



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

# **YMCA CAMP MICHIKAMAU**

## **Parent Pack 2011**

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.

The YMCA of Greater Bergen County camps are an exciting, safe community for young people to explore the outdoors, build self-esteem, develop interpersonal skills and make lasting friendships and memories. Each of our traditional, back to basics summer camps promote the Y's core values of Caring, Respect, Responsibility and Honesty.

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 Medical Information Sheet**  
**Doctor's Examination Form**  
**Meningitis Vaccination 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 of Greater Bergen County, Attn: 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. 205** or **e-mail me at [swilson@ymcagbc.org](mailto:swilson@ymcagbc.org)**. We know that you have many choices in residential camps for your child, so I thank you for choosing the YMCA.

See you this summer!

Stephanie Wilson  
Camp and Teen Director

**YMCA of Greater Bergen County**, 360 Main Street, Hackensack, NJ 07601

# CAMP MICHIKAMAU GENERAL INFORMATION

## CAMP OPEN HOUSE

To find out more about all of our camps, attend a camp presentation at the Y March 15 and April 14 at 7:00 pm. Meet the camp directors, ask questions and watch a slide show that will introduce you to camp.

## CAMP FAMILY DAY

**Come and experience camp with the whole family!** 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.

Sunday, June 12, 2011 from 1:00 to 4:00 pm

## VISITING CAMP AND PARENT'S NIGHT

We believe your child will have a better total camp experience if left with peers and staff the entire session to learn, grow and thrive. There fore we do not encourage visits during the camp session. However, there is a break between each session and **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.**

## 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.**

## 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. 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. Address mail as follows:

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

Prefer to EMAIL? You can send Email to [campmichikamau@ymcagbc.org](mailto: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.

## 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](http://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 all campers must be signed in when they are dropped off and signed out when they are picked up (Including Parent's Night). 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.

## 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 AND 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          | Logo Pencil/Pens  | \$.50-\$1.00 | Baseball Hats | \$10     |
| Juice Beverage    | \$1.00-\$1.75 | Logo Frisbee      | \$4          | 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.

## 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 FIRST 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

## **SAMPLE DAILY SCHEDULE**

|         |   |
|---------|---|
| 8:00am  | Flag/Line Up                                    |
| 8:15am  | Breakfast                                       |
| 8:45am  | Cabin Clean Up                                  |
| 10:00am | Activity 1                                      |
| 11:00am | Activity 2 (Swim Lessons for 8-10 year olds)    |
| 12:00pm | Line Up   |
| 12:15pm | Lunch   |
| 1:00pm  | Siesta/Camp Store/Cabin Time                    |
| 2:30pm  | Activity 3 (Swim Lessons Boys 11-15 years old)  |
| 3:30pm  | Activity 4 (Swim Lessons Girls 11-15 years old) |
| 4:30pm  | Free Activity/Camp Store                        |
| 5:30pm  | Cabins to change for dinner                     |
| 6:00pm  | Flag/Line Up                                    |
| 6:15pm  | Dinner  |
| 7:30pm  | Evening Activity                                |
| 9:00pm  | 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   |
|-------|-----------|---|
| _____ | _____     | <b>Bedding</b>  |
| _____ | _____     | A good sleeping bag or two blankets                     |
|       |           | Pillow, pillow case(s) and sheets                       |
|       |           | <b>Clothing</b>   |
| _____ | _____     | 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                                      |
|       |           | <b>Personal Effects</b>                                 |
| _____ | _____     | 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)                |
|       |           | <b>Miscellaneous</b>                                    |
| _____ | _____     | 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.

# MEDICAL INFORMATION 2011

## YMCA OF GREATER BERGEN COUNTY

### CAMP ATTENDING (PLEASE CHECK ONE)

|                           |       |              |       |
|---------------------------|-------|--------------|-------|
| Kahagon Day Camp          | _____ | Session(s) # | _____ |
| Oratam Day Camp           | _____ | Session(s) # | _____ |
| TeenVenture Day Camp      | _____ | Session(s) # | _____ |
| Michikamau Sleepaway Camp | _____ | Session(s) # | _____ |
| CIT Sleepaway Camp        | _____ | Session(s) # | _____ |

Pages 1 and 2 are 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 \_\_\_\_\_

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

Relationship \_\_\_\_\_

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

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

Relationship \_\_\_\_\_

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

#### Emergency Contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

#### Health Insurance Information

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Subscriber Name \_\_\_\_\_ Insurance Company Phone # \_\_\_\_\_

#### Parent's Authorization (Signature Required or Child will NOT be able to attend Camp)

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 each day 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: \_\_\_\_\_

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.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Child's Name: \_\_\_\_\_

**Medical History**

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

- Poison Ivy
- Insect Stings
- Penicillin
- Foods
- Other Drugs (specify) \_\_\_\_\_
- Other (specify) \_\_\_\_\_

Explain checked allergies:

\_\_\_\_\_

Please list any medical issues including emotional and/or behavioral issues your child may have

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

Does your child have any Special Dietary Needs?

