



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# YMCA DAY CAMP TEEN VENTURES

## Parent Pack 2011

Dear Parent /Guardian:

Congratulations and thank you for choosing TeenVentures for your child. Here at TeenVentures 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 Day Camp TeenVentures**  
**Camper Medical 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 Day Camp TeenVentures, 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 see where your child will be spending their 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**. We know that you have many choices in day camps for your child, so thank you for choosing the YMCA.

See you this summer!

Yours in Camping,

Stephanie Wilson  
Camp and Teen Director

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

# TEEN VENTURES 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

## DIRECTIONS TO DAY CAMP TEEN VENTURES

Take Route 17 North to Sloatsburg, New York. At the second traffic light in Sloatsburg, turn right onto Seven Lakes Drive. Proceed approximately 5 miles; look for the entrance of Sebago Beach. Immediately past this entrance on the left is our camp road. This road is marked with a green sign with K-4 and Oratam on it.

### 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  $\frac{3}{4}$  around the circle and continue  $\frac{1}{10}$  of a mile more on Seven Lakes Drive. The TeenVentures entrance will be the 4<sup>th</sup> one on the right marked by a green sign that says K-4 Oratam.

Note: Camp roads are marked by small green signs with camp names on them.

## 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 at the check in table.

## 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 and out each day. 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.

All TeenVentures campers are to be dropped off in the Small Gym at the YMCA at **8:00AM** if they are not participating in the before care program. Parents **MUST** accompany their child inside the building and sign their child in with their child's counselor. The buses will leave between **8:15-8:30 AM**. The buses

will return to the YMCA at **5:00 PM**. Campers can be picked up and signed out in the small gym. All campers that are not participating in the After Care program must be picked up at **5:00 PM**.

### **Late Pick Up Policy**

Any camper picked up after 5:00 (or after 6 if you have after care) will be charged \$10 for the first 15 minutes then \$2 for every minute afterwards.

### **Before and After Care**

If you need to drop off your child earlier or pick them up later you may register for before and after care prior to the first day of camp. Drop off time is 7:00am and pick up is at 6:00pm.

## **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 Pick Up 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.

## **WHAT TO BRING EACH DAY**

**Clothes/Shoes** – Exploring can be dirty and wet work so please provide your child with clothes and shoes that can get wet and dirty. For the safety of your child, please send them with 2 pairs of **closed toed shoes** that they can walk/run/hike. **Please Note: We do not allow open toed shoes because of the rocky terrain.**

**Bathing Suit/Towels**- Each day your child will participate in swim lessons and free swim time. Please send your child with a bathing suit under their clothes to reduce the changing time and increase the play time. Remember to send them with underclothes for after they swim. You should also send them with a towel.

**Lunch/Snack** –Camp takes a lot of energy so please send them with a healthy lunch and several snacks. Due to allergy concerns, children are not allowed to share food.

**Water** –Children should come to camp each day with a filled water bottle. There are water fountains for them to refill. This is especially important on very warm, sunny days.

**Sunscreen** – Children should arrive already lathered up with sunscreen. Counselors will give "sunscreen" breaks to allow children to reapply. Children are not allowed to share sunscreen due to allergy concerns.

**Insect Repellent** – For the comfort of your child you may want to send your child with bug repellent. Please **do not send aerosol sprays**.

**Ticks** - We do our best to avoid exposure to ticks, however children may be exposed to ticks while participating in hikes, and exploring. Counselors will try to check children daily, but they should be checked again thoroughly for ticks each day after camp.

## **CAMP T-SHIRT**

Each camper receives a TeenVentures T-Shirt on the first day of camp. Additional T-Shirts may be purchased at the front desk of the YMCA at \$10.00 each.

## **DO NOT BRING**

Do not bring personal listening devices, cell phones, computers, wheelie shoes, electronic games, knives or any inappropriate items of clothing to camp.

## **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 day. 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.

## **VISITORS**

TeenVentures does not allow visitors onsite during the session. Because we know you want to know what your child has been doing each day, we encourage you to speak to our staff each day to answer any of your questions about your child or the program.

## **HEALTH INSPECTION REPORT**

TeenVentures 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:

New York Department of Health  
Monticello District Office  
50 North Street, Suite 2  
Monticello, NY 12701

**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**

## YMCA DAY TEEN VENTURES 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  
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## 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