basketball ~ Volleyball ~ Pickleball ~ Flag Football Please Note: Lunch is NOT provided, be sure to send your child with a lunch, 2 snacks, and a drink								
9:00AM - 3:00PM	7-8	\$225									
9:00AM - 3:00PM	9-10	\$225									
9:00AM - 3:00PM	10-12	\$225									

****\$20 off each sibling per coinciding week**

Parent/Provider Enrollment Agreement

Rev. 2/2020



Rhode Island Department of Human Services
 Office of Child Care
 25 Howard Avenue, LP Bldg. 3rd Floor
 Cranston, R.I. 02920
 (401) 462-6877

This form is to be used by the parent and the provider when enrolling a CCAP eligible or potentially eligible child at an approved DHS provider. One form must be completed per enrolled child. It must be completed and signed by the parent **and** the child care provider; a copy is to be kept by both parties. It is the **provider's responsibility** to submit this information to DHS via the Provider Portal **BEFORE** the provider begins caring for the child. Once the enrollment is complete, the parent and the provider will receive an Enrollment notice.

Provider ID:	Provider Name:
Parent's Full Name:	Certificate Number:
Child's Full Name:	Child's DOB:

Are you related to the child? Yes / No

AGREED HOURS OF CARE					
Care Start Date:			Use this section when child's schedule is a split day		
Care End Date:					
Day	Start Time	End Time		Start Time	End Time
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

The undersigned Provider, hereafter referred to as "Provider" agrees to care for the above-named child for the period indicated in this enrollment. Provider further agrees that the days and times the child will attend were agreed upon by the Provider and the undersigned parent of the child. **The undersigned parent certifies that the hours of this enrollment correspond to the hours DHS Authorized hours.**

The Provider agrees to accept the DHS payment based upon the DHS authorization and approval for Full Time, Three Quarter Time, Half Time, Quarter Time or Before and/or After School Care as payment in full and understand that any services provided in excess of authorized hours shall be the sole responsibility of the parent. Provider understands and agrees to accept this payment in accordance with DHS rules and regulations lawfully promulgated in accordance with R.I. General Laws. The Provider agrees to provide child care in accordance with the DHS rules and regulations and in accordance with the DHS CCAP Approved Provider Agreement.

The undersigned parent agrees to pay his/her share of the child care cost in accordance with the RI DHS rules and regulations and specified in the notice sent by the RI DHS Child Care Assistance Program.

The Provider and the undersigned parent certify that they **DO NOT** live in the same household.

Signature of Parent

Date

Signature of Provider

Date

Provider Printed Name

Position/Title



Child Information Form 2024

CHILD INFORMATION (Please complete one form per child.)

Child's name: _____ Gender: _____

Birth date: _____ Grade in Fall 2024: _____

Summer site: _____

Street address: _____

City: _____ ST: _____ Zip: _____

Family Email: _____

PARENT/GUARDIAN INFORMATION (All lines are to be completed. Please note if guardian is someone other than mother/father.)

If parents are divorced, who is custodial parent:

If there are special circumstances involving visitation and pick-up rights, you must provide the site director with legal documentation for these arrangements.

Parent/Guardian 1 name: _____ **Date of Birth:** _____

Primary phone: _____ Email: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Employer: _____ Occupation: _____ Work phone: _____

Parent/Guardian 2 name: _____ **Date of Birth:** _____

Primary phone: _____ Email: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Employer: _____ Occupation: _____ Work phone: _____

EMERGENCY CONTACT (This is to be someone OTHER than the legal guardians.)

In case of emergency, after attempting the above phone number(s) the YMCA staff will contact the following additional name(s) of responsible person(s) who you authorized to act on behalf of the parent in the event of any emergency.

Emergency contact name: _____

Relationship: _____ Cell phone: _____

Work phone: _____ Employer: _____

Street address: _____

City: _____ ST: _____ Zip: _____

PICK-UP AUTHORIZATION

Other than those listed above, who may pick up your child: (Must be 18 years of age or older.)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

CHILD MEDICAL INFORMATION

When did your child last see a doctor (List month, date, year): _____

Physician's name: _____ Phone: _____

Physician's address: _____

Hospital of choice: _____

Health insurance provider: _____ Phone: _____

Insurance ID: _____ Group #: _____

HEALTH HISTORY

Does your child have any allergies or medical conditions that should be considered?

Yes No If yes, please specify: _____

Are there any special instructions from you or the child's doctor as to treatment at the childcare site?

