



HOLIDAY CAMP

AT THE PARK SLOPE ARMORY Y

School is out - Fun is IN at the Y! Join us for games, sports, arts & crafts, and so much more.

Holiday Camp offers a safe and engaging atmosphere for your child under the supervision of certified counselors.

Work early or leave late? Contact us to learn more about early drop-off and late pick-up. Our Y Holiday Camp is here for you.

For more information, contact JRosa@ymcanyc.org or 212-912-2587.



Spring Recess

April 19 - April 26

Members: \$340

Community: \$385



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

**Jasmine Rosa
Youth and Family Director**

December 26, 2018

Dear Parents and Guardians,

Thank you for your interest in the Park Slope Armory YMCA Holiday Camp! Holiday Camp is designed to provide a positive school's out experience in a safe and fun environment. Our staff serves as role models for campers throughout their time here, and staff will engage your child in a variety of activities. Here at Holiday Camp your children will participate in arts and crafts, music, sports, swimming (per pool availability and camp session), and more!

Children ages 5-12 can register for camp at the Park Slope Armory or the Prospect Park YMCA. Regular camp days run 9-5, but early drop off (8-9am) and/or late pick up (5-6pm) is available for an additional fee. **Children must have a completed medical form (signed by parent/guardian and doctor) before they can start camp.** Please make sure you provide your child with a bag lunch and snack each day. On days that children are swimming parents should pack bathing suit, towel, water shoes and a change of clothes. Swim caps will be provided. You will be given a schedule of activities before camp begins.

Drop off and pick up will take place at the Park Slope Armory YMCA. Holiday camp dates and rates are as follows:

February 18th through 22nd - Mid Winter Recess

April 19th-April 26th-Spring Recess

Pricing:

Mid-Winter Recess: \$290 members, \$330 nonmembers.

Spring Recess: \$340 members, \$385 nonmembers.

Extended AM/PM \$40 each

Please do not hesitate to contact us if you have additional questions. We are excited to have your child in holiday camp this year, and we look forward to seeing you!

Best,

Jasmine Rosa

Youth and Family Director

Park Slope Armory/Prospect Park YMCA

YMCA OF GREATER NEW YORK Park Slope Armory YMCA 361 15th Street Brooklyn, NY 11215

D 212-912-2587 E jrosa@ymcanyc.org W ymcanyc.org/parkslopearmory

New York City's YMCA | WE'RE HERE FOR GOOD.™



Park Slope Armory YMCA
Holiday Camp Registration
Mid-Winter 2019

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Child's Name _____

Age _____ Birthday __/__/__ Grade _____ M/F _____

Parent/Guardian Name _____

Address _____

E-Mail _____

Home Phone# _____ Cell Phone # _____

Work Phone # _____

Please check off day(s) child will attend:

____ Monday, February 18th

____ Tuesday, February 19th

____ Wednesday, February 20th

____ Thursday, February 21st

____ Friday, February 22nd

____ AM Extended

____ PM extended

MY CHILD WILL: BE PICKED UP WALK HOME (10 YEARS & UP)

Payment must be paid in full upon registration. .

****Authorized Pickups/Emergency Contacts****

Name Relationship Phone

Name Relationship Phone

*****Please remember that anyone not on the authorized pick up list will not be allowed to pick up your child. All authorized pickups must be over the age of 16 and show picture ID.**



FOR YOUTH DEVELOPMENT
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Conditions of Enrollment

- ❖ Everyone **MUST** have proper photo I.D. when picking-up your child. Anyone picking up your child must be 16 years of age or older.
- ❖ Please make sure all information is up to date (i.e. phone numbers and address) for individuals **AUTHORIZED** to pick-up your child.
- ❖ The YMCA assumes no responsibility for lost or stolen items.
- ❖ All ACS and HRA payments apply to regular camp hours 9:00am-5:00pm.
- ❖ Daily absences cannot be refunded or made up.
- ❖ The camper, parents and relatives agree to abide by the rules and regulations set by the camp for the health, safety and welfare of the camp.
- ❖ **Every child must have a completed medical before the first day of program.** No one will be permitted to start camp without a completed medical.
- ❖ Refunds will not be granted.
- ❖ To apply for a credit you must submit a credit request application stating the reason the child cannot attend before the scheduled session. Please make sure you include any doctor's notes to support your case.
- ❖ I give permission to allow my child to attend all scheduled trips and out of camp activities under supervision of the camp staff.
- ❖ I give permission for my child to participate in instructional swimming at the Prospect Park YMCA indoor pool.
- ❖ I allow for my child to be given professional medical treatment in case I or the emergency contact person cannot be reached.
- ❖ In consideration of the good will, public service and community aid provided by the YMCA, which I support and from which I have received benefit, I grant permission to the YMCA to use my child's name, to take and publish photographs, video tapes or motion pictures of my child, including the use of my child's voice in any media for any legitimate purpose. I release all rights to such photographs, videotapes or motion pictures and recordings. I acknowledge that the YMCA will be the sole owner of rights arising out of their use for all purposes and understand that neither my child nor I shall receive compensation from such projects.
- ❖ This camp is licensed by the NYC Department of Health and Mental Hygiene and is inspected twice yearly. The inspection reports are filed at the Bureau of Food Safety and Community Sanitation.
- ❖ I agree to all above listed conditions.

