



# SUMMER CAMP 2020

## REGISTRATION INFORMATION AND CHECKLIST

### CAMP GUIDELINES

Due to current state guidelines and group size limitations, camp space will be limited as follows:

Kinder Ridge (for those entering Kindergarten and grade 1)	Capacity: 20
Wilderness (for those entering grades 2-3)	Capacity: 30
Timber Ridge (for those entering grades 4-6)	Capacity: 20

Each camp will consist of a group of 10 campers and 2 counselors. Camps will remain consistent with the same campers/staff; no mixing of groups will occur.

Please read through the revised Pre-Camp Info and/or Parent Handbook as it contains important updates on safety precautions, mask wearing, sign in/out procedures, sick child policy, new camp packing list and revised daily camp activities.

### REGISTRATION PROCESS

Due to state guidelines on group sizes and space limitations, priority will be given to CURRENT members of the B.R. Ryall YMCA. We are working on securing an additional off-site camp location; if this occurs, current program participants or new participants may be considered IF space is available after member registration has been completed.

**Registration will take place this Saturday, June 6 from 8:30-10:30 a.m. via drive-through packet drop off.** We will accept in-person registration via packet drop off only; registration packets emailed or dropped off in advance will not be accepted.

Staff will be on-site at the circle drive in front of the Y to collect completed registration packets and then time-stamp all forms. Please do not get out of your cars when dropping off forms. Forms will be processed in the order in which they are received. Please note: Dropping off your forms does not guarantee enrollment. We will follow up with all participants by no later than Wednesday, June 10, to verify whether your child received a spot in camp.

Forms are available to print online or to pick up at the Y in a box outside of the main entrance. Please ensure your forms are completed prior to drop off on Saturday. Incomplete forms will not be accepted.

#### Forms to be submitted are:

- Registration Form
- Camper Information Packet
- Camper Character Contract

Should you have any questions, please contact Erin White, Senior Director of Youth Development, at [ewhite@ryallymca.org](mailto:ewhite@ryallymca.org).



# SUMMER CAMP 2020

## PRE-CAMP INFORMATION

### NEW PROTOCOLS AND POLICIES

#### CAMP HOURS

7:30 a.m. to 5:30 p.m.

#### DROP-OFF AND PICK-UP PROCEDURES

We will be implementing a drive-through curbside process for drop-off and pick-up with assigned times. You must drop-off/pick-up during your designated window. Please remain in your vehicle at all times; a staff member will come to your vehicle to check in/out your camper.

Drop off times are staggered between 7:30-9 a.m. Late arrivals will not be accepted.

Pick up times are between 4-5:30 p.m.

##### During Drop-Off:

- Parents are to remain in the vehicle at all times.
- Once a staff member arrives at your vehicle, your child will exit and staff will take his/her temperature outside of the car.
- Staff will ask the parent a series of health screening questions.
- Once the child is cleared for camp, he/she will be asked to sanitize hands and then will be escorted to camp location.

##### During Pick-Up:

- Parents are to remain in the vehicle at all times.
- Staff will call back to ask for child to be brought up.
- IDs should be presented through closed window.

#### ARE MASKS GOING TO BE REQUIRED FOR CHILDREN IN CHILD CARE/CAMPS?

Upon re-opening our childcare center and summer camp programs, masks will be required for staff and campers. Staff and children age 2 and older will be required to wear a mask or cloth facial covering at the following times:

- Upon drop off and pick up
- When walking through hallways
- When inside in classrooms, as practicable (except when eating or napping)
- Outdoors when social distancing cannot be maintained

Reusable masks should be taken home to be cleaned and disinfected daily.

#### ILLNESS AND EXCLUSION

Daily health screenings will occur with all children and staff. Children are asked to arrive "fit for the day." Parents should keep children home who are showing signs or symptoms of illness. Anyone demonstrating signs or symptoms of communicable illness should be reported to leadership.

Upon arrival each day, staff and children will:

- Be screened through health questionnaire.
- Have temperature taken upon arrival. Anyone with a temperature of 100 or higher will not be allowed to stay, and will be excluded from the program until they have been fever-free, without the aid of fever reducing medications, for 72 hours.

