



2024 Summer Camp | Registration

Camper Name: _____ Camper DOB: _____

Camper Grade Fall 2024: _____ Parent/Caregiver Email: _____

HOW TO REGISTER

Registration for our summer camp programs has never been easier. Following the easy steps below:

ONLINE

1. Please visit our website at campbhc.org
2. Navigate to the location of your choice.
3. Navigate to online registration at bottom of page.
4. Click to select the program(s) of your choice.
5. Login to your account or create an online login. Important: If you already have a membership account, please log into that youth, teen or family account. Do not create a new account. **Need support?** Please call our Call Center (215) 999-9622 or visit the Welcome Center of the branch closest to your home.
6. Kindly read the [Summer Camp Handbook](#).
7. Kindly read weekly camp emails which contain important information about camp. **These emails are our main form of communication.** If you unsubscribe to these emails, please understand that you may not receive important information.

For ELRC Families Only

IN-PERSON

1. Please visit your local YMCA of Bucks and Hunterdon Counties branch.
2. Bring this registration packet with you or complete it at the branch. We have plenty of pens and seating available for you to make yourself at home.
3. One of our Member Engagement Representatives will gladly accept your packet, and register your camper/s at our Welcome Center.
4. Kindly read the Summer Camp Handbook.
5. Kindly read weekly camp emails which contain important information about camp. **These emails are our main form of communication.** If you unsubscribe to these emails, please understand that you may not receive important information.

Required the Wednesday before your camper's first day of camp in order for your registration to be complete:

- A copy of your child's current (within a year) health assessment and record of immunizations.

Please email your child's health assessment to your camp email address. You can find your camp email address in our [2024 Camp Family Handbook](#).



2024 Summer Camp | Financial Terms & Conditions

- I understand that camp registrations will not be accepted after 11:59 PM the Wednesday before the start of a camp week.
- **I understand that the \$25 deposits made for each camp registration are non-refundable.**
- I understand that a billing method must be on file at the time of registration.
- I understand that any changes to camp registrations must be made 7 days before the billing date and I will be charged a \$10 change fee to your billing method on file.
- I understand payments will be drafted from my account 7 days prior to each week I am registered for.
- I understand that no refunds or credits will be given for any change or cancellation made after being billed without a doctor's note provided to your camp email.
- I understand that for the safety of all campers, midweek camp changes cannot be made.
- I understand the Y does not credit nor refund for events considered outside of our control which cause closure of camp and services (weather, power outage, Act of God, COVID forced closure, etc.)
- I understand that if I do not pay in-full for camp(s), that I hereby give authority to YMCA OF BUCKS AND HUNTERDON COUNTIES to use the information provided or currently on file, to charge my bank account for camp on the published due date (21 days prior to Monday of each camp week). Payments will be drafted from my account on the due date for each week I am registered for. I will be responsible for all payments from my account and will notify YMCA OF BUCKS AND HUNTERDON COUNTIES of any changes to my account. Should any draft not be honored by my bank for any reason, I realize that I am still responsible for that payment, plus subject to any late or overdraft charges applied by the YMCA OF BUCKS AND HUNTERDON COUNTIES. The current return draft fee is \$30.00. This is in addition to any service fee my bank may charge.

Camper Name

Parent/Guardian signature

Date



2024 Summer Camp | Parent Statement of Understanding

The following information is important for the safety and protection of your child:

