



YMCA CAMP MICHIKAMAU

YMCA OF Greater Bergen County
360 Main Street
Hackensack, NJ 07601

Dear Parent /Guardian:

Congratulations and thank you for choosing the finest in residential camping for your child. Here at Camp Michikamau we pride ourselves in providing a program that is high in quality, fits your child's needs and interests and your budget. My staff and I are looking forward to working with your child to provide them with the best summer of their lives.

In order to provide you and your child the best experience it is important that you read through this entire packet. This packet contains:

General Information about Camp Michikamau
Camper Personal Information Sheet
Doctor's Examination Form
Pick Up Form

Please note that the Camper Information Sheet, Medical form and the Pick Up form **MUST** be turned in **2 weeks prior** to your child's first day of camp. You can mail or drop off the forms at: YMCA Camp Michikamau, 360 Main Street, Hackensack, NJ 07601.

You and your family are invited and encouraged to attend any of our informational Open Houses. During these sessions you can meet year round staff and have all your questions answered. You are also invited to attend our Camp Family Day in June to get a first hand experience of what your child will be doing this summer. More information is contained in this packet.

If you have any questions or concerns feel free to call me at **201-487-6600 ext. 226**. We know that you have many choices in residential camps for your child, so thank you for choosing the YMCA.

See you this summer!

Darcie Vallant
Director of Camping Services



YMCA Camp Michikamau General Information

Camp Open House Dates at the YMCA 7:30pm-8:30pm

April 15, 2010
May 26, 2010

Camp Family Day Camp Michikamau June 27, 2010 1-4pm

The Family Open House is a perfect chance for you to experience camp with your child. You can tour the facility, meet staff and participate with your child in some fun activities including: swimming, boating, arts and crafts and much more! Do you have a friend that is considering camp for their child? Bring them along as well.

Directions to Camp Michikamau

Take Route 17 North to Sloatsburg, New York. At the second traffic light in Sloatsburg, turn right onto Seven Lakes Drive. Proceed approximately 6 miles until you come to the Kanawauke Traffic Circle. Go $\frac{3}{4}$ of the way around the circle to Route 106 West. Proceed $\frac{1}{10}$ of a mile on Route 106 West. On your left will be a parking lot and picnic area. Immediately past and adjacent to the parking lot is the camp road. Turn left onto this road and go $\frac{7}{10}$ of a mile until you come to Camp Michikamau. Use caution, as you will go through Day Camp Kahagon on your way to Camp Michikamau.

Alternate Directions

Take the Palisades Interstate Parkway to Exit 14. Turn left and proceed on Route 106 West past Lake Welch to the Kanawauke Traffic Circle. Go directly across the circle and continue $\frac{1}{10}$ of a mile more on Route 106 West. On your left will be a parking lot and picnic area. Immediately past and adjacent to the parking lot is the camp road. Turn left onto this road and go $\frac{7}{10}$ of a mile until you come to Camp Michikamau. Use caution, as you will go through Day Camp Kahagon on your way to Camp Michikamau.

Please use care when traveling on the camp road. It is a one lane, two way road.

Medical Packet

Attached is a medical packet. All campers must have their completed packet submitted to the YMCA **2 weeks prior** to the first day of your child's session. It is important for us to understand your child's medical and behavioral needs. We want our staff as prepared as possible to ensure your child's safety and to provide them with the best experience possible. No child will be allowed at camp without a completed medical packet. You can also download the packet at www.ymcagbc.org.

Medication (Prescription and Non-prescription)

All medications must be in their original container with the information clearly labeled on the container. All medication must be prescribed in writing by the physician either on the health form or dated prescription order. This must include the dosage and schedule. If this is a prescription drug, the doctors' orders must be the same as on the label of medication container. We can only follow the physician's written order. All medication (prescription or non-prescription) must be handed in at the check in table.

Illness & Emergency Treatment

Camper health and safety are an important part of our camp operation. If your child has a serious accident or illness, requires medical treatment by a doctor or requires more than 24 hours of confinement in our infirmary, you will be notified immediately. The services of a physician are available at Good Samaritan Hospital located in Suffern, NY (less than 20 miles from camp), or you may want to make arrangements with your family physician. We will make the

necessary travel arrangements to Good Samaritan and implement follow up care in our infirmary at no additional cost. However, medical expenses incurred (doctor, hospital, prescriptions, etc.) are your responsibility. Please be sure to provide the necessary information on the medical form.

