

Welcome Campers!

The Christian County Y has made plans to make this the best summer ever.

You'll make friends to last a lifetime!

For Information Contact Us:

Christian County Y at (217) 287-7271 or Debbie Pickett at dpickett@ccymca.org.

The Christian County Y is a non-profit organization serving Taylorville and its surrounding communities. It is our goal to ensure that no one is denied services due to an inability to pay. We offer a wide range of services from parent/child swim lessons, group exercise classes, youth and adult sports, childcare services, as well as a full service workout facility.

At the core of our programming and services is our mission; "To put Christian principles into practice through programs that build healthy spirit, mind and body for all." As part of fulfilling our mission, we emphasize four core values in all our programs. Our core values are as follows:

<u>Caring:</u> Caring is putting the feeling of others before your own. Caring is showing kindness to everyone.

Honesty: Honesty is telling the truth even when it hurts. Honesty is maintaining personal integrity and

trustworthiness.

Respect: Respect is to treat everyone like you would want to be treated.

Responsibility: Responsibility is to do what is right. Responsibility is to follow through on your commitments.

Summer Day Camp Program

The goal of our Summer Day Camp program is to help participants grow spiritually, physically and mentally. The program also strives to provide challenging activities in both small and large group settings under the guidance of caring, well-trained staff members and gives children an experience that lasts a lifetime.

At the Y, you can expect your child to receive quality care, encouragement to develop to their fullest potential, fun daily activities and a safe, positive learning environment.

Our Day is designed with individual and group activities, free and structured play time and snack time. Each day the staff observes and interacts with children maintaining an environment that is stimulating and meets the needs of each child. Ultimately, in keeping with the purpose and mission of the YMCA, we strive to help children develop fully in spirit, mind and body. Some of our daily activities include: physical activity games, playground recreation, peer socialization, table games, arts & crafts, field trips and character development.

Registration Procedures

- 1. Parents must complete registration form and turn it into the Y's front service desk and pay the registration fee before the child(ren) may begin the program.
- 2. Pre-pay for the attendance package of the participants choosing; attendance packages include 3 or 5 days per week. Fees are based on a \$30 per day rate for non-members with discounts offered to members, families with multiple children and those who attend multiple days per week.
- 3. Amounts due will be predetermined and won't have to be calculated by administrative staff every 2 weeks.
- 4. Participants will know the amount to be drafted from their account in advance of the draft and balances will be current/accurate on our website and app.
- 5. Children with an overdue balance will not be allowed to attend the program until their account is current.
- 6. All returned checks will be charged a return fee of \$20 per check. After the second returned check, a cash payment will be required for the remainder of the school year.

Program Details

Early registration starts April 6th and all registration fees must be paid before the child attends camp. Fees are \$25 for individuals and \$45 for families.

3 Days / Week 5 Days / Week

Members: \$54 - 1 Child / \$49 Additional \$80 - 1 Child / \$70 Additional

Non-member: \$81 - 1 Child / \$76 Additional \$120 - 1 Child / \$105 Additional

Payment Options

- Bi-monthly automatic bank draft from checking or savings
- Bi-monthly automatic debit or credit card payments
- Cash or check paid at the front desk (must be paid no later than Friday evening of the week before your child attends)

Draft Payment

If you choose to provide us with your checking, savings, debit or credit card information, we will draft your fees twice a month and there will be no processing fee. A 3% surcharge will be added to debit and credit card drafts. No surcharges will be added for checking and savings account drafts. We will draft your account on the 15th and 28th of each month to keep your account current. If your draft is declined for any reason, there will be a \$20.00 fee added. This year's draft dates:

Draft Date	Dates Billed	Days of Service Billed
May 28th	May 28 - June 14	3 Weeks
June 15th	June 17 - June 28	2 Weeks
June 28th	July 1 - July 12	2 Weeks
July 15th	July 15 - July 26	2 Weeks
July 28th	July 29 - August 9	2 Weeks

Ask about our Youth Summer Membership for only \$90!

Financial Assistance

Our goal is to ensure that no one is denied services due to inability to pay. Therefore, we offer options for financial assistance to those who qualify. One option for financial assistance is provided by the Community Child Care Connections (CCCC) program. Upon approval, your family will be assigned a monthly co-pay to be paid to the YMCA. Applications for the CCCC are available at the Christian County YMCA. If your family does not qualify for the CCCC, they can apply for scholarship through the Christian County YMCA. Scholarships are determined on a sliding fee scale. Scholarship dollars are provided by generous donors contributing to our Annual Strong Kids Campaign. If you are interested in helping the YMCA fulfill its mission by supporting our Strong Kids Campaign, please contact the YMCA at (217) 287-7271 for more information.

