



**Only** Drop-In childcare center open to the public

**Only** rape and domestic violence program

**Only** warm water pool in Cortland

**Only** pre/post surgery Breast Cancer support group

**Only** mentoring program for at-risk children, ages 5-12

**Only** comprehensive support program for

**YWCA of Cortland**  
14 Clayton Avenue  
Cortland, NY 13045

Phone: (607) 753-9651  
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eliminating racism  
empowering women **ywca**



Summer 2009

Dear Families:

Welcome to the YWCA's Summer Care and Recreation Program. We would like to take this opportunity to again express our heartfelt thanks for allowing the YWCA to be of service to you and your family. Our camps have been designed to provide quality childcare in a safe, stimulating and recreational environment. The activities offered to your child promote growth in physical, social, emotional, cognitive and creative development. Activities are specially tailored for two age groups: 5-7 year olds (children going into Kindergarten- 3rd grades) and 8-12 year olds (children going into 4th -6th grades) depending on the site. Activities include swimming, arts and crafts, music, dance, drama, outdoor play, sports, field trips, team building activities, team based challenges and special events.

The program is scheduled to begin Monday, June 29 and will continue through Friday, August 28. Daily hours are from 6:45 am to 6:00 pm, Monday-Friday, at the YWCA Site and 6:30 am to 6:00 pm at the Randall Site. The YWCA will be closed Friday, July 3rd for the 4th of July holiday.

Please read through the booklet and fill out all of the enrollment forms. Included in the enrollment packet is a **written medication consent form** that needs to be completed in order for your child to use sunscreen at the Summer Camp Program or to receive any type of medication. If your child has any special needs, please contact Brandon Morey to set up a meeting to develop a health plan specific to your child.

The completed enrollment forms should be returned by May 29th to the YWCA along with the first week's enrollment fee, registration fee and current membership as to assure your child's enrollment. The front desk staff cannot accept incomplete enrollment packets. If at anytime you have any questions or concerns, please contact (607) 753-9651 for more information or contact Brandon Morey at [brandonm@cortlandywca.org](mailto:brandonm@cortlandywca.org).

Sincerely,

Brandon Morey, Supervisor  
Summer Care and Recreation  
YWCA & Randall Site

# 2009 SUMMER CARE AND RECREATION ENROLLMENT FORM

Child's Name \_\_\_\_\_ Sex: M F Age \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

Grade Level (Fall): Pre-K \_\_\_\_\_ K \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_ 8 \_\_\_\_\_

Site: YWCA \_\_\_\_\_ Randall \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_ (H) \_\_\_\_\_

Address \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Mother/Guardian's Place of Employment \_\_\_\_\_ (W) \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_ (H) \_\_\_\_\_

Address \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Father/Guardian's Place of Employment \_\_\_\_\_ (W) \_\_\_\_\_

Emergency Person's Name \_\_\_\_\_ (W) \_\_\_\_\_ (H) \_\_\_\_\_

Child's Doctor Name \_\_\_\_\_ (W) \_\_\_\_\_

The following people have permission to pick up my child:

1. \_\_\_\_\_ (W) \_\_\_\_\_ (H) \_\_\_\_\_
2. \_\_\_\_\_ (W) \_\_\_\_\_ (H) \_\_\_\_\_
3. \_\_\_\_\_ (W) \_\_\_\_\_ (H) \_\_\_\_\_

## **MEDICAL/HEALTH PROBLEMS**

Medication: yes \_\_\_\_\_ no \_\_\_\_\_

Allergies: \_\_\_\_\_

Dietary: \_\_\_\_\_

Hearing: \_\_\_\_\_

Speech: \_\_\_\_\_

Sight: \_\_\_\_\_

Special Needs: \_\_\_\_\_

if yes, what? \_\_\_\_\_

**PARENTS MUST SUBMIT A COPY OF SCHOOL MEDICAL RECORDS SHOWING COMPLETE IMMUNIZATIONS OR A COPY OF NEW YORK STATE CERTIFICATE OF IMMUNIZATION AND MEDICAL FORM COMPLETED BY A PHYSICIAN, OR COPY OF SCHOOL PHYSICAL**