If a child is found to be unwell or sick during the day, they will be sent home until they are well enough to return. Staff are trained to report sick children to leadership if they are suspicious of an illness. Children exhibiting a fever of 100 or higher, or other common symptoms, will be escorted to an isolation area until parents arrive to pick-up. Parents MUST pick up within the hour, or make arrangements to have child picked up within the hour.



# SUMMER CAMP 2020

## PRE-CAMP INFORMATION

### NEW PROTOCOLS AND POLICIES

#### PREVENTION PROTOCOLS

B.R. Ryall YMCA Summer Camp will adopt a variety of strategies from the CDC and DCFS guidelines to help create a healthy environment for our children and staff.

#### HANDWASHING

Handwashing is one of the best ways to keep our children safe from communicable illnesses. We have trained our staff about handwashing and hand hygiene. We can help prevent the spread of illness by frequently washing hands with soap and water for at least 20 seconds. Hand sanitizer will be readily available in rare areas where soap and water are not available.

Staff will lead by example with handwashing:

- Upon arrival to camp
- After using the restroom
- Before eating
- After using items such as sports equipment, craft supplies, etc.
- After blowing nose, sneezing or coughing
- Any times hands are excessively dirty

#### SOCIAL DISTANCING GUIDELINES

- All efforts will be made to keep groups consistent day-to-day, and even week-to-week when feasible (i.e., same children in same group each day or week).
- Reduced ratios will allow only 10 children per group.
- Staff will remind children to remain at least 6 ft. apart during activities.
- Activities planned will not require close physical contact between multiple children.
- The majority of activities will be planned for outdoors, with exceptions only made for severe weather.
- Staff will model proper social distancing protocols.

#### WHAT SHOULD I BRING?

We suggest campers bring a backpack to carry their belongings. All campers must have the following:

- Lunch (Please do not pack lunch in reusable containers.)
- Healthy morning snack
- Water bottle (refillable)
- Sunscreen
- Bug spray

In addition to the traditional camp items above, all campers must pack the following:

- 2 masks or cloth coverings each day
- Towel or folding chair (lunch and activities will be picnic-style to allow for proper social distancing)
- Pencil box with own set of: crayons, markers and scissors
- Misting bottle

Please make sure that you label ALL items, in multiple areas, so that we can make sure that items do not get mixed and that we can properly identify to whom they belong.

At Camp, we learn through play and exploration, spending the majority of our day outside. Please ensure your camper is dressed appropriately for the weather each day, and in clothes that can get dirty. It is also best to leave your favorite toys, personal items and phones at home so they don't get lost or broken.



# SUMMER CAMP 2020

## KINDER RIDGE, WILDERNESS AND TIMBER RIDGE REGISTRATION

### CAMP ENROLLMENT (Select camp based on your child's grade level for the 2020-2021 school year.)

Kinder Ridge (Grades K-1)       Wilderness (Grades 2-3)       Timber Ridge (Grades 4-6)

### PARTICIPANT INFORMATION (Please print clearly. Use one form per child.)

Do you have a family or household YMCA membership?       Yes       No

Full Name \_\_\_\_\_

Gender:  Male       Female

Date of Birth \_\_\_\_\_

School District:  41       89       200       Other

### RESPONSIBLE PAYER

Full Name \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City, State ZIP \_\_\_\_\_

Cell Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

### REFUND POLICY

I understand refunds will not be given. If my child is unable to attend any camp weeks due to a medical condition, an account credit will be issued if a doctor's note is provided.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### CAMP REGISTRATION