Tax Information

Year end statements with the amount paid will be prepared upon written request. Please allow up to 1 week for statements to be prepared. Please use the following information for the filing of Childcare tax credit/deductions:

Christian County YMCA Tax ID #: 37-1071231 900 McAdam Drive Taylorville, IL 62568

Policy of Inclusion

The Y fully embraces the Americans with Disabilities Act and would like all special needs children to feel welcome in YMCA programs. To the extent it is reasonably possible, and within the limitation of not-for-profits provided in the ADA, Y Youth Development programs will provide services to children with disabilities, or any special needs child, in the same manner as services are provided for other children of comparable age. Y Youth Development Programs are group centered programs; they do not provide one-on-one care, except on an intermittent basis, such as for injuries, immediate disciplinary issues and certain personal care needs customarily provided to all children. If a Y staff member determines that a special needs child requires individual one-on-one attention, the Y shall immediately discuss this issue with the child's parent or guardian. Together, the Y and parents shall attempt to work out a solution or refer the child to a more suitable program.

Firearms Prohibited

The YMCA has posted signs at the entrance of the building, real property and parking area indicating that the carrying of a conciliated firearm on or into the property is prohibited. Please respect our policy of firearms being prohibited on all YMCA premises.

Background Checks

All YMCA employees and volunteers are required to pass a background screening prior to becoming involved with the organization. The YMCA facility engages and complies with the background check and clearance procedure through the Illinois Department of Human Services CCAP currently available for license exempt CCAP providers.

Personal Belongings

We ask you to label all personal items brought to the Summer Day Camp program. Please, encourage your child to be responsible for personal belongings. However, the Y cannot be responsible for lost or stolen items. We suggest leaving all personal items at home.

The following items cannot be brought into our Day Camp:

- Cell Phones, iPads, Tablets, etc. (any electronic devices)
- Any type of weapon (etc. pocket knives)

If these items are brought to our program, they will be confiscated, with possible disciplinary action, and returned to the parent at the end of the day.

Pick-Up Procedures

Parents/guardians are required to personally sign children out each day upon departure of our Day Camp program. Siblings who are 16 years of age or older may pick up if they are on the authorized pick up form. Y Youth Development Staff will only release your child to persons authorized on the enrollment form. Y Youth Development Staff will attempt to call the emergency number on your file if your child is not picked up by closing time. If a parent, guardian or emergency person cannot be contacted within 30 minutes, the Y Youth Development staff is required to notify the local police department and place the child in their care. The Y child abuse prevention policies prohibit Y staff from transporting a child in their vehicles.

Snacks

All participants who do not bring their own snacks will be provided with one during snack time. If your child has any food restrictions or allergies, please indicate this information on the medical section of your child's registration form. If your child chooses not to eat the snack of the day, unfortunately no other snack will be offered.

Conflict Resolution

When children are having difficulties with each other, the staff will give the children involved reasonable opportunities to resolve the conflict. The Y staff will mediate with the children and supply them with problem solving techniques that will help them deal with difficult situations.

Restricted Parent Information

In the event of a court-ordered legal custody situation whereby either parent of the enrolled child has visitation restrictions; we must have in the child's file a written and dated statement, along with a stamped copy of your legal custody papers that have been signed and dated by a judge. We follow the law when it comes to restricting a parent's rights to information and access to their child. Unless we have court-ordered legal papers on file, parents will not be restricted. In the event of a court-ordered legal custody situation whereby a parent is not allowed to pick up the child without the other's consent, we ask that you state that in writing who does not have legal right to pick up your child while in our care, have it signed by a judge and returned to the Y to be filed.

Child Abuse Reporting

Please be aware that the Child Protection Law mandates the Y to report to DCFS any 'suspected' case of child abuse or neglect. If a 'suspected' case of abuse does occur and the offender is thought to be a parent, a report will be made to DCFS. When there is 'suspected' abuse and the offender is thought to be someone other than a parent or guardian, staff will also consult with the parents or guardians of the child.

Emergency Management

In the event of an emergency, our number one priority will be to ensure the safety and security of all program participants. As time permits, we will make every effort to inform parents &/or guardians of all pertinent information.

Injuries & Accidents

If your child is injured at the Christian County Y, the staff will take necessary steps to obtain emergency medical care. These steps may include, but are not limited to the following:

- 1. Attempts to contact parent/guardian
- 2. Attempts to contact the parent/guardian through persons listed on the emergency information record. If parent/guardian contact is not made, we will do the following:
- 1. Call an ambulance or fire rescue
- 2. Administer CPR, band-aids or ice packs if needed.