- I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child including older siblings or other relatives must be listed with the YMCA. Any other arrangements must be made by calling the YMCA office or emailing your camp site to inform them of a change.
- I understand the request of YMCA OF BUCKS AND HUNTERDON COUNTIES to not use social media as means to vent potential concerns and or frustrations with camp, as this negatively impacts the morale of camp staff and families. Instead, I will reach out to my camp director and together we will foster a solution.
- I understand that YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside the YMCA program. Immediate disciplinary action will be taken by the YMCA toward staff and volunteers if a violation is discovered.
- I understand no camp changes may be made mid-week.
- I understand that I am not to leave my young child or children at the YMCA or program site unless a YMCA staff or volunteer is there to receive and supervise my child.
- I understand children should not receive excessive gifts (e.g., TV, video games, jewelry) from YMCA staff or volunteers, and I should report this to a supervisor if they do.
- I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police.
- I understand that I can help ensure my child's safety by taking an active interest in his or her YMCA experience.
- I understand that the YMCA is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that I must send my child with a lunch and water bottle when he/she attends from at least 9 AM – 4 PM. If I do not, my account will be charged for one.
- I understand that if my child brings medication to camp (including inhalers and epi-pens), that I must sign it in with a camp supervisor.
- I understand that my child may be dismissed from the camp program if his/her actions are contrary to the core values of the YMCA. No refunds or credits will be given.
- I have received a copy of the YMCA Camp Handbook and will keep it for future reference.
- I provide consent for the following: YMCA obtaining emergency medical care, administering minor first aid and medication, my child may participate in walks and trips including transportation and may participate in swimming and wading.
- I hereby grant permission for photographs and videos taken by YMCA OF BUCKS AND HUNTERDON COUNTIES staff and volunteers to be used for YMCA OF BUCKS AND HUNTERDON COUNTIES publicity purposes. I/we, the undersigned, have read, understand and agreed to the above.

YMCA AGREEMENT – PLEASE READ CAREFULLY

I understand that payments are due based on my registration choice. I agree to make those payments. I understand and agree to the terms of the camp financial terms & conditions. I give permission for my child to participate in ALL Camp activities including field trips, swimming and special events. I consent to photographs being taken of my child. The photographs will become the property of the Y and may be reproduced and published as the Y desires, free of any claim on my part. In case of illness or emergency regarding my child, I authorize the Camp Director, or assigned personnel, to secure the services of a doctor if deemed to be necessary by the Y. I understand that I am responsible for the financial costs related to medical services. I understand that medical information and personal data will be used only in Camp, when necessary to protect my child's well-being.

WAIVER AND RELEASE

In consideration of my/our participation in the activities of the YMCA OF BUCKS AND HUNTERDON COUNTIES, I/we do hereby hold free from any liability YMCA OF BUCKS AND HUNTERDON COUNTIES, it's directors, officers, employees and members, including but not limited to its (or their) own negligence, and do hereby for myself/ourselves, heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I/we may have or which may hereafter accrue to me/us arising from my/our use of or connected with my/our participation in any of the activities of YMCA OF BUCKS AND HUNTERDON COUNTIES it's facilities, equipment or program activities. Furthermore, I hereby grant permission for photographs and videos taken by YMCA OF BUCKS AND HUNTERDON COUNTIES staff and volunteers to be used for YMCA OF BUCKS AND HUNTERDON COUNTIES publicity purposes. I/we, the undersigned, have read, understand and agreed to the above.

Camper Name

Parent/Guardian signature

Date



EMERGENCY CONTACT/PARENT CONSENT FORM

CAMPER INFORMATION

Child's Name: _____ Birth Date: _____ Gender: _____
Address: _____
City: _____ State: _____ Zip: _____ School District: _____ Home Phone #: _____

PARENT/LEGAL GUARDIAN INFORMATION

Guardian #1: Who we will call first in times of emergency, also authorized pick up:

Name #1: _____ Best phone # to reach you: _____
Address: _____ City: _____ State: _____ Zip: _____
E-mail: _____ Place of Employment: _____ Work# _____

Guardian #2: Who we will call second after not having reached Guardian #1 in times of emergency, also authorized pick up:

Name #2: _____ Best phone # to reach you: _____
Address: _____ City: _____ State: _____ Zip: _____
E-mail: _____ Place of Employment: _____ Work# _____

**For more emergency contacts and authorized pick up persons; see next page*

RESTRICTIONS, DISABILITIES OR OTHER ACCOMMODATIONS

Are there any medical or dietary considerations that staff should be aware of? (Put N/A if none)

Are there any allergies that staff should be aware of? (Put N/A if none)

Are there any accommodations made in the school setting that can be carried over in the camp setting? (Put N/A if none)