Drop off and Pick up Policy

In order to ensure the safety of your child we will be implementing a new Drop off and Pick up Policy. All campers must be signed in when you drop your child off and out when you pick your child up at either Parent's Night or at the YMCA. No child will be allowed on the bus without being signed in. You will notice that part of the required Medical Packet is a Pick up form. You will need to list **anyone** that may be picking up your child from camp on this form. Counselors will be checking identification to verify the adult, therefore please remember to have your picture I.D. ready. Your child will not be allowed to go home with anyone who is not on the list. If you need to add anyone to the list please see the Director.

On the first day of the session check in for Camp Michikamau will begin at **9 AM** in the Youth Lobby. The buses will leave at **9:45 AM** sharp. All campers must be checked in by a parent or guardian.

Visiting Camp & Parents' Night

Please do not visit campers during the camp session. We believe your child will have a better total camp experience if left with peers and staff the entire session. **HOWEVER**, there is a break between each session. **We would encourage all our parents to attend Parent's Night.** This is held on the last Friday evening of each session. At this time you will be able to meet your child's counselor, tour the facility and receive highlights of the session. At the conclusion of this **important** program, we ask that you take your child home. (A separate letter will be mailed to you with further information concerning parent's night after your child arrives at camp). If you do not attend parent's night, your child will arrive at the YMCA the next morning at approximately **10 AM**.

Discipline Policy

To ensure that all children have a good experience during camp, it is expected that each child be courteous and respectful of fellow participants and the staff. Our discipline policy includes verbal warnings, time outs and consultation with parents. A continuous pattern of negative behavior or any major incident is cause for removing a child from the camp with no refund. The YMCA staff will do everything possible to make your child's experience safe and enjoyable. Your cooperation and involvement is important to the success of camp.

Group Assignments & Requests

The Camp leaders will assign children to their groups based on their age and sex. Part of the camp experience is learning to make new friends, so if you are sending more than one child to the same camp, we suggest they not be in the same group. When two campers mutually request to be together, we will do our best to fulfill the request. **(There is a section on the medical form for these requests).** We try to avoid grouping more than 2 friends together to prevent cliques from forming. Children should not come to camp expecting to be in a particular unit, since the makeup of each unit changes from year to year and session to session.

Lost and Found

Please allow time to check your camper's belongings on their return. We do our best to locate and return items that are left behind. Marking items with your child's name will help this process. We do not return items such as socks and underwear. We do bring unclaimed items to the YMCA at the end of each session. The YMCA will keep items for one week following the end of each session. The camp is not responsible for damage, theft or loss of personal items brought to camp.

Camp Store

All campers are given \$10 in their camp store account by the YMCA. If you would like your child to have more, you may deposit money into their account at the Welcome Center at the YMCA on the first day. Campers draw on this account for snacks and other camp items. **Unspent money is non refundable**, so in order for you to make an accurate estimate of how much to place in your child's account, a list of items and their costs are below:

Snacks \$.50-\$1.50	Logo Water Bottle \$3	T-shirts \$8-\$15	Hoodie Sweatshirt \$25
Juice Beverage \$1.00-\$1.75	Logo Pencil/Pens \$.50-\$1.00	Logo Frisbee \$4	Baseball Hats \$10
Key chains \$2.00			

Laundry

Please send a bag with your child's name on it for him/her to keep their dirty laundry separate from clean clothes. **We do not offer laundry services;** therefore please make sure your child has enough clothes to last the entire session.

Birthdays

We will be happy to recognize your child's birthday if it falls while they are in camp. Let the camp office know so that we may celebrate.

Mail

Campers love getting mail and postcards. Write often but don't dwell on home problems, favorite pets or how much everybody misses them. When you write be cheerful and newsy. Address mail as follows:

Campers Name
Camp Michikamau Site K-5
915 Rt. 106
Bear Mountain NY 10911

All mail will be delivered by the evening meal each day. Your camper will be encouraged to write home, but do not expect to get many letters. Please allow four days for a letter to travel in either direction. We suggest you pre-stamp and address several envelopes or postcards for relatives and friends.

Prefer to EMAIL? You can send Email to campmichikamau@ymcagbc.org. Please place child's name in Subject Line. All emails will be delivered daily.

Packages

Please do not mail food in any packages. Campers do love to receive letters and packages from home; when sending a package, magazines, comics, word finds and other items your child is interested in are encouraged. Packages with food, though intended to please, are a major problem for us. Food in the cabins attracts insects and animals. To help us do our job, please **DO NOT SEND FOOD**.