CAMP WEEK/SESSION	CAMP FEE	TOTAL
1: June 29 - July 3	<input type="checkbox"/> \$210 member <input type="checkbox"/> \$260 non-member	\$
2: July 6-10	<input type="checkbox"/> \$210 member <input type="checkbox"/> \$260 non-member	\$
3: July 13-17	<input type="checkbox"/> \$210 member <input type="checkbox"/> \$260 non-member	\$
4: July 20-24	<input type="checkbox"/> \$210 member <input type="checkbox"/> \$260 non-member	\$
5: July 27-31	<input type="checkbox"/> \$210 member <input type="checkbox"/> \$260 non-member	\$
6: August 3-7	<input type="checkbox"/> \$210 member <input type="checkbox"/> \$260 non-member	\$
7: August 10-14	<input type="checkbox"/> \$210 member <input type="checkbox"/> \$260 non-member	\$
<b>TOTAL</b>		\$

**-OVER-**

**EARLY CAMP START DATE**

If given approval to start camp prior to June 29, would you be interested in having your child start camp sooner?

- Yes, please contact me if an earlier start date is available.
- No, my child will start the camp week indicated above.

**DISCOUNT FOR FAMILIES WITH 3 OR MORE CHILDREN ENROLLED IN CHILD CARE/PRESCHOOL**

For families with three children registered for camp or Bright Beginnings Preschool, a 20 percent discount will be applied to fee for the child attending the least expensive program.

**FINANCIAL ASSISTANCE**

If you receive financial assistance, please indicate type:

- B.R. Ryall YMCA scholarship
- State of Illinois subsidy

**PAYMENT SCHEDULE**

Please indicate how you will pay for the camp sessions.

- Payment in full at the time of registration for all registered sessions
- Credit card charge monthly for that month's registered sessions (Week 1 will be charged when your child's registration is processed; weeks 2-5 will be charged on July 1; and weeks 6-7 will be charged on August 1.)

**PAYMENT INFORMATION**

This section **MUST** be complete in order for your form to be processed. If this payment section is not completed in entirety, your registration will be delayed and your camper's spot may be forfeited. Forms will be processed within two business days.

- Please charge my credit card on file for my membership or child care draft ending in the last four digits of \_\_\_\_\_ with the expiration date of \_\_\_\_\_.
- Please charge my bank account on file for my membership or child care draft ending in the last four digits of \_\_\_\_\_.
- I am a non-member; please contact me for payment method.

Name \_\_\_\_\_ Best Contact Number \_\_\_\_\_

<b>Office Use Only</b>	<b>D1</b>
<b>Dep</b>	<b>D2</b>
	<b>D3</b>



# SUMMER CAMP 2020 CAMPER INFORMATION PACKET

This packet must be completed in entirety and submitted with the Camp Registration Form.

Camper's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Camp Registering For \_\_\_\_\_ Grade (2020-2021 school year) \_\_\_\_\_

School \_\_\_\_\_

## PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian 1 Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_  First Contact  Second Contact

Check this box if Parent/Guardian 1 would like to be added to our RemindMe group for weekly updates.

Parent/Guardian 2 Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_  First Contact  Second Contact

Check this box if Parent/Guardian 2 would like to be added to our RemindMe group for weekly updates.

## EMERGENCY CONTACT (OTHER THAN PARENT/GUARDIAN) / AUTHORIZED TO PICK-UP MY CHILD

Name 1 \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Name 2 \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Explain safety concerns or custody issues that our staff need to be aware of regarding family members or unauthorized individuals.

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## DROP OFF/PICK UP TIMES

Indicate the time you will drop off and pick up your child daily; you must adhere to your selected time for safety and social distancing.

**DROP OFF:**  7:30-7:45 a.m.  7:45-8 a.m.  8-8:15 a.m.  
 8:15-8:30 a.m.  8:30-8:45 a.m.  8:45-9 a.m.

**PICK UP:**  4-4:15 p.m.  4:15-4:30 p.m.  4:30-4:45 p.m.  
 4:45-5 p.m.  5-5:15 p.m.  5:15-5:30 p.m.

**-OVER-**



# SUMMER CAMP 2020 CAMPER INFORMATION PACKET

## INSURANCE COVERAGE AND MEDICAL CONTACTS

Is the camper covered by insurance?  Yes  No

Insurance Provider \_\_\_\_\_

Name of Primary Physician \_\_\_\_\_

Name of Primary Insured \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Phone \_\_\_\_\_

## ALLERGIES AND RESTRICTIONS

Please complete the reaction/management section in detail, if applicable. If medication is required, provide on your child's first day.

