When 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.

For more information, contact Jasmine Rosa at jrosa@ymcanyc.org or 212-912-2591.

HOLIDAY CAMP 2020

MID-WINTER RECESS
February 17-21
Y Member: $300
Community: $340

SPRING RECESS
April 13-17
Y Member: $350
Community: $395

Extended AM/PM: $40 each per session

REGISTER TODAY!
December 24, 2019

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 17th through 21st – Mid Winter Recess**
**April 13th-April 17th-Spring Recess**

**Pricing:**
- **Mid-Winter Recess:** $300 members, $340 community
- **Spring Recess:** $350 members, $395 community
- **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
Park Slope Armory YMCA
Holiday Camp Registration
Mid-Winter 2020

Child’s Name______________________________________________________________
Age_____________ Birth Date __/__/___ 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 17th
_____Tuesday, February 18th
_____Wednesday, February 19th
_____Thursday, February 20th
_____Friday, February 21st
_____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**

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Phone</th>
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***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 18 and show picture ID.
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
Spring Recess 2020

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, April 13th
____Tuesday, April 14th
____Wednesday, April 15th
____Thursday, April 16th
____Friday, April 17th
____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

__________________________________________________________________________  __________________________
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- I agree to all above listed conditions.

______________________________  _____________________________
Parent/Guardian Signature            Date
NAME OF PROGRAM: Prospect Park YMCA Camp

Child’s Last Name ___________________ First Name ___________________

Home Address: _______________________

Parent or Guardian: ___________________

Place of Employment:

Father Guardian: _______________________

Mother Guardian: _______________________

In Case of Emergency, please notify: _______________________

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

1. _______________________

2. _______________________

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

Ear Infections  ____________________________________________ Hay Fever  ____________________________________________

Rheumatic Fever  ____________________________________________ Ivy Poisoning, etc.  ____________________________________________

Convulsion  ____________________________________________ Insect Stings  ____________________________________________

Diabetes  ____________________________________________ Penicillin  ____________________________________________

Behavior  ____________________________________________ Other Drugs  ____________________________________________

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. _______________________

Department of Health

The City of New York

Bureau of Inspections
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:**

<table>
<thead>
<tr>
<th>Type</th>
<th>Date</th>
<th>Date</th>
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<tr>
<td>DtaP, DTP or TD</td>
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<tr>
<td>Varicella</td>
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<td>Other (Specify):</td>
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**MEDICAL EXAMINATION:**

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
- Ears: Hearing Extremities
- Nose: Teeth Lungs
- Genitalia: Abdomen
- Neurological Findings:
- Hernia
- 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
- Activity Restrictions: Diving

**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.

**Physician’s Name (PLEASE PRINT)***

**Examine Physician’s Signature**

**Telephone:**

**Date of Examination:**

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