

Welcome to Camp Discovery!

Dear Parents/Guardians,

Thank you for choosing Camp Discovery with Girls Inc. at YWCA of Syracuse & Onondaga County! Your girls will experience a summer of discovery, building character and sisterhood through outdoor adventures, STEM activities, art, dance, community projects and so much more!

- When:** July 8th -August 28th (8 weeks) Monday-Friday
Week 1 to be prorated
- Time:** 9:00am-4:30pm
- Where:** Girls Inc. (Zonta House)
401 Douglas Street
Syracuse, NY 13203
- Cost:** Please see 'Agreement for Services' for rates
*DSS subsidies accepted
- Included:** Healthy Breakfast, Lunch & Snack provided
- Who:** Girls ages 5-8 (**Limited of 10 participants at FIRST COME FIRST SERVE**)
Girls ages 9-12 (**Limited of 10 participants at FIRST COME FIRST SERVE**)
- Registration:** Please fill out the registration packet (with payment included) along with your **child's immunization records** and return to the address above by **Friday, June 26th**. ***The packet must be completed and 1st week payment and membership fee (\$50 one-time fee) must be received to ensure registration.**

*If you need assistance with **Camp Discovery**, we accept Department of Social Service (DSS) subsidies. Please contact DSS Child Care Division (435-5683) if you think you may qualify for their subsidies as soon as possible as it takes 30 days to receive approval confirmation. You can reach The Department of Social Services by calling 435-5683. If you don't have a current childcare case worker, you must wait to be connected to an operator.

For additional information or questions about camp please contact:

Aja Everson, Camp Director, aeverson@ywca-syracuse.org | (315) 424-0040
Brianna Howard, Marketing and Development, bhoward@ywca-syracuse.org, 315-424-0040
Heather Whalen, Operation's Manager, hwhalen@ywca-syracuse.org, 315-424-0040

**Girls Inc. at YWCA Camp Discovery is licensed by the Onondaga County Health Department. This Camp is inspected a minimum of twice a yearly. Inspection reports concerning the camp are on file at: Onondaga County Health Department, Division of Environmental Health
John H. Mulroy Civic Center, 12th Floor, 421 Montgomery Street, Syracuse, NY 13202, (315) 435-6617.**

Camp Discovery 2020

Camp Discovery is open to girls ages 5-12 and Teen Summer girls age 13-18. This year camp will focus on Self-Discovery, Adventure, Character and Sisterhood. Girls will determine what their personal values are, be challenged to take positive risks, experience outdoor adventures and participate in physical, noncompetitive, exploratory challenges to test limits and create an opportunity for personal growth. Weekly schedule includes STEM projects, teambuilding workshops, community projects and weekly trips.

Week 1 | July 8-10: Welcome Week (Getting to Know You)

Introduction to Staff and Zonta House. Orientation, Girls Inc 101, Group Agreements, Community Time, Name games, Team builders, Friendly competition, and Group Challenges.

Week 2 | July 13-17: HERStory

We aim to enrich girls' self-image by providing opportunities to reflect on their past, define who they are in the present, and think about what their future holds. HERStory will encourage girls to recognize their uniqueness by taking time to reflect on their perspectives, questions, thoughts, feelings, and memories.

Week 3 | July 20-24 Character

Engage girls in discussion and activities leading to deep, meaningful reflection about the kinds of people they are and want to be. Girls will learn to identify virtues and behaviors that will help them develop into caring, respectful, responsible people who make choices based on what's right, rather than what's easy, and reinforce that treating people with respect leads to good friendships and positive interpersonal relationships.

Week 4 | July 27-July 31: Sisterhood

Help girls realize the destructive power of cliques and learn how to form more positive, supportive relationships with their peers through group discussions and team-building activities that teach how to diffuse their anger and manage conflict.

Week 5 | August 3-7: Community

Girls build their leadership skills, celebrate the heritage of girls and women as leaders and create lasting social change through community action projects.

Week 6 | August 10-14: Leadership

Girls deepen their understanding of girls and women as social change agents and discover their own leadership skills through hands-on activities, role play, and community exploration.

Week 7 | August 17-21: Discovery

Girl will be engaged in physical, noncompetitive, exploratory challenges to test limits and create an opportunity for personal growth. This week will be a wrap up of all the experiences gained throughout the summer.

Week 8 | August 24-28: Salute to Summer

Saying farewell to summer and celebrating, new experiences and friends.

NOTE: Themes are subject to change.

Agreement for Services

Full-Time
(Includes daily breakfast, lunch and snack.)

