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 subsides 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.)

<table>
<thead>
<tr>
<th>Number of Children</th>
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**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

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### 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

<table>
<thead>
<tr>
<th>Week</th>
<th>Dates</th>
<th>Theme</th>
<th>Drop off time</th>
<th>Pick up time</th>
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<tbody>
<tr>
<td>1</td>
<td>July 8-10</td>
<td>Welcome Week</td>
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<td>2</td>
<td>July 13-17</td>
<td>HERStory</td>
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<td>3</td>
<td>July 20-24</td>
<td>Character</td>
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<td>4</td>
<td>July 27-31</td>
<td>Sisterhood</td>
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<td>5</td>
<td>Aug 3-7</td>
<td>Community</td>
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<td>Leadership</td>
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<td>Discovery</td>
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<td>8</td>
<td>Aug 24-28</td>
<td>Salute to Summer</td>
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</table>

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.

<table>
<thead>
<tr>
<th>Week of Camp</th>
<th>Payment Due</th>
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<tr>
<td>July 8-10(PRORATED)</td>
<td>July 6th</td>
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<td>July 13-16</td>
<td>July 8th</td>
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<td>July 20-24</td>
<td>July 17th</td>
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<td>July 27-31</td>
<td>July 24th</td>
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<td>Aug 3-7</td>
<td>July 31st</td>
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<td>Aug 10-14</td>
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<td>Aug 17-21</td>
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<td>Aug 24-28</td>
<td>Aug 21st</td>
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</table>

Credit Card Information

Credit Card Number: ________________________________________________________________

Type of Credit Card: □ Visa □ MasterCard

Amount:______________  Expiration Date: ________/________

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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
<th>Relationship</th>
<th>Emergency Contact (Y/N)</th>
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<tr>
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Parent/Legal Guardian ________________________________ Date __________________

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: ____________________

___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

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<tr>
<th>DOB: M/D/Y</th>
<th>Gender M/F</th>
<th>Hispanic</th>
<th>Non-Hispanic</th>
<th>Asian -Am</th>
<th>African -Am</th>
<th>Black</th>
<th>Native Am</th>
<th>White</th>
<th>Multi- Racial</th>
<th>Other Race: Please Name</th>
<th>Known Disability: Please Name</th>
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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)

☐ ADD/ADHD  ☐ Epilepsy/Convulsions  ☐ Asthma
☐ Hearing  ☐ Bleeding/clotting disorders  ☐ Heart defect/disease
☐ Diabetes  ☐ 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.

☐ Animals ________________________  ☐ Bee/wasp stings_________  ☐ Needs Epi-Pen?
☐ Plants___________________________  ☐ Drugs__________________________
☐ Foods___________________________  ☐ 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. ______Initial

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!