

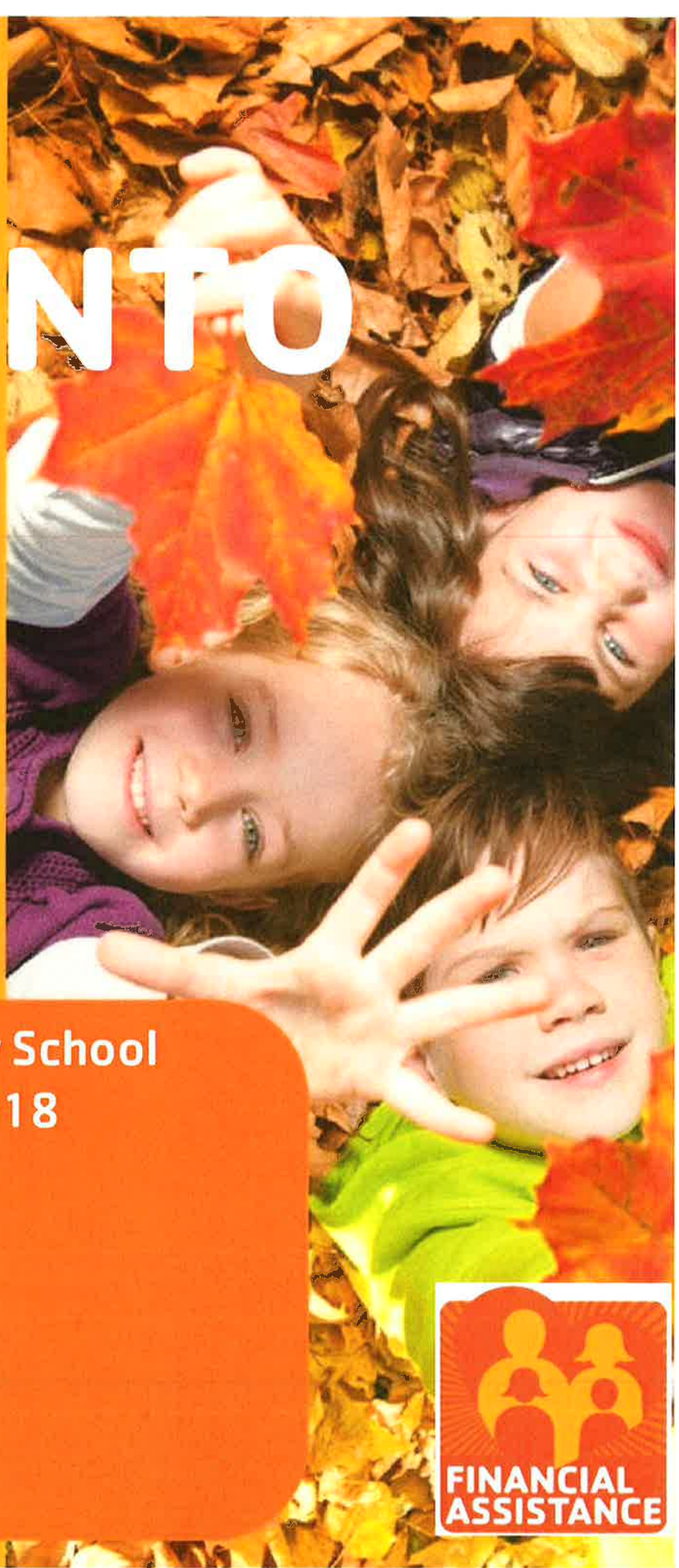


FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FALL INTO FUN

Preschool Fall Camp

3 - 5 years



Manzanita Elementary School

November 19 - 21, 2018

7 am to 6 pm

(Licence # 455406288)

Shasta Family YMCA

530.246.YMCA

sfymca.org





FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SHASTA FAMILY YMCA FALL CAMPS

November 19 – November 21, 2018

Monday-Wednesday, 7:00 a.m. to 6:00 p.m.

Registrations required by Monday, November 12, 2018

Two Locations – for school-age children Kindergarten – 8th grade:

- **Boulder Creek Elementary School**
- **North Cottonwood Elementary School**

One Location – for preschool children 2-5 years of age:

- **Manzanita Preschool** (License # 455406288)

**Crafts, Games, Songs, Stories, Enrichment Activities ...
Come have fun with us!**

3 Day Rate = \$ 105 for registrations received by Monday November 5, 2018

3 Day Rate = \$ 115 for registrations received after Monday November 5, 2018

10% Sibling Discount for 2nd and 3rd child

Healthy morning and afternoon snacks are provided.