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

Operations, Injuries and Chronic Recurring Illness

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

**Immunization History**

Enter the dates of the last immunization for the following:

**This information is required by law.**

- |                              |  |
|------------------------------|--|
| Diphtheria/DTP               | Month/Year _____                                     |
| Last Tetanus Booster         | Month/Year _____                                     |
| MMR                          | Month/Year _____                                     |
| Hepatitis B                  | Month/Year _____                                     |
| Polio                        | Month/Year _____                                     |
| Varicella (chickenpox)       | Month/Year _____                                     |
| Haemophilus Influenza Type B | Month/Year _____                                     |
| TB Mantoux Test:             | Month/Year _____ Result (positive or negative) _____ |

**Medications**

The following non-prescription medications may be stocked in the Camp Health Center and are used on an **as needed basis** to manage illness and injury.

**Cross out those the camper should NOT be given**

- |   |   |
|---|---|
| Acetaminophen (Tylenol)                                   | Ibuprofen (Advil, Motrin)               |
| Phenylephrine decongestant (Sudafed PE)                   | Pseudoephedrine decongestant (Sudafed)  |
| Antihistamine/Allergy medicine                            | Guaifenesin cough syrup (Robitussin DM) |
| Diphenhydramine antihistamine/allergy medicine (Benadryl) | Generic cough drops                     |
| Calamine lotion   | Antibiotic cream                        |
| Laxatives (ex-lax)  | Bismuth subsalicylate (Pepto-Bismol)    |

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Child's Name: \_\_\_\_\_

**DOCTOR'S EXAMINATION FORM**

**This page must be completed and signed by a licensed physician.**

This examination must have been performed within the 12 month period before camp. An examination for some other purpose within this period is acceptable.

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: \_\_\_\_\_  
\_\_\_\_\_

The applicant is under the care of a physician for the following conditions(s): \_\_\_\_\_  
\_\_\_\_\_

**All medications must be received in their original containers.**

**Please include ALL prescription and non-prescription medications child will take at camp (if "as needed" please put as needed in Time Taken)**

Drug Name \_\_\_\_\_ Time(s) Taken \_\_\_\_\_ Dosage \_\_\_\_\_  
Liquid/Pill

Drug Name \_\_\_\_\_ Time(s) Taken \_\_\_\_\_ Dosage \_\_\_\_\_  
Liquid/Pill

Drug Name \_\_\_\_\_ Time(s) Taken \_\_\_\_\_ Dosage \_\_\_\_\_  
Liquid/Pill

Drug Name \_\_\_\_\_ Time(s) Taken \_\_\_\_\_ Dosage \_\_\_\_\_  
Liquid/Pill

In my opinion, the above applicant \_\_\_\_\_ is \_\_\_\_\_ is not able to participate in an active camp program  
If not, describe any limitations \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Examining Physician's Signature**                      **Examining Physician's Name**                      **Date**

**Address:** \_\_\_\_\_  
Street                      City                      State                      Zip

**Phone:** \_\_\_\_\_ (      ) \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent or Guardian (for Medications)**                      **Date**

# 2011 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](http://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](http://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: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_ Street

\_\_\_\_\_ City

\_\_\_\_\_ Zip

# YMCA CAMP MICHIKAMAU PICK-UP FORM

Please list all the possible people that may pick up your child. Please make them aware that YMCA staff will be checking I.D.'s to ensure your child's safety. The YMCA **will not** allow your child to go home with anyone not on this list. Thank you.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## SUNSCREEN/INSECT REPELLENT PERMISSION

I give permission for my child to self-apply sunscreen/insect repellent that I have provided. YMCA staff will supervise children during this process.

I will apply sunscreen/insect repellent to my child before arriving.

**YES      NO**

I give permission for YMCA staff to apply sunscreen/insect repellent that I have provided to my child.