Yes No If yes, please specify: _____

PLEASE INDICATE ANY OF THE FOLLOWING: This is not applicable to my child (parent initial): _____

- Medical condition/diagnosis: _____
- Mental health conditions/diagnosis _____
- Chronic illness: _____
- History of serious injury/hospitalizations: _____
- Special dietary needs: _____
- Physical restrictions: _____
- Other: _____

HISTORY OF ILLNESSES (Please check)

This is not applicable to my child (parent initial): _____

- | | |
|---|---|
| <input type="radio"/> Allergies or reaction to medicine, DPT or insects | <input type="radio"/> Hemophiliac (free bleeder) |
| <input type="radio"/> Problems with skin rash | <input type="radio"/> Frequent Headaches |
| <input type="radio"/> Reaction (bumpy or swollen) to TB Skin Test | <input type="radio"/> Head Injury |
| <input type="radio"/> Trouble with eyes or sight | <input type="radio"/> Ever been knocked unconscious |
| <input type="radio"/> Wears glasses, contact or protective eye wear | <input type="radio"/> Fainting spells |
| <input type="radio"/> Speech or hearing problems | <input type="radio"/> Ever passed out during or after exercise |
| <input type="radio"/> Urinary tract infections (bladder or kidney) | <input type="radio"/> Ever been dizzy during or after exercise |
| <input type="radio"/> Frequent ear infections / tubes in ears | <input type="radio"/> Seizures / convulsions |
| <input type="radio"/> Diabetes | <input type="radio"/> Asthma / breathing problems |
| <input type="radio"/> Abdominal (stomach) pain | <input type="radio"/> Lung disease / shortness of breath |
| <input type="radio"/> Problems with diarrhea / constipation | <input type="radio"/> Heart disease / heart murmur |
| <input type="radio"/> History of bed wetting | <input type="radio"/> Frequent colds / upper respiratory infections |
| <input type="radio"/> Eating disorder | <input type="radio"/> Frequent sore throat |

CHILD MEDICAL INFORMATION (Continued)

PLEASE INDICATE ANY MEDICATIONS TAKEN ROUTINELY:

This is not applicable to my child (parent initial): _____

Medication: _____ Taken for: _____

Medication: _____ Taken for: _____

Medication: _____ Taken for: _____

PLEASE INDICATE ANY KNOWN ALLERGIES:

This is not applicable to my child (parent initial): _____

Allergies: _____

PARENT/GUARDIAN PERMISSION & POLICY ACKNOWLEDGEMENTS

The YMCA is a non-discriminating organization, and we welcome all participants regardless of race, sex, national origin or special needs conditions.

PLEASE INITIAL IN DESIGNATED SPACES

As the parent or guardian of the participant whose name appears above:

1. _____ I hereby give my child permission to participate in all YMCA activities, including field trips and transportation services where applicable. I will be notified of all field trips in writing in advance.
2. _____ I grant permission for photographs/videos, which include my child to be used in media releases.
3. _____ In case of an accident or illness, I authorize the YMCA to secure emergency medical treatment for my child. I understand that the YMCA will attempt to contact me as promptly as possible during such an emergency. I hereby give my permission to the medical personnel selected by the YMCA to order X-rays, routine tests and treatment, and to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the YMCA to secure and administer treatment, including hospitalization of my child. I understand the related expenses for this medical attention will be my responsibility.
4. _____ I understand that all children enrolled in the program are expected to follow the rules established by the staff and children, for the purpose of safety and smooth operation of the program. If a discipline problem occurs, I will be contacted by the Program Director. The discipline procedures that will be followed are: 1) verbal warning 2) redirection 3) Program Directors notified / meeting with child and caregiver 4) parents notified. Suspension from our program for one to five days can occur if the following inappropriate behavior is used: 1) harming another child or staff person 2) stealing 3) damaging or destroying property 4) using foul language 5) Being totally disruptive and/or uncontrollable in a group setting.
5. _____ I understand my child or I may be asked to complete survey information regarding the program/classes for evaluation purposes, and I agree to participate and have my child participate in such. I also consent to the release of my child's academic information including grades, student conduct, attendance records and standardized test scores for evaluation purposes.
6. _____ I give my child's school board/district permission to share school data for my child with the YMCA. I give the YMCA permission to use my child's school data to align their program's academic support to better meet my child's needs.
7. _____ I acknowledge and accept the risks associated with viruses and bacteria in general, and COVID-19 in particular, acknowledge the YMCA's enhanced precautions with its programming and cleaning protocols, and waive any and all claims related to or based on harm caused by any such viruses or bacteria.
8. _____ I understand that I am responsible for reading and understanding the information in the Family Handbook located on our website YMCAPawtucket.org.

This form completes my child's enrollment in the YMCA program listed above. I understand I must return this form to the YMCA of Pawtucket, Inc before my child's first day. I understand I must update this information as needed.

Parent signature: _____ Date: _____