_____ Number of Children

You pay:
Check one (rate per week per child)*

_____ \$200.00 Non-membership rate

_____ \$150.00 Membership rate

_____ I have a DSS/JobsPlus Subsidy

***for membership info, contact YWCA at 424-0040**

I have a DSS/JobsPlus subsidy:

My caseworker's name is _____

S/he can be reached at: _____

Please check the weeks your child will attend and provide the drop off and pick up times

- | | | | |
|--------------------------|---------------------------|-------------------------|--|
| <input type="checkbox"/> | Week 1: July 8-10 | Welcome Week | Drop off time: _____ Pick up time: _____ |
| <input type="checkbox"/> | Week 2: July 13-17 | HERStory | Drop off time: _____ Pick up time: _____ |
| <input type="checkbox"/> | Week 3: July 20-24 | Character | Drop off time: _____ Pick up time: _____ |
| <input type="checkbox"/> | Week 4: July 27-31 | Sisterhood | Drop off time: _____ Pick up time: _____ |
| <input type="checkbox"/> | Week 5: Aug 3-7 | Community | Drop off time: _____ Pick up time: _____ |
| <input type="checkbox"/> | Week 6: Aug 10-14 | Leadership | Drop off time: _____ Pick up time: _____ |
| <input type="checkbox"/> | Week 7: Aug 17-21 | Discovery | Drop off time: _____ Pick up time: _____ |
| <input type="checkbox"/> | Week 8: Aug 24-28 | Salute to Summer | Drop off time: _____ Pick up time: _____ |

NOTE: Themes are subject to change.

**If you have any questions or concerns regarding billing,
Please call the Heather Whalen, YWCA Operations Manager (315) 424-0040.**

Agreement for Services

Please review & acknowledge the following YWCA Program Policies

- I understand that all checks for payment will be submitted *once* for deposit. In the event that a check is denied deposit, a \$35 returned check fee will be applied each time to the client's account. In the event the check is denied, a money order or cash must replace the check. A denied check will result in the YWCA accepting a cash or money order payment option for the rest of the summer payments. Late fees for any outstanding balance will also be assessed if applicable.
- I understand that failure to comply with these conditions will result in the termination of camp services, and the client (parent/legal guardian) shall be responsible for all debts incurred prior to that date. If legal procedures are required by the YWCA for the collection of owed moneys, the client shall be responsible for all payment of these legal costs incurred by the YWCA in the collection process.
- **I understand that by signing the Agreement for Services I am responsible for full payment of services.** No information will be forthcoming to anyone other than then me unless I request a separate statement be sent to another guardian/parent, in writing. Additional fees will apply for information requested regarding payment and/or child(ren's) attendance for court purposes.
- I understand that if a child is not picked up by 4:45 pm, the Director or designated personnel will call the parent and/or persons designated for emergency pick-up on the Pick-up Authorization Form. An additional late pick-up fee of \$5.00 will be charged for the first 10 minutes after the 5:45pm closing time and \$10.00 for each additional 15-minute interval, thereafter. (Example: 5:51pm-6:00pm = \$5.00, 6:01pm-6:15pm = \$15.00, 6:16pm-6:30pm=\$25.00 and so on)
- I understand that the YWCA will issue an invoice at the beginning of the summer session. This will contain individual invoices for each week of summer care that you have reserved. Each week of care must be ***paid by the Friday*** prior to the week of service. Additional weeks of service (pre-paid) may be added to those previously listed on the registration form. **Refunds will not be issued in the event of absence, illness or personal reasons including vacations.**
- I understand that **No** Summer Service will be extended if there is an **unpaid summer balance or if weeks are not paid in advance of service during the summer.** _____ Initial
- I understand that the payments shall be made by **check, cash or money order**, payable to the **YWCA Syracuse & Onondaga County**, 401 Douglas Street, Syracuse, NY 13203. A credit/debit card payment may be made by MasterCard or VISA over the phone, in person or reoccurring Credit/Debit Card Payment Authorization (see attached form).

Signature of Parent or Legal Guardian

Date

Agency Representative

Date

NOTE: ONLY VISA & MASTERCARD ACCEPTED

Reoccurring Credit/Debit Card Payment Authorization for Camp Discovery

Account Holder Name: _____

Telephone Numbers: Work _____ Home _____

Preferred payment frequency: Weekly _____

Before Care Service, 7:30am-9:00am _____

Please specify which week(s) your child is enrolled for Camp. Payments are due the Friday before.