My child has permission to participate in all activities sponsored by the YWCA's Summer Care and Recreation Program unless otherwise directed. I/we have read the Summer Care and Recreation information booklet and agree to the policies and procedures described.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Office Use Only

Registration fee _____	Membership expires _____	Site _____
Date/Amount		
Advance payment _____	Receipt# _____	Initials _____
Date/Amount		
DSS _____	Fee Sheet _____	

**ALL FORMS MUST BE COMPLETED AND RETURNED TO THE YWCA WITH FIRST WEEK'S PAYMENT, YWCA MEMBERSHIP AND REGISTRATION FEE BEFORE CHILD(REN) CAN BE ENROLLED. \*PLEASE COMPLETE THE ATTACHED SCHEDULE\***

# Consent for Interview/Photography/Videography

I hereby give consent for my child/ren \_\_\_\_\_

\_\_\_\_\_

to be photographed, videotaped or interviewed by YWCA of Cortland staff, photographers, reporters and technicians as it may engage for special events.

\_\_\_\_\_ at \_\_\_\_\_  
(Date) (YWCA Program)

I also permit the YWCA of Cortland to use the photographs, video/interview for publication or broadcasting. I relieve and hereby agree to hold the YWCA free and harmless from any and all liability arising out of the interviewing or photographing and subsequent publication or broadcasting.

\_\_\_\_\_ (Date) \_\_\_\_\_ (Subject Person)

\_\_\_\_\_ (Date) \_\_\_\_\_ (Parent or guardian)

\_\_\_\_\_ (Date) \_\_\_\_\_ (Witness)

**Effective Until Cancelled by Parent in Writing**

## CHILD CARE QUESTIONNAIRE

CHILD NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

NICKNAME \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_ PROFESSION \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_ PROFESSION \_\_\_\_\_

FAMILY INTERESTS, HOBBIES \_\_\_\_\_

\_\_\_\_\_

SIBLINGS (NAME/AGE) \_\_\_\_\_

CHILD'S INTERESTS \_\_\_\_\_

CHILD'S FEARS \_\_\_\_\_

SPECIAL NEEDS \_\_\_\_\_

In keeping with the YWCA Child Care's program goals and philosophy, this information will be used to support and empower families by gaining respect of self and others through multicultural, anti-bias, non-sexist programming.

# RESERVATION SCHEDULE AND PARENT CONTRACT

Child's Name \_\_\_\_\_ will be enrolled in the YWCA's Summer Care and Recreation Program at the \_\_\_\_\_ site. I understand that I/we will pay each week, by Friday of the previous week. Payments are to be made at the YWCA. If my/our child does not attend, I/we will forfeit this advance payment. A two-week written notification of a schedule change is required. This must be in written form, dated and given to the Summer Care and Recreation Supervisor. **If a two-week notice is not received, payment for reserved days must be made. The YWCA will not pro-rate payment for illnesses of less than 1 week.**

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

\*\*\*\*\*

To best facilitate YWCA scheduling and to reserve a spot for your child, please indicate the weeks, days and times you want **reserved** for your child. "Times" indicates approximate drop-off and pick-up times. Half days begin or end at 12 noon. If your child is not regularly scheduled for Fridays and he/she would like to attend a fieldtrip; payment for the day as well as fieldtrip cost is required.