Medication Allergy \_\_\_\_\_ Reaction/Management \_\_\_\_\_

Food Allergy \_\_\_\_\_ Reaction/Management \_\_\_\_\_

Other Allergy \_\_\_\_\_ Reaction/Management \_\_\_\_\_

Dietary Restrictions \_\_\_\_\_ Explanation \_\_\_\_\_

Activity Restrictions \_\_\_\_\_ Explanation \_\_\_\_\_

My child requires a peanut-free zone. I request that my child eats all snacks and meals in this designated area.

My child has an epi-pen for the allergy listed above.

## MEDICATIONS

Please list all medications (including over the counter or non-prescription drugs) taken routinely. Medication should be administered at home whenever possible.

Medication \_\_\_\_\_ Dosage/Time of Day \_\_\_\_\_ Reason \_\_\_\_\_

Medication \_\_\_\_\_ Dosage/Time of Day \_\_\_\_\_ Reason \_\_\_\_\_

I understand medications must be brought in the original container and given to the camp director when my child arrives. In addition, I understand that all medication must be accompanied by a written note from the prescribing physician. I authorize the B.R. Ryall YMCA to administer the above-listed medication to my child while he/she is in the YMCA programs.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## HEALTH HISTORY/TREATMENT REQUIREMENTS

During the school day, does your child have special circumstances for which he/she receives support:

Health (including devices, aids) If yes, describe. \_\_\_\_\_

504 If yes, describe. \_\_\_\_\_

IEP If yes, describe. \_\_\_\_\_

Please provide any additional information about the participant's behavior and physical, emotional or mental health that our camp staff members should know.

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# SUMMER CAMP 2020 CAMPER INFORMATION PACKET

Camper's Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

## GENERAL MEDICAL HISTORY

Has/does the participant:	Yes	No	Has/does the participant:	Yes	No
1. Have any recent injury, illness or infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>	14. Ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have a chronic or recurring illness/condition?	<input type="checkbox"/>	<input type="checkbox"/>	15. Ever been diagnosed with a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>
3. Ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	16. Ever had back problems?	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	17. Ever had joint problems (knees, ankles, etc)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have frequent headaches?	<input type="checkbox"/>	<input type="checkbox"/>	18. Have an orthodontic appliance being brought to camp?	<input type="checkbox"/>	<input type="checkbox"/>
6. Ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>	19. Have any skin problems (itching, rash, acne, etc)?	<input type="checkbox"/>	<input type="checkbox"/>
7. Ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>	20. Have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
8. Wear glasses, contacts or protective eye wear?	<input type="checkbox"/>	<input type="checkbox"/>	21. Have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
9. Ever had frequent ear infections?	<input type="checkbox"/>	<input type="checkbox"/>	22. Had mononucleosis in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
10. Ever passed out during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	23. Had problems with diarrhea/constipation?	<input type="checkbox"/>	<input type="checkbox"/>
11. Ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	24. If female, have an abnormal menstrual history?	<input type="checkbox"/>	<input type="checkbox"/>
12. Ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	25. Ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
13. Ever had seizures?	<input type="checkbox"/>	<input type="checkbox"/>	26. Ever had emotional difficulties for which professional help was sought?	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any "yes" answers, including the corresponding number.

\_\_\_\_\_  
\_\_\_\_\_

## SOCIAL CHARACTERISTICS

How would you describe your child's personality (ie. aggressive, friendly, shy, withdrawn, sociable, etc.)? \_\_\_\_\_

\_\_\_\_\_

How does your child behave when upset or angry? \_\_\_\_\_

What is the best way to make him/her feel better? \_\_\_\_\_

Have there been any events in your child's life that have been particularly upsetting? Y N If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

## SPECIAL NEEDS

Based on your child's needs, if you believe your child's success in the summer camp program could be impacted, please contact the Camp Director prior to registering. The Y wants to ensure a successful experience for all and will work the best we can to accommodate needs. Therefore, it is very important to communicate specific needs to the Director prior to attendance to ensure everyone is comfortable with the support available.