Telephone Calls

Campers are not allowed to make or receive phone calls. If you need to get a message to them, we ask that you write them. If it is an urgent message you can contact the YMCA Welcome Center at any time (201-487-6600). They will contact the camp. If your child is having a problem, is ill or needs to get an urgent message to you, the camp staff will call you.

Preparing For Camp

Children are encouraged to develop a sense of responsibility while at camp. Under counselor supervision, they take care of themselves and their belongings. Therefore, we encourage you to let them get their own items together. Let your child help with the packing and don't worry too much about neatness. One of the greatest things your child will learn from this camping experience is the ability to care for oneself. Keep a positive attitude about your decision in sending your child to camp and concentrate on all the new and positive experiences he or she will have. Enclosed is a *suggested* packing list to help guide you.

Do Not Bring

Do not bring radios, personal listening devices, cell phones, computers, knives, wheelie shoes, electronic games, food of any kind or any inappropriate items or clothing to camp. *Items such as these will be collected and held for the duration of the session. They will be returned on the last day.* Please Note: We do not allow open toed shoes or flip-flops because of our rocky terrain.

A Special Message for 1st Time Campers

A first time camper may experience homesickness while at camp. We ask for both your cooperation and assistance in dealing with homesickness to ultimately ensure a very positive camping experience.

At departure from home, do not make a fuss or suggest homesickness, but rather be positive with your remarks and talk about all the activities they will experience. Please remember that camp staff is trained to anticipate this type of anxiety in children and work very patiently with them. A child allowed to conquer these feelings will return home from camp a more self-reliant and mature person.

Health Inspection Report

Camp Michikamau is licensed by the New York State Department of Health. The camp is inspected twice yearly; once before and once during the camping season. The reports of these inspections are on file at:

Orange County New York
Department of Health
124 Main Street
Goshen, NY 10924-2199

Programs

Sample Daily Schedule

7:30	Wake Up
8:00	Flag
8:15	Breakfast
8:45	Cabin Clean-up/Camp Duty
9:15-10:30	Cabin Activity
10:45-12:00	Open Activities/Camp Store
12:00-12:30	Lunch
12:30-1:30	Siesta
1:30-2:30	1 st Activity
2:30-3:30	2 nd Activity
3:30-4:30	3 rd Activity
4:30-5:45	Open Activities/Camp Store
5:45	Flag
6:00	Dinner
7:30	All Camp Activity
9:00	Taps/Cabin Chat

CAMP MICHIKAMAU PACKING LIST

Camping Equipment Belonging To: _____

Put this list in the top of the duffle bag or suitcase before the camper leaves for Camp Michikamau. As you pack, enter the number of items packed in the left column. When the camper packs to return home, enter the items in a similar fashion in the right column and thus discover early if something is left behind.

Going	Returning	Item Name
		Bedding
_____	_____	A good sleeping bag or two blankets
_____	_____	Pillow, pillow case(s) and sheets
		Clothing
_____	_____	Socks – sufficient for length of stay
_____	_____	Hiking shoes – comfortable and well built
_____	_____	Sneakers
_____	_____	Underwear – sufficient for length of stay
_____	_____	Shorts for warm weather – sufficient for length of stay
_____	_____	Jeans/Pants – sufficient for length of stay
_____	_____	Heavy sweater or jacket – for cool evenings
_____	_____	Tee shirts – sufficient for length of stay
_____	_____	Swim suits – 2
_____	_____	Raincoat or poncho
_____	_____	Cap or hat with visor – for hikes
_____	_____	Sleepwear
_____	_____	Pair of sunglasses
		Personal Effects
_____	_____	Flashlight with batteries
_____	_____	Toothbrush and tooth paste
_____	_____	Comb and/or brush
_____	_____	Towels – at least 3
_____	_____	Soap with case
_____	_____	Canteen/Water bottle
_____	_____	Backpack for overnight hikes
_____	_____	Sunscreen and Bug Repellent (no aerosol)
		Miscellaneous
_____	_____	Camera and film
_____	_____	Stamped, self addressed envelopes or postcards
_____	_____	_____
_____	_____	_____

Please do NOT send:

Food of any kind, MP3 players, DVD players, sheath knives, axes, electrical or battery operated appliances. Please label child's belongings with their name. This will greatly help us in handing back lost and found.



2010 YMCA CAMP MICHIKAMAU CAMPER FORM

This side is to be completed by a Parent or Guardian. The medical form is due **2 weeks prior** to your child's session. No child will be permitted on the bus without a proper medical form.