	<u>Week of Camp</u>	<u>Payment Due</u>
<input type="checkbox"/>	July 8-10(PRORATED)	July 6 th
<input type="checkbox"/>	July 13-16	July 8 th
<input type="checkbox"/>	July 20-24	July 17 th
<input type="checkbox"/>	July 27-31	July 24 th
<input type="checkbox"/>	Aug 3-7	July 31 st
<input type="checkbox"/>	Aug 10-14	Aug 7 th
<input type="checkbox"/>	Aug 17-21	Aug 14 th
<input type="checkbox"/>	Aug 24-28	Aug 21 st

Credit Card Information

Credit Card Number: _____

Type of Credit Card: Visa MasterCard

Amount: _____ Expiration Date: _____ / _____
Month Year

Billing Address (MC ONLY) _____

Billing Zip Code: _____ 3-digit code on back of card: _____

Signature: _____ Date: _____

Thank You for choosing the Reoccurring Credit/Debit Card Payment option

Please be advised of the following:

The account will be may be charged on the Friday or the following Monday~

~Notification in writing required for discontinuation of automatic payments~

If you have any questions or concerns regarding billing,
Please call the Heather Whalen, YWCA Office Manager (315) 424-0040.

Enrollment Form

Child's Name: _____ Date of Birth: _____ Age: _____

Address: _____ Last Grade completed: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

School attending in the fall: _____

Primary Care Physician: _____ Phone Number: _____

Parent/Legal Guardian Information (Invoices will be billed under Parent A's information)

A). Name: _____ Relationship to child: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

SS#: _____ Email: _____

Is emergency contact Please keep me updated about upcoming programs and events

B). Name: _____ Relationship to child: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

SS#: _____ Email: _____

Is emergency contact Please keep me updated about upcoming programs and events

Does your daughter have any health/ behavioral or special needs we should know about?
(i.e. ADD, allergies, etc.)

Pick-Up Permission Form

Important: New York State day care licensing regulations require that Girls Inc. at YWCA of Syracuse & Onondaga Co. Camp Discovery have WRITTEN permission, from a child's parent/guardian, indicating specific individuals who will be allowed to pick-up their child. Verbal permission, given over the phone, IS NOT legally acceptable. This regulation gives legal protection to the Girls Inc. at the YWCA, but, more importantly, is a safeguard for the children enrolled in our programs.

We will not allow your child to leave the program with anyone other than the people listed below.

****IMPORTANT NOTE**** Both parents/guardians have the right to pick-up their child unless court documents are provided to the YWCA and on file.

If you would like to add or delete from the form at any time, additions must be in writing before a new person is allowed to pick-up your child. (No child will be released to anyone who seems to be "under the influence" of drugs or alcohol.)

We require at least THREE people, 18 or over, and current phone numbers.

I give my permission to Camp Discovery Program to release _____ to the following people only:

	Name	Phone Number	Relationship	Emergency Contact (Y/N)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Parent/Legal Guardian _____ Date _____
(Signature)

Agency Representative _____ Date _____

Family Profile

To continue Camp Discovery and Girls Programming we must report the following information to our funders.

Last four digits of your child's Social Security # _____ & Date of Birth ____/____/____

Last four digits of your child's Social Security # _____ & Date of Birth ____/____/____

Please be sure to complete this page to; we **MUST** report to our funders to continue offering quality programming.

Family/Household Profile:

of Adults ____

Relationships to Children:

___ Mother ___ Step-Mother ___ Foster-Mother ___ Father ___ Step-Father ___ Foster-Father ___ Grandmother
___ Grandfather ___ Legal Guardian ___ Parent's-Live In Partner Other: _____

Total Number of Children: _____ Of these, how many live full time in the household? _____

Combined Family/Household Income: _____ Under \$10,000 _____ \$10K-\$15,000 _____ \$15K-\$20,000
(Include all support in total) _____ \$20K - \$25,000 _____ \$25K to \$36,000 _____ \$36K to \$50,000
_____ Over \$50K

Household Zip Code: _____

Support: ___ Family Asst. ___ Temp. Asst. ___ CAP ___ SSI ___ Jobs Plus ___ Child Support
___ No Additional Support

Girls Profile:

Have you attended any other Girls Inc. Programs?