**-OVER-**





# SUMMER CAMP 2020 CAMPER INFORMATION PACKET

## STATEMENT OF HEALTH HISTORY ACCURACY AND RELEASE FOR MEDICAL TREATMENT

This health history is correct and complete as far as I know, and the person herein and described has permission to engage in all activities except as noted. I hereby give permission to the B.R. Ryall YMCA and its staff to provide routine health care, administer prescribed medications and seek emergency medical treatment including order x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission to the B.R. Ryall YMCA to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the B.R. Ryall YMCA to secure and administer treatment, including hospitalization, for my child named on this form. This completed form may be photocopied for program trips.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** During the course of registering for programs, the YMCA requests pertinent medical information be shared with us in order to serve you and your family in the safest possible environment. We understand that medical information about your child's health is personal and we are committed to protecting the information that you share with us.

## EMERGENCY FIRST AID RELEASE

The only first aid measures taken at the program are as follows: Bump or bruise - apply ice as needed; cut or scratch - clean with soap and water, bandage; nose bleed - apply pressure. If further care is needed, we will notify a parent/guardian.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## TRANSPORTATION, EXCURSIONS AND PUBLIC FACILITIES AGREEMENT

I authorize my child to ride as a passenger in the vehicles owned by the B.R. Ryall YMCA for the purpose of transportation to and from excursions. I also authorize the representatives of the B.R. Ryall YMCA to take my child on walking trips, special excursions and to nearby park facilities. I understand that all such trips are under the supervision of YMCA staff members and that health and safety precautions are taken. I understand that firearms are prohibited on any premises of the program.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## HOLD HARMLESS AGREEMENT

I, hereby, certify that \_\_\_\_\_ is in normal health and capable of participating in this program. I understand that the goals of the Y are based upon having our core values: Caring, Honesty, Respect and Responsibility. Furthermore, by my signature, and of my free will, I do hereby agree to indemnify and hold harmless the B.R. Ryall YMCA of Northwestern DuPage County from any and all claims or demands, cost or expense arising out of any injuries or damage sustained by me or any party I am responsible to or for.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE: Summer Camp programs are not licensed or regulated by DCFS.

## PHOTO RELEASE

I authorize that the B.R. Ryall YMCA has my permission to photograph or videotape my/our child for purposes of program promotion or publicity.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



# SUMMER CAMP 2020 CAMPER CHARACTER CONTRACT

Please review the following Character Contract with your camper.

Developing and displaying positive character values is very important at the B.R. Ryall YMCA Summer Camp. Understanding and practicing the Y’s core values of Caring, Honesty, Respect and Responsibility is a big part of our commitment to offering a safe and fun camp experience. Therefore, we expect our campers to agree to follow our Camper Character Code:

- We CARE for ourselves and those around us.**
- We earn each other’s trust by being HONEST.**
- We RESPECT each other and the environment.**
- We are RESPONSIBLE for our own actions and choices.**

Campers are expected to:

- Show respect and kindness to other campers and staff.
- Be honest with other campers and staff.
- Respect the property of the Y and other campers.
- Demonstrate responsibility by being helpful.
- Be respectful of others’ feelings and differences.
- Do what I can to have fun, and to help others have fun, too.

The following behavior will not be tolerated:

- Inappropriate language (swearing, slang/negative words)
- Fighting, “rough-house” play or behaving in an unsafe or aggressive manner (hitting/kicking/biting)
- Stealing
- Bullying (physical or emotional)
- Vandalism or improper use of Y equipment
- Disrespectful behavior
- Repeated failure to follow directions
- Running away from camp, counselors and/or Y staff

Failure to comply with these expectations will result in disciplinary actions outlined on page 3 of the Parent Handbook.

After reviewing the Camper Character Contract, please sign below.

Camper \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

\*If your camper is not present to sign, please review the Camper Character Contract (provided in the Parent Handbook) with your camper prior to your child’s first day.