Personal History

Camper Information

Last Name _____ First _____ Middle _____

Address: _____ Town _____ State _____ Zip _____

Birth Date _____ Age _____ Sex _____

Name of Parent/Guardian(s) _____

Phone: Guardian 1 Day _____ Evening _____ Email _____

Guardian 2 Day _____ Evening _____ Email _____

Emergency Contact

Name _____ Relationship _____ Phone _____

Cell Phone _____

If you would like you child to be in the same group as another child, please list their name here and session attending (requests will be filled when possible): _____

Medical History

Please list any medical issues including emotional and/or behavioral issues your child may have in order to allow our staff to provide the best possible experience for your child.

Does your child have any Special Dietary Needs? *All meals are served family style. If your child has a special need or restriction, medical or religious, please contact the Camping Department to discuss if it is possible to meet those needs.*

Operations, Injuries and Chronic Recurring Illness

Health Insurance Information

Health Insurance Plan _____ Account Number _____

Parent's Social Security Number _____

Parent's Authorization

I hereby give my son/daughter permission to be transported to the campsite in Harriman State Park, New York State and back to the YMCA on a contracted school bus. I also give my son/daughter permission to participate in all supervised camp activities, off-site trips and expeditions, except as noted here:

Also: This health history is correct so far as I know and the person herein described has permission to engage in all camp activities, except as noted by me and the examining physician. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child named above. The YMCA does not carry sickness and accident insurance for its campers. Coverage is based on individual charges as determined by the insurance carrier.

By initializing this section I agree that photos of my child may be used in YMCA publications and advertising _____

Signature of Parent or Guardian

Date

Child's Name _____



YMCA CAMP MICHIKAMAU DOCTOR'S EXAMINATION FORM
This side must be completed and signed by a licensed physician.

This examination must have been performed within the 12 month period before arrival at camp. An examination for some other purpose within this period is acceptable. This examination is to determine fitness to engage in strenuous camp activities.

Height _____ Weight _____ BP _____ Hgb. Test _____

Urinalysis Eyes Nose Throat
 Teeth Heart Lungs Abdomen
 Hernia Posture Skin Spine
 Extremities Allergies _____

Code: S – Satisfactory **X** – Not Satisfactory **O** – Not Examined

Explain if not satisfactory: _____

Health History

Enter the dates of the last immunization for the following:

This information is required by law.

DTP _____ Last Tetanus Booster _____ MMR _____ Hepatitis B _____

Polio _____ Varicella (chickenpox) _____ Haemophilus Influenza Type B _____

Allergies: Check if child reacts to any of the following and explain below:

Poison Ivy Insect Stings Penicillin Foods
 Other Allergies _____

Explain checked allergies: _____

Recommendations and restrictions while at Camp Michikamau:

Special Medicine (name) _____ Is parent sending? _____

Swimming, Diving _____

Strenuous Activity _____

Other _____

I have examined the boy/girl herein described and have reviewed his/her health history. It is my opinion that he/she is physically able to engage in camp activities except as noted above.

Examining Physician

Address _____
Street City State Zip

Telephone _____ Date _____
Area Code and Number

2010 Meningitis Vaccination Response Form

Dear Parent,

This summer, the New York State Health Department is requiring all overnight camps provide the form found on the bottom of this page for each camper during our routine yearly inspection. We ask your cooperation in filling out this form.

What is the concern? The New York State Health Department is concerned with the increase in meningococcal meningitis cases in 15 to 24 year olds. Currently there are about 3000 cases nationwide each year. The Health Department would like to make all parents aware that there is currently a vaccine available that provides protection against the bacteria which causes meningococcal meningitis in approximately 2/3 of all reported cases.

The new law requires your response to the form below. It is our belief that you should discuss the benefits of the vaccine with your *child's physician and or professional health care provider* and then make an informed decision concerning your child's immunization. If your child's physician does not provide the meningococcal meningitis vaccine called Menomune™, then you may locate a provider at: www.meningitisvaccine.com

If you would like to learn more about meningitis on your own, the Centers for Disease Control and Prevention have information available at: www.cdc.gov/ncid/dbmd/diseaseinfo

Check One Line and Sign Below.

My child has had the meningococcal meningitis immunization (Menomune™) within the past 10 years.
Date received: _____

[Note: The vaccine's protection lasts for approximately 3 to 5 years. Revaccination may be considered within 3-5 years.]

I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that my child will not obtain immunization against meningococcal meningitis disease.

Camper's Name: _____ Date: _____

Mailing Address:

Street

City

Zip