WEEKS	DAYS	TIMES - BE SPECIFIC
Week #1 June 29-July 2		
Week #2 July 6- July 10		
Week #3 July 13 -July 17		
Week #4 July 20-July 24		
Week #5 July 27-July 31		
Week #6 August 3 - August 7		
Week #7 August 10-August 14		
Week #8 August 17 -August 21		
Week #9 August 24- August 28		

**August 31th - September 4nd YWCA IS CLOSED**

School starts September 9th  
**COPY TO PARENT – PLEASE NOTIFY YWCA OF ANY CHANGES**

**YWCA SUMMER CARE & RECREATION**

**Agreement for Parents with Payments Covered by an Outside Agency Subsidies and/or Grant Money**

I, \_\_\_\_\_ agree to the following:  
(Parent/Guardian)

- 1.A) I will make certain that all required paperwork is turned in to the agency making School Age payments and receive verbal confirmation that all paperwork has been received by that agency.
- B.) I will inform the agency that the YWCA School Age Program requires a written confirmation letter.
- 2.) I understand that the YWCA requires a current membership, paid yearly.  
(Membership is not covered by most DSS Dept.)
- 3.) I understand that there is a \$5.00 registration fee per child for each YWCA program. (Registration is not covered by most DSS Departments.)
- 4.) I understand that I must give a **two week written notice**, if I decided to discontinue using the School Age program. If notice is not given, payment is expected for that two-week period. Emergency situations such as loss, or a long term illness requires a written request for waiver of the two-week fee.
- 5.) I will give two-week written notice to the school age supervisor in order to change my child's schedule.
- 6.) If using Department of Social Services subsidy money, I understand that my child will only be allowed twelve paid absent days per three month period. ***DSS requires the parent to pay the YWCA for absent days over twelve.***
- 7.) I will pay any parent fees assigned to me by DSS on a weekly basis. Payments are due Friday a week before care. I understand that there is a \$5.00 per week late payment fee. I will inform the school age supervisor, if I will be paying my parent fee to my other day care provider who has been approved through DSS.
- 8.) If the outside agency discontinues payment, I understand that if I continue sending my child to the program, I am responsible for the weekly payments.
- 9.) I will inform the agency and the YWCA of job or other changes that affect the availability of agency funding.
- 10.) I understand I must also sign and comply with the school age parent agreement and handbook.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Age Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**ENROLLMENT PAPERWORK CHECK LIST**

- |   |   |
|---|---|
| 1. Enrollment Form & pick-up Authorization ___                    | 7. Signed Reservation Schedule ___              |
| 2. Emergency Authorization ___                                    | 8. Daycare Subsidy Agreement ___                |
| 3. Video/Photo Release ___  | 9. CACFP Form ___                               |
| 4. Medical Report Form (if physical is not on file at school) ___ | 10. <u>Signed Parent Handbook Agreement</u> ___ |
| 5. Medication Consent Form (Sunscreen and other medications) ___  | 11. Positive Behavior Agreement ___             |
| 6. Child Questionnaire ___  |   |

**\*For medication other than sunscreen an appointment with a supervisor is required.**

**ALL FORMS MUST BE FILLED OUT COMPLETELY. PAYMENT MUST BE SUBMITTED TO THE YWCA TO FINALIZE ENROLLMENT**

**YWCA SUMMER CARE AND RECREATION**  
**PARENT HANDBOOK AGREEMENT**

NAME OF CHILD (REN)

\_\_\_\_\_

DATE OF ENROLLMENT

\_\_\_\_\_

I acknowledge by my signature below that

- I \_\_\_\_\_ have read the rules and policies of the Parent Handbook, understand them, and agree to comply with them.
- I understand that failure to comply with these rules and policies may result in the termination of services to my child (ren).
- It is my further understanding that the YWCA reserves the right to change the policies contained in the handbook at anytime, with 30 days notice to parents.
- By signing this agreement for enrollment, I have also completed the enrollment forms and made necessary payments to secure my child's enrollment in the YWCA Summer Camp Program.

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

\_\_\_\_\_  
Date

(Needs parent signature every summer.)