Please bring a lunch from home

LEARN GROW THRIVE





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HOLIDAY CARE ENROLLMENT FORM

Today's Date: ____/____/____ School Year: _____

School of Attendance Camp Site _____ Grade: _____

Participant's Information

Child's Last Name: _____ First Name: _____ Mid. Intl: _____

D.O.B.: ____/____/____ Gender: M F Parent's Email: _____

Home Address: _____ City: _____ State: ____ Zip Code: _____

Home Phone: _____ Child lives with: Mother Father

Enrollment Information (Check all that apply)

- New to YMCA Programs
- Currently Enrolled in YMCA afterschool program
- Preschool
- School District Employee
- Have 2 or more children in the YMCA program

Indicate which Days your child will attend camp:

Monday Tuesday Wednesday

Fees

Holiday Program Fee	\$ _____
Sibling Discount (10%)	\$ _____
School District Benefit	\$ _____
YMCA Employee Benefit	\$ _____
Total	\$ _____

Payment Due Now:	
Registration Fee:	\$ _____
Less Discount/Benefit:	\$(_____)
Total Due Now:	\$ _____

Agreement – PLEASE INITIAL

- _____ 1. I have received and understand the current rate sheet.
- _____ 2. There will be no refund of fees for non-attendance or cancellation.
- _____ 3. The YMCA can terminate this agreement if the parent or child becomes disruptive to the center; or if, in the opinion of the Site Director, the child does not progress well in our environment.
- _____ 4. The center will close promptly at 6:00 p.m. There is a late pick-up fee of \$1 for every 1 minute your are late picking up your Child. In the event we cannot reach you or an authorized person by 7:00 p.m., the Shasta County Child Protection Agency will be called.
- _____ 5. While Participating in YMCA Child Care, the YMCA has my permission to photograph myself and/or my children for publicity purposes.

I HAVE CAREFULLY READ THE ABOVE AGREEMENT AND AGREE TO ABIDE BY ALL OF ITS TERMS.

Signature: _____

Date: ____/____/____



HOLIDAY PAYMENT AGREEMENT FORM

FOR YOUTH DEVELOPMENT
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FOR SOCIAL RESPONSIBILITY

Participant's Information

Child's Last Name: _____ First Name: _____
Camp Site: _____

Billing Information (This person MUST sign this form below)

Last Name: _____ First Name: _____ Parent's Date of Birth: _____
Home Address: _____ City: _____ State: _____ Zip Code: _____
Home Phone: _____ Email: _____
Employer: _____ Work/Cell Phone: _____
Employer Address: _____ City: _____ State: _____ Zip Code: _____

Bank Draft Authorization

Primary Form of Payment

I authorize a Bank Draft in the amount of \$ _____ (see weekly total on Enrollment Form) on Monday PRIOR to the week of care.

Credit Card Details

Name on Account: _____

Card Type: MasterCard Visa

Discover

Account Number: _____

Expiration Date: _____ / _____ Security Code: _____

Third Party Payer Agreement

SCOE Cal Works Other: _____

I understand and agree to the supplementary "Third Party Payer Agreement."

I understand that I am responsible for all balances owed on my account. _____ Initial

I authorize the YMCA to charge my credit card on file for any balances left unpaid by the Third Party provider selected above. I understand that my primary form of payment will automatically be charged on the 25th of each month for any balances left unpaid by the Third Party Payer.

Signature: _____ Date: _____

Agreement – PLEASE INITIAL

_____ 1. Payments will be drafted on the Monday prior to the week of care.

_____ 2. Payments not honored by the bank for any reason, (NSF, closed account, invalid expiration date, referral) will incur a **returned payment fee**. This is in addition to any fees charged by the bank. Returned payments will automatically be redrafted, and will include a returned payment fee.

_____ 3. Two or more returned drafts may result in termination from the program.

_____ 4. There will be no refund of fees for non-attendance or cancellation. There is a minimum of 14 days written notice required for all cancellations and changes. Without a written notice of withdrawal, you will be financially responsible for all fees.

_____ 5. The YMCA will have the right to initiate legal action for collection of fees or outstanding balances, and the undersigned will be responsible for all costs of collection, including court expenses and reasonable attorney's fees.

I HAVE CAREFULLY READ THE ABOVE BANK AUTHORIZATION AND AGREEMENTS AND I AGREE TO ABIDE BY ALL OF ITS TERMS AND CONDITIONS AS OUTLINED ABOVE.

