



# 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 the YMCA of Pawtucket 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 in the packet.
  - Include several telephone numbers where someone can be reached in case of an emergency.
  - We must have at least one other person beside parent / guardian who is allowed to pick up your child in case the parent / guardian is detained.
  - Medical forms must be updated annually for camp and can be dropped off at the branch, emailed or faxed. Camp enrollment will not be processed until received.
  - An application must be completed for each child enrolling in the program(s).
2. Fill out the Debit / credit card payment form for automatic drafting. **Payments are drafted on the Friday prior to the beginning of the week.**  
**Please Note:** there is a 3% fee for all credit card/ACH transactions.
3. Include payment/authorization for payment for the non-refundable fees (if applicable).
4. Financial aid is available to eligible families upon request and is based on 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 the same weeks.

\*Families who qualify for state assistance **MUST** provide a valid copy of the **APPROVED** certificate number stating current family co-pay with the application and complete the Parent-Provider Enrollment Agreement form. Your approved **authorized hours must be Full Time**

\* If your certificate is pending or authorized for less than Full Time hours, you will be responsible for the full program fee until approved.

5. Download the ProCare Parent's app  from the link you will receive once your child's enrollment has been processed; skip this step if you already set up your ProCare app

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

**MacColl**  
32 Breakneck Hill Rd  
Lincoln 02865  
725-0773 Phone  
  
**Summer Camp Programs:**  
Amy French  
[afrench@ymcapawt.org](mailto:afrench@ymcapawt.org)

**Pawtucket**  
20 Summer St  
Pawtucket 02860  
727-7900 Phone  
  
Courtenay Good  
[cgood@ymcapawt.org](mailto:cgood@ymcapawt.org)

**Westwood**  
2093 Harkney Hill Rd  
Coventry 397-7779 Phone  
  
**Summer Camp Programs:**  
Oliver Gregan  
[ogregan@ymcapawt.org](mailto:ogregan@ymcapawt.org)

**Woonsocket**  
**mailing address**  
8 Summer Street  
Pawtucket 02860  
889-2575 Phone  
Joy Schneider  
[jschneider@ymcapawt.org](mailto:jschneider@ymcapawt.org)

# YMCA CAMP MACCOLL

## 2024 SUMMER PROGRAM GUIDE

PAPER REGISTRATION NOW OPEN!  
ONLINE REGISTRATION OPENS MARCH 1ST



### DAY CAMP

\*One Time \$15.00 Registration fee

\$20.00 multi child discount

Name:	Age	Price	6/24	7/1	7/8	7/15	7/22	7/29	8/5	8/12	8/19
<b>Traditional Programs</b>			1	2 \$215	3	4	5	6	7	8 \$215	9
Pathfinders	5-6	\$265									
Frontiers	6-7	\$265									
Explorers	7-9	\$265									
Adventurer	9-11	\$265									
Pioneers	11-13	\$265									
Leaders in Training	13-15	\$265									
Counselors in Training	15-16	\$300									

Specialty Programs			1	2	3	4	5	6	7	8	9
Voyagers	12-15	\$265 + \$75 trip fee									
Dance Camp	5-8 9-12	\$285		5-8				9-12			
Basketball Camp	7-12	\$285									
Sports Medley	5-8 9-12	\$285	9-12							5-8	
Art Explosion	5-8 9-12	\$285		9-12				5-8			
Culinary Camp	7-12	\$285									
Nature Explorers	5-9	\$285									
Ninja	5-8 9-12	\$285							5-8	9-12	

NEW! Immersive Programs			1	2	3	4	5	6	7	8	9
Harry Potter	9-13	\$285									
Percy Jackson	9-13	\$285									
Star Wars	9-13	\$285									
Princess Camp	5-7	\$285									

Please Initial next to each Add-on if applicable	Add ons	Times	Price Weekly
	Before Care	7:00-8:00 am	\$25
	After Care	5:00-6:00 pm	\$25
	Race for Chase	9:00-12:00 pm	See Details

# Parent/Provider Enrollment Agreement

Rev. 2/2020



Rhode Island Department of Human Services  
 Office of Child Care  
 25 Howard Avenue, LP Bldg. 3<sup>rd</sup> 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.

<b>Provider ID:</b>	<b>Provider Name:</b>
<b>Parent's Full Name:</b>	<b>Certificate Number:</b>
<b>Child's Full Name:</b>	<b>Child's DOB:</b>

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): \_\_\_\_\_

Immunization records are on file at (List full school name): \_\_\_\_\_

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 Site Director or Program Director. The discipline procedures that will be followed are: 1) verbal warning 2) redirection 3) Site 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](http://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: \_\_\_\_\_



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Child's Name

Unit #

## YMCA of Pawtucket, Inc. Childcare Weekly Payment Agreement

I agree to pay the weekly childcare tuition **by the Friday prior** to the week services are offered. I understand that I am financially responsible for the services regardless of attendance including holiday, illness and emergency closing. No refunds will be issued.

I understand that if payment in full is not received **by the Friday prior** my child(ren) will not be allowed to attend the program; if bus transportation is provided, my child(ren) will not be picked up and it will be my responsibility to make other arrangements.

Further, I understand that I **must provide a 2 week written notice to withdraw** my child(ren) from the program. Failure to do so may result in payments due for two weeks of care regardless of attendance.

### Please choose one of the payment options below:

#### *Express Payment Plan:*

**Note:** A 3% fee for all Credit/Debit/ACH transactions will be assessed by your Banking/Credit institution.

I authorize my bank (or credit card institution) to honor preauthorized Debit or Credit Charges, against my account for my child's program payments as indicated below. When the bank honors the payment by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized charge not be honored by said bank (or credit card institution) when received by them, then it is understood that the payment is to be made by me in the amount of said payment plus a Return Item Fee. It is further understood that if such payment is not to be honored by the bank (or credit card institution), the YMCA, at its discretion, may resubmit the amount due for payment on a future date and/or send to a collection agency for collections.

#### *Option 1: Credit or Debit Card*

**Attention Parents:** the processing code for the YMCA of Pawtucket is recognized as a gym/medical, your Childcare Dependent Card will not approve our payment transactions

Credit Card Type:	MasterCard	Visa	American Express	Discover	Debit (ATM)
Account Number:	Expiration Date:			CSC Code:	(3 digits on back of card)
Name on Account (as it appears on card)					
Authorized Signature:				Date:	

#### *Option 2: Bank Draft (ACH Transaction)*

I choose to utilize **EFT option** for my child's childcare program payments direct debit from:

Bank Account Type:	Checking Account	Savings Account
Bank Name:	Name on Account:	
Routing/Transit #:	Account #:	

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