# *“Island Adventure”*

## *YWCA Summer Camp 2009*

*This summer campers will take a journey of the YWCA of Cortland Island. This theme will provide recreational opportunities such as playing at the park, indoor and outdoor swimming, sports, goal-oriented / teambuilding challenges, hiking, arts and crafts and much, much more! The children will partake in weekly teambuilding challenges that will create and maintain self-esteem, unity and confidence within themselves and their fellow campers.*

### **Week One: 6/29-7/2: Ship Wreck!**

No Field trip

You have ended up stranded on a deserted island with just your wits and your fellow campers. For the next few weeks your only mission is to make it until the rescue boats come...are you up to it?

### **Week Two: 7/6-7/10: Gather Your Supplies!**

Field Trip: Fillmore Glen

First things first, you have to see what you need to make it on this mysterious island. With your island tribe you are going to have to work together to gather all the necessary items needed to get by. You are going to have to work as a team in various challenges and activities to gather all your provisions...this is your first step to making it off the island!!

### **Week Three: 7/13 -7/17: Island Oasis!**

Field Trip: Greenwood State Park

You have stumbled upon a fantastic oasis on this deserted island! Sit back and enjoy your time here and all the wet and wild activities that you and your island tribe can enjoy while you're here!

### **Week Four: 7/20-7/24: Get Lost in Nature!**

Field Trip: Rosamond Gifford Zoo

Now it is time to move around this island and venture into nature. You will get to explore nature and see what kind of plant life and wildlife that occupy this deserted island. So grab your binoculars and water bottles and start becoming one with nature!

### **Week Five: 7/27-7/31: Nocturnal Travelers!**

Field Trip: Bowling at Cort-Lanes

This week is going to require you to rely on all of your senses to get to the next point on the YWCA deserted island. Work with your island tribe to play games and complete challenges that will hone your senses and that may require more than just using your eyes!!

### **Week Six: 8/3-8/7: Captured!**

Field Trip: TBA

The island has been over run by Pirates and have taken us captive. We must now complete tasks and challenges in order for these Pirates to set us free. Getting free means your better, smarter and faster than those swashbuckling pirates and it means you are one step closer to the voyage home!!

### **Week Seven: 8/10-8/14: Monsoon Week!**

Field Trip: Taughannock Falls

Welcome to monsoon season!! This week will get you soaked to the bones with games and challenges for you and your island tribe. Make sure you have a nice towel because your going to need it everyday!!

### **Week Eight: 8/17-8/21: Island Games!**

Field Trip: Little York Park

Rescue is right around the corner and you might as well pass the time with some friendly island games. As a tribe show what you have worked for and achieved since you got on this island and participate in some friendly and fun island games where everyone is the winner!!

### **Week Nine: 8/24-8/28: The Voyage Home!**

No Field Trip

Well this is it...all of your hard work has paid off and the rescue boats have finally arrived. Nothing left to do but enjoy and reminisce about the summer that just passed and enjoy some of our favorite games and activities from the island!! On the final day before we all leave the island we will enjoy a fun Island Luau with our fellow campers!

## YWCA Summer Camp Positive Behavior Agreement

The YWCA Summer Camp Program makes every effort to develop respectful, self-motivated and caring children who in turn try to role model for their peers these same positive behaviors and values. This behavior agreement is a guideline to help ensure that we are all working towards the same goal.

Please read and discuss this with your child before you both sign.

1. I agree to use kind touches towards all my peers.
2. I agree to find an adult to help me solve my problems, if I can't do it on my own.
3. I agree to use kind words towards others, even if I don't understand their differences.
4. I agree to help keep my environment clean, neat and safe with the help of the adults in my room.
5. I agree to listen to all adults when asked to correct my behavior I agree to do it.
6. I agree that if it isn't mine, I will give it to an adult to find the rightful owner.

**\*\*\* In keeping with our policy of zero tolerance for physical violence I agree that if I can't follow these goals and values, I may be suspended or dismissed from the program. If I intentionally hurt one of my peers, I understand that I will be suspended from the Summer Camp Program for a day. Additional acts of violence may result in my dismissal from the program.**

Child Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_