Parent/Guardian Signature

Date



Park Slope Armory YMCA
Holiday Camp Registration

**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Spring Recess 2019

Child's Name _____

Age _____ Birthday __/__/__ Grade _____ M/F _____

Parent/Guardian Name _____

Address _____

E-Mail _____

Home Phone# _____ Cell Phone # _____

Work Phone # _____

Please check off day(s) child will attend:

_____ Friday, April 19th

_____ Monday, April 22nd

_____ Tuesday, April 23rd

_____ Wednesday, April 24th

_____ Thursday, April 25th

_____ Friday, April 26th

_____ AM Extended

_____ PM extended

MY CHILD WILL: BE PICKED UP WALK HOME (10 YEARS & UP)

Payment must be paid in full upon registration.

****Authorized Pickups/Emergency Contacts****

_____	_____	_____
Name	Relationship	Phone

_____	_____	_____
Name	Relationship	Phone

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Parent/Guardian Signature

Date

PHYSICAL EXAMINATION

(To be filled out by Physician. Please note information on reverse side)

The purpose of this health record is to provide the staff with pertinent information, which will help to serve the needs of this child in Day Camps and Afterschool and Youth Center programs.

IMMUNIZATION HISTORY: This is a record of dates of basic immunization and most recent booster doses.					
Type	Date	Date	Date	Date	Date
DtaP, DTP or TD					
OPV/IPV					
MMR					
Homophiles Influenza Type					
Hepatitis B					
Varicella					
Other (Specify): _____					

MEDICAL EXAMINATION: To be filled out by license physician
Examination is acceptable when performed no more than 12 months prior to arrival at camp.

Code: S = Satisfactory
X = Not Satisfactory, Explain:
O = Not examined

General Appearance: _____
 Height: _____ Weight: _____ Blood Pressure: _____ Hgb Test (Date): _____
 Urinalysis: Date: _____ Posture & Spine: _____ Throat & Tonsils: _____
 Eyes _____ Vision _____ W/ Glasses _____ Extremities _____ Heart _____
 Ears _____ Hearing _____ Feet: _____ Lungs _____ Skin _____
 Nose _____ Teeth _____ Abdomen _____ Hernia _____
 Genitalia _____
 Neurological Findings _____
 Describe Abnormal Findings and/or Handicapped Conditions _____

Has child ever received products containing horse serum? _____
 Allergy: (Please specify) _____

Recommendations and restrictions while in After-school:
 Special Diet: _____
 Special Medicine (Name it) _____
 Is parent/guardian sending special medicine? _____
 Swimming _____ Diving _____
 Activity Restrictions _____

General Appraisal: _____

I have examined the person herein described, reviewed his/her health history and it is my opinion that he/she is physically able to engage in Day Camp/Year Round Afterschool and Youth Center activities, except as noted above.

_____ MD _____

Physician's Name (PLEASE PRINT) _____ Examining Physician's Signature _____

Telephone: _____ Address: _____

Date of Examination: _____ _____

***Your child's physician MUST sign and stamp this medical form. Otherwise, it will be returned.**

HEALTH RECORD FOR CHILDREN IN DAY CAMPS & AFTERSCHOOL & YOUTH CENTERS
 (This side to be filled in by Parent before presentation to Physician)

NAME OF PROGRAM: Prospect Park YMCA Camp Permit No. _____

Child's Last Name _____ First Name _____ Date of Birth / / Male Female
 Sex _____

Home Address: _____ Tel. No. _____

Parent or Guardian: _____ Tel. No. _____

Place of Employment: _____

Father Guardian: _____ Tel. No. _____

Mother Guardian: _____ Tel. No. _____

In Case of Emergency, please notify: _____ Tel. No. _____

If Parent(s)/Guardian(s) are not available in an emergency, please notify:

1. _____ Tel. No. _____

2. _____ Tel. No. _____

Important: Has this camper been exposed to any communicable disease during the three weeks prior to camp attendance.
 Yes No If yes, state type of exposure: _____

HEALTH HISTORY: (Check and give approximate dates)

	Allergies	Diseases
Ear Infections _____	Hay Fever _____	Check Pox _____
Rheumatic Fever _____	Ivy Poisoning, etc. _____	Measles _____
Convulsion _____	Insect Stings _____	German Measles _____
Diabetes _____	Penicillin _____	Mumps _____
Behavior _____	Other Drugs _____	Other Contagious Illnesses _____
Asthmas _____	_____	_____

Other Past Illnesses: _____

Operations or Serious Injuries (Dates): _____

Hospitalization (Dates): _____

Chronic or Recurring Illness: _____

Any specific activities to be encouraged? _____

Conditions that require activity to be restricted? _____

Permission for all program activities unless otherwise noted by doctor: _____

Appliance worn (glasses, contacts, etc.): _____

Medication taken: _____

Suggestion from Parent/Guardian: _____

****Parent/Guardian MUST sign this consent for Emergency Medical Treatment**

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I do hereby give authority to the Day Camp and Year Round Afterschool and Youth Center Program staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

Relationship _____	Signature _____	Date _____	Telephone No. _____
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