**YES      NO**

## GROUP/CABIN REQUEST

I would like my child to be in the same group or cabin with

\_\_\_\_\_   
 This is a request. No guarantees can be made your child will be placed with the above named child.



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## OUR COMMITMENT...CREATING A CHILD SAFE ENVIRONMENT

YMCA of Greater Bergen County

### YMCA and Youth

The YMCA of Greater Bergen County has approximately 3,800 youth members. We offer the following child care programs.

- Childcare for 2 to 5 year olds
- Summer Camp 5-17 years
- School Age Grades K-6
- Healthy Living and Sports Programs 1-17 years

### YMCA Child Safe Policy

#### Our Staff

The YMCA has more than 100 staff members and volunteers working with youth in the many programs we offer.

#### Our Screening

To keep children in our programs safe we take the following steps in our intensive screening of employees and volunteers:

- Detailed application forms
- Comprehensive interview process
- Reference Checks
- Criminal background record checks and/or fingerprinting

#### Our Training

Employees complete a child protection training program. Supervisors and managers complete additional training to further promote a child-safe environment. All staff members are mandated to report any suspected child abuse.

#### Our Policies

- Staff members and Volunteers are prohibited from working one-on-one with youth outside of the YMCA (i.e. babysitting).
- Staff members and Volunteers are prohibited from 'friending' youth on social networks.
- Staff members and Volunteers are prohibited from transporting youth in non-YMCA authorized vehicles or during non-program times.

Policies exist to ensure staff and volunteers are not alone with a child. Child abusers can be parents, caretakers, friends, neighbors, or anyone who comes in contact with your child-even other youth. It takes everyone's help to stop the cycle of abuse.

### Information About Abuse

The YMCA wants all children to be safe. Unfortunately, child abuse does exist, taking many forms.

**Emotional:** Threatening a child or using words that can hurt a child's feelings and self esteem; withholding love and support from a child.

**Physical:** Causing injuries to a child on purpose, such as bruises, burns, scars, or broken bones.

**Sexual:** Having sexual contact in any form with a child, including exposing, fondling, intercourse, pornography, or internet solicitation.

**Neglect:** Not providing children with enough food, clothing, shelter, medical care, hygiene, or supervision.

**If You Suspect Abuse...**

- If you think your child is physically injured, seek out appropriate medical attention.
- If you see signs of distress, withdrawal, or acting out, consider counseling for your child.
- Talk to your YMCA Program Director for assistance.
- Call Child Protective Services (CPS) or the police to report any abuse.

**Working Together for Safety**

**Talk to your child** about his or her experiences in YMCA programs, school, sports, and other activities.

**Drop in on your child's programs.**

**Trust your instincts.** Don't wait to tell us if something seems "strange." Speak up!

**Watch for warning signs of abuse:**

- Unexplainable bruising or other physical markings.
- Disturbed sleeping or eating patterns.
- Abrupt changes in behavior-anxiety, clinging, aggressiveness, withdrawal, depression.
- Fear of certain person or place.
- Discomfort with physical contact.
- A child who abuses other children.

**Listen and watch for signs of your child receiving special attention** that other children or teens are not receiving, including favors, treats, gifts, rides, increasing affection or time alone, particularly outside the activities.

**Every once in a while, ask your child these questions:**

- Is anyone scaring or threatening you?
- Is anyone asking you to keep secrets?
- Has anyone said anything to you that made you feel bad?
- Is anyone touching you in a way that you don't like?

**Encourage your child to tell** you or another trusted adult if anything happens to him or her.

**Read our staff Standards of Conduct located in our YMCA Staff Handbook:** If someone breaks it, let us know immediately. (Standards also include a smoke-free work place, drug free workplace, harassment free work place.)

**Community Resources:**

**Make the call, help a child:** All reports of child abuse and neglect, including those occurring in institutional settings such as child care centers, schools, foster homes and residential treatment centers, must be reported to the State Central Registry (SCR). This is a toll-free, 24-hour, seven-days-a-week hotline.

**State of New Jersey Department of Children and Families Child Abuse Hotline**  
1-877 NJ ABUSE (1-877-652-2873)

**Parents Anonymous** is a self-help group that offers parenting support and referral to resources in your community. If you are feeling stressed out, you can call the **Family Helpline at 1-800-THE-KIDS**, 24 hours a day, 7 days a week, and speak to a specially trained volunteer to help you work through your frustrations before a crisis occurs.