Does your child have an IEP or formal behavior plan that you are willing to share with staff? (Put N/A if none)

HEALTH INSURANCE AND MEDICATION INFORMATION

Health Insurance Information		
Health Insurance Provider _____		Policy/ID # _____
Physician – Name of child’s physician practice: _____		
Physician’s Name _____		Phone # _____
Medications - List all medications your child is presently taking, including over the counter medication.		
Medication Name: _____	Medication Name: _____	Medication Name: _____
Dosage amount: _____	Dosage amount: _____	Dosage amount: _____
Time Taken: _____	Time Taken: _____	Time Taken: _____
How often: _____	How often: _____	How often: _____
Reason: _____	Reason: _____	Reason: _____



2024 Summer Camp | Emergency Contacts

Emergency Contacts- Names and phone numbers of persons to be contacted in the event Guardian #1 or #2 are not available. Your child will only be released to the guardian's listed at the top of the sheet and those authorized as a pick-up person below. A photo ID is required.

Name: _____ Relationship to Child: _____ Phone #: _____

Address: _____

Name: _____ Relationship to Child: _____ Phone #: _____

Address: _____

AGREEMENT - To the best of my knowledge all of the information provided above is true. I believe my child to be in good health, and he/she has my permission to participate in all activities, unless otherwise specified. I hereby indemnify and hold harmless the YMCA OF BUCKS AND HUNTERDON COUNTIES, its staff and volunteers from all losses, claims or actions that may arise from any act, omission, event or incident of any nature, occurring while my child is engaged in any reasonable and normal activity sponsored by the YMCA. I have read and agree to: the financial terms and conditions, parent statement of understanding, YMCA agreement and waiver and release and nondiscrimination in services.

Camper Name	Parent/Guardian signature	Date
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Subject: Nondiscrimination in Services
To: Parents/Guardians
From: YMCA OF BUCKS AND HUNTERDON COUNTIES, Camp Leadership Staff

Admissions, the provision of services, and referrals of clients shall be made without regard to race, color, religious creed, disability, ancestry, national origin (including limited English proficiency), age, or sex.

Program services shall be made accessible to eligible persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, the provision of aides, and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among methods.

Any parent/guardian/student who believes they have been discriminated against, may file a complaint of discrimination with:

YMCA OF BUCKS AND HUNTERDON COUNTIES, Doylestown Branch
2500 Lower State Road, Doylestown, PA 18901

YMCA OF BUCKS AND HUNTERDON COUNTIES, Fairless Hills Branch
601 S. Oxford Valley Road, Fairless Hills, PA 19030

YMCA OF BUCKS AND HUNTERDON COUNTIES, Holland Campsite
Mail to: Newtown Branch, 190 S. Sycamore Street, Newtown, PA 18940

YMCA OF BUCKS AND HUNTERDON COUNTIES, New Hope-Solebury
2712 N. Sungan Road, New Hope, PA 18938

YMCA OF BUCKS AND HUNTERDON COUNTIES, Quakertown
401 Fairview Avenue, Quakertown, PA 18951

YMCA OF BUCKS AND HUNTERDON COUNTIES, Warminster
624 York Road, Warminster, PA 18974

Department of Human Services
Bureau of Equal Opportunity
Room 223, Health & Welfare Building
PO Box 2675
Harrisburg, PA 17105

PA Human Relations Commission
Philadelphia Regional Office
110 N. 8th Street
Suite 501
Philadelphia, PA 19107

U. S. Department of Health and Human
Services Office for Civil Rights
Suite 372, Public Ledger Bldg.
150 South Independence Mall West
Philadelphia, PA 19106-9111

Commonwealth of Pennsylvania
DHS Bureau of Equal Opportunity
Southeast Regional Office
801 Market Street, Suite 5034
Philadelphia, PA 19107

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

DO NOT OMIT ANY INFORMATION
 This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):
 NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.
 NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):
 NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.
 NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?
 YES NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG) <input type="checkbox"/> YES <input type="checkbox"/> NO	NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.
	VISION (subjective until age 3)
	HEARING (subjective until age 4)
	LEAD

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER: DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.