___ Afterschool Program/Location _____ Style Engineers ___ Camp Discovery ___ EYH
___ Girls Summit ___ Girl On the Move (Summer) ___ Girl on the Move (Spring Break) ___ DREAMBuildHer
___ This Girl Can ___ Creating the Future ___ Made w/ Code ___ Youth Empower ___ Buds & Books
___ Other: _____

Pick One Column

	DOB: M/D/Y	Gender M/F	Hispanic	Non- Hispanic	Asian -Am	African -Am	Black	Native Am	White	Multi- Racial	Other Race: Please Name	Known Disability: Please Name
1												
2												
3												
4												

Is English a second language for any of the children? ___ No ___ Yes

If yes, what is her native language? _____

Child Health History

I will disclose any medication and amount given to my child before her arrival at the program. I will disclose information on any special needs or behavioral issues my child may have at registration time and complete an Individual Health Care Plan. _____ Initial

Childs Name (first, middle initial, last) _____

Date of Birth _____ Age _____

Health History: (Check all that apply and items checked require further paperwork from a Medical Provider)

- | | | |
|-----------------------------------|--|---|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Epilepsy/Convulsions | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Bleeding/clotting disorders | <input type="checkbox"/> Heart defect/disease |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Nervous system | |

Wears: Contacts Glasses

Allergies: All known (other than seasonal) allergies require a written statement from a medical provider that an Epi-pen is not required.

- | | | |
|--|--|---|
| <input type="checkbox"/> Animals _____ | <input type="checkbox"/> Bee/wasp stings _____ | <input type="checkbox"/> Needs Epi-Pen? |
| <input type="checkbox"/> Plants _____ | <input type="checkbox"/> Drugs _____ | |
| <input type="checkbox"/> Foods _____ | <input type="checkbox"/> Other _____ | |

Are there any **special needs** or accommodations required? **(If yes, parent/guardian must meet with camp director prior to child starting)**

Are there any known behavioral and/or emotional problems? If yes, explain _____

Ever required any psychiatric counseling or hospitalization? If yes, explain _____

Surgery or serious injuries in the past year _____

Disability, chronic or recurring illness _____

Dietary modifications necessary? (With a Physicians signed recommendation.) _____

Permission to Administer Topical Over-The-Counter Medications

If your child must use a specific brand of any of the products listed, please provide the product and list next to the category. If any brand is acceptable just check 'yes' or 'no' beside the product.

Sunscreen _____ Yes _____ No Insect Repellent _____ Yes _____ No

I, _____ give permission to my child care provider to apply topical over-the-counter medications to my child, _____. I understand that the stocked brand may be used unless I have indicated and provided a specific brand above. This permission will be in effect from _____ to _____.

CONSENT TO PHOTOGRAPH, FILM, OR VIDEOTAPE A CHILD FOR NON-PROFIT USE
(e.g. educational, public service, or health awareness purposes)

Child's Name: _____

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of the child named above by the YWCA Syracuse & Onondaga County, Inc.

I also grant to the YWCA Syracuse & Onondaga County, Inc. the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release the YWCA Syracuse & Onondaga County, Inc. and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Signature of Parent/Guardian: _____ Date: _____

Camp Discovery Consent Form

(Please **Initial** Next To **Yes** Or **No**)

In the event I cannot be reached, I hereby give permission to YWCA staff to contact the physician indicated on my child's enrollment form to secure emergency medical treatment of my child. **Yes** **No**

I consent to the inclusion of my child in local field trips and neighborhood outings under the supervision of program staff. My child may be walked with supervision or transported via bus or agency vehicle.
 Yes **No**

Please Initial Your Understanding And Agreement Of The Following:

I understand the camp policies including but not limited to: payment procedures and deadlines, refund policy, child pick up policy, camp hours of operation. **Initial**

I give consent for my child age **13-18 years old** to participate in sex education and anatomy and reproduction sessions during 2019 Summer program. **Initial** **Not applicable**

In the event I cannot be reached, I hereby authorize the agency administrative staff to act for me according to her/his best judgment in any emergency. **Initial**

My child has permission to engage in **all** prescribed camp activities including all field trips, except as indicated in the Child Health History with a Doctor's written note. **Initial**

If my child requires medication during camp hours, I understand that a legal parent or guardian must be present to administer the medication. The YWCA does not have a MAT certified staff on hand.

I understand that **both parents/guardians have the right to pick-up their child(ren)** (even if they are not on the pick-up form) unless court documents expressing custody arrangements are provided and on file at the YWCA. **Initial**

I understand that my child **cannot be picked up by someone under 18 or NOT listed on the pick-up permission form.** (No child will be released to anyone who seems to be "under the influence" of drugs or alcohol.) **Initial**

The YWCA Summer Program reserves the right to withdraw or suspend service if it is in the best interest of the child or the program. **Initial**

Parent/Guardian Signature

Date

Agency Representative

Date

Needs Assessment

I would like my daughter to receive support in the following area(s).
(Check all that apply)

Tutor/Academic Improvement

Career Exploration

Positive Body Image

Behavioral Support

Social Emotional Skills

Leadership Skills

Team Building

Economic Literacy

Media Literacy

Growth and Development

Sex Education

Nutrition

Physical Activity/Fitness

Life Skills Application

Other

Thank you for your support! We look forward to a wonderful summer!