Signature: _____

Date: _____ / _____ / _____



FOR YOUTH DEVELOPMENT
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YMCA CHILD CARE EMERGENCY FORM

Child's Name _____ M/F _____ School _____ Teacher _____

Mailing Address _____ Zip _____ Birth Date _____ Grade _____

Contact first? Home Phone _____ Cell Phone _____ Work Phone# _____

Mother's Name _____ Phone _____ Phone# _____

Mother's Address _____

Mother's place of employment: _____

Contact first? Home Phone _____ Cell Phone _____ Work Phone# _____

Father's Name _____ Phone _____ Phone# _____

Father's Address _____

Father's place of employment: _____

Family Email Address _____ Ethnicity(Optional) _____

- My child has permission to participate in all surveys required for the grant funding of the program.
 - While participating in YMCA programs, the YMCA has my permission to photograph my child for publicity purposes.
 - See custody or legal documents on file.
- ALLERGIES: _____

In the event of an emergency you may release my child/ren to the following persons (Name and Phone):

Name _____ Relationship _____ Work # _____ Cell# _____

Name _____ Relationship _____ Work # _____ Cell# _____

Name _____ Relationship _____ Work # _____ Cell# _____

staff only Start Date _____ Date Left _____



FOR YOUTH DEVELOPMENT
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CONSENT FORM

As the parent or authorized representative, I hereby give consent to the Shasta Family YMCA to obtain all emergency medical or dental care prescribed by a duly licensed physician (M.D.) Osteopath (D.O.) or Dentist (D.D.S.) for _____ (Child). This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of the child named above.

Signature of Parent or Authorized Representative Date

Mother's Employer: _____

Employer Phone # _____

Father's Employer: _____

Employer Phone # _____

HEALTH AND DEVELOPMENT HISTORY

My child has the following food and /or medication allergies: _____

My child takes the following prescription medications: _____

Time of day _____ Side Effects _____

Please explain any special needs or disabilities for your child: _____

WAIVER: I hereby agree for myself, my child(ren), my heirs, executors and administrators, to indemnify, defend and hold the Shasta Family YMCA and its officers, directors, board members, employees, volunteers, agents, independent contractors and other participants in the program, harmless from any and all liability and claims with respect to any bodily injury, personal injury or illness, including death, or property damage which may occur to my child(ren) or which may be aggravated by participating in a YMCA program. I take full responsibility for the welfare and safety of my minor children, during Shasta Family YMCA activities. I also agree to abide by the rules of the YMCA in regard to my child being in their camp. The Y reserves the right to dismiss a child for continual behavioral problems. I understand the Shasta Family YMCA carries no medical insurance, and it is expected that I have health insurance to cover any injuries or losses. In case of accident or illness, the Shasta Family YMCA has my permission to secure the necessary medical attention if unable to contact me. I, individually, and on behalf of any minor children, hereby release the Shasta Family YMCA from any claim whatsoever which may arise as a result of any first aid treatment or assistance provided to my child(ren) in connection with any injury that arises from participating in a YMCA activity. I consent to be photographed and to allow the Shasta Family YMCA to use photos taken of me and/or my minor children for promotional purposes. The Shasta Family YMCA Child Care programs are a non-profit child care center. The operation of our program is overseen by the Shasta Family YMCA Board of Directors. For the names and addresses of current members, please contact the Child Care Director.

Child's Name Date

Parent or Guardian Signature Date

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME	DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME	DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?	DATE OF LAST PHYSICAL/MEDICAL EXAMINATION	

DEVELOPMENTAL HISTORY (*For infants and preschool-age children only)

WALKED AT*	MONTHS	BEGAN TALKING AT*	MONTHS	TOILET TRAINING STARTED AT*	MONTHS
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PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
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DAILY ROUTINES (*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*
DIET PATTERN: (What does child usually eat for these meals?)		WHAT ARE USUAL EATING HOURS?
BREAKFAST		BREAKFAST _____
LUNCH		LUNCH _____
DINNER		DINNER _____

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
--------------------	----------------------

IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
WORD USED FOR "BOWEL MOVEMENT"*	WORD USED FOR URINATION*		

PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?*	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)?*	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES CHILD USE ANY SPECIAL DEVICE(S):*	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?*	IF YES, WHAT KIND:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAYCARE PLACEMENT

PARENT'S SIGNATURE	DATE
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**CHILD CARE CENTER
NOTIFICATION OF PARENTS' RIGHTS**

**ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS
(Parent/Authorized Representative Signature Required)**

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Manzanita YMCA Collaborative Preschool

Name of Child Care Center

Signature (Parent/Authorized Representative)

Date

NOTE: *This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.*

For the Department of Justice "Registered Sex Offender" database go to www.meganslaw.ca.gov

(Detach Here - Give Upper Portion to Parents)

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.

Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: Department of Social Services, Community Care Licensing

Licensing Office Address: 520 Cohasset Road, Suite 170, Chico, CA 95926

Licensing Office Telephone #: 530-895-5300

6. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
7. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

YMCA Holiday Camp Policies

YMCA Copy

- 1.) Parents are responsible for informing the Site Director and the Y office of any changes in their child's attendance schedule, address, phone, work, or emergency telephone numbers, etc.
- 2.) There is a 3-day minimum charge per week. Fees apply regardless of absences, illness, etc.
- 3.) **There will be no refund of fees for non-attendance or cancellations.**
- 4.) Credit card automatic draft is required. Payments not honored by the bank for any reason, (NSF, closed accounts, invalid expiration date, referral) will incur a returned payment fee. This is in addition to any fees charged by the bank. Payment will be drafted from your primary form of payment at the time of registration. All fees are due in full 7 days prior to the program start date. Failure to pay by the deadline will result in your child being unable to attend the program.
- 5.) For Third Party Users: I authorize the YMCA to charge my credit card on file for any balances left unpaid by the Third Party Payer selected. I understand that my primary form of payment will automatically be charged on the 25th of each month for any balances left unpaid by the Third Party Payer.
- 6.) The YMCA has the right to initiate legal action for collection of fees or outstanding balances, and the undersigned will be responsible for all cost of collection, including court expenses and reasonable attorney's fees.
- 7.) The YMCA may terminate this agreement if the parent or child becomes disruptive to the center; or if, in the opinion of the Site Director, the child does not progress well in our environment.
- 8.) Year-end tax notices are available upon request. Our tax ID # is 94-1212141.
- 9.) The YMCA reserves the right to adjust fees at any time with a 30 day advance notice to program participants.
- 10.) On Holiday Break days of full-day care (7 a.m. - 6 p.m.) parents must walk their children into the classroom to sign them in upon their arrival. Only authorized adults (must be 18) with identification will be permitted to sign children out upon leaving
- 11.) The center will close promptly at 6:00 p.m. There is a late pick-up fee of \$1 for every 1 minute you are late picking up your child. In the event we cannot reach you or an authorized person by 7:00p.m., the Shasta County Child Protection Agency will be called.
- 12.) Medications can only be given with specific written instructions from a physician. Directions on the bottle must include dosages, times and dates that medication is to be administered. Children cannot attend if they are ill. You must make alternate arrangements for child care.
- 13.) The YMCA staff will act according to his/her best judgment in any emergency requiring medical care. Parents will be notified immediately and are responsible for the cost of all medical care.
- 14.) If deemed necessary for the safety of your child or others, the YMCA staff has permission to restrain and/or physically remove a child from an unsafe situation. Parents will be notified if this circumstance occurred.
- 15.) Photographs or likeness or voice of your child may be used in promotional material such as brochures, newspaper, or radio releases without reimbursement for such photographs or promotions.
- 16.) The Department of Licensing Agency shall have the authority to interview children, or staff, and to inspect the audit child or facility records without prior Notice.
- 17.) I understand that failure to adhere to these conditions will jeopardize continued participation in the program.

WAIVER: I hereby agree for myself, my child(ren), my heirs, executors and administrators, to indemnify, defend and hold the Shasta Family YMCA and its officers, directors, board members, employees, volunteers, agents, independent contractors and other participants in the program, harmless from any and all liability and claims with respect to any bodily injury, personal injury or illness, including death, or property damage which may occur to my child(ren) or which may be aggravated by participating in a YMCA program. I take full responsibility for the welfare and safety of my minor children, during Shasta Family YMCA activities. I also agree to abide by the rules of the YMCA in regard to my child being in their program. The Y reserves the right to dismiss a child for continual behavioral problems. I understand the Shasta Family YMCA carries no medical insurance, and it is expected that I have health insurance to cover any injuries or losses. In case of accident or illness, the Shasta Family YMCA has my permission to secure the necessary medical attention if unable to contact me. I, individually, and on behalf of any minor children, hereby release the Shasta Family YMCA from any claim whatsoever which may arise as a result of any first aid treatment or assistance provided to my child(ren) in connection with any injury that arises from participating in a YMCA activity. I consent to be photographed and to allow the Shasta Family YMCA to use photos taken of me and/or my minor children for promotional purposes. The Shasta Family YMCA Child Care programs are a non-profit child care center. The operation of our program is overseen by the Shasta Family YMCA Board of Directors. For the names and addresses of current members, please contact the Child Care Director.

I have received and understand the YMCA Holiday Camp Policies and the current camp rates.

Child's Name

Parent or Guardian Signature

Date

Staff Signature

Date

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I have received and understand the YMCA Holiday Camp Policies and the current camp rates.

Child's Name

Parent or Guardian Signature

Date

Staff Signature

Date