A accident report will be completed by the Y-Kids staff and filed. If your child is prone to accidents, please bring them with a change of clothes.

Severe Clause

Our wishes are to reach all children so everyone can participate in a happy environment. However, should a child be out of control, or in the judgment of the staff, jeopardizing the safety of the other children or them, they will be taken out of the group and a phone call will be made to the parent/guardian. If negative behavior continues, a parent/staff conference will be set to elicit your help. If it is deemed that your child is unable to behave appropriately in our programs, or that parents are unwilling to be involved in the correction of inappropriate behavior, you will be asked to withdraw your child from the program.

General Childcare Safety

- No child may leave the Y without an authorized adult who will sign the child out at the departure time.
- If a child needs to go to a Y program, parents should report to the childcare staff of their program and the time they would be returning to the program.
- No verbal or physical harm to others or counselors will be tolerated.
- The program participants will help clean up all food, garbage and activity messes with staff supervision before going to another activity.
- Chewing gum is not allowed.
- All clothing, book bags, lunch boxes, etc. should be clearly labeled with the child's name. The staff will not be responsible for personal items lost, stolen or broken.

Health & Illness

We ask you to please keep your sick children at home, not only for their sake, but for others as well. Many communicable diseases begin with cold-like symptoms. Please do not bring a child if they have the following: a temperature of 100 degrees or higher, vomiting, rash, diarrhea, red eyes, head lice, cough, mouth sores, etc. The Y Youth Development Coordinator/Counselor should be informed about the nature of any illness. If a child becomes ill while in our care, a staff member will contact the parents and request that the child is picked up. Parents need to be present within 30 minutes of phone call.

Medication Policy

Only prescription medicine in original bottles will be given at the Y program. Prescription medicines must include the child's name, prescription number, doctor's name, administration quality and time. Parents must give all medications directly to the Y staff and fill out a medicine consent form. Medicines are locked and out of reach from children. Non-prescription medicines will only be given if the parent has given staff written instructions as to the time and dosage allowed. Children will not be allowed to take any medication unless we have written consent from parents.

Swimming

Swimming will be an option everyday during Summer Day Camp. Make sure children bring their own suit and towel. If the child doesn't bring a suit to our Day Camp, the Y Youth Development Staff will assume the child is not swimming. The Y does not provide swim wear.

Parental Communication

Regarding conflicts or behavior concerns at home or school, we ask that you communicate anything that may affect your child's behavior at the Y. Please keep us informed of such issues in order to prepare staff to properly respond to your child and be sensitive to their needs. The childcare staff should be informed of resolution strategies arranged between the parents and school for smooth implementation.

Parental Involvement

Involvement of parents in the program is essential and strongly encouraged, along with cooperation of all policies and procedures. Take time to talk to the staff about your child and ask your child about the program each day. You can also volunteer to help within the Y after discussing such involvement with our Childcare Coordinator.

Parental Rules of Conduct

Any parent/guardian, authorized person or site personnel who displays any one of the following behaviors will not be allowed at the Christian County Y:

- Physical abuse, shaking, grabbing, hitting, pushing, etc.
- Verbal abuse
- Alcoholic beverages or drugs

If Y staff suspects a parent/guardian of alcohol/substance abuse or observes child abuse, the police will be called. The Y's first responsibility is the safety of the child.

Christian County YMCA Summer Day Camp Registration Form

Child's Name:	Gender:	Date of Birth:			
Address:	City:	_ City: Zip:			
School:	Gra	Grade:			
Parent/Guardian #1:					
Name:	Phone:	Alt. #:			
Address:	City:	Zip:			
Parent/Guardian #2:					
Name:	Phone:	Alt. #:			
Address:	City:	Zip:			
Pick-Up List - Authorization / Phon					
Name:	Pnone(s):				
Emergency Contact Information					
	Phone(s):				
Address:	Re	lationship:			
will result in dismissal. The CEO w	vill decide when dismissal shall occur. I	repeat disruptive, abusive and rude behavior understand that the Y will do it's best to refer tice of such dismissal from the Y Summer Day			
 The above participant has my per for the applicant is authorized, pr acknowledge that there are certa 	ovided the parent/guardian of said par	r Day Camp activities. Emergency treatment ticipants fills out this form. I recognize and assume the full risk of any injuries, damages my and all activities connected with or			
 I give the Y permission, without li participating in Y programs for ma Initial: 	arketing.	phy, video or audio recordings of my child			
	s line if you would prefer your child's picture/vi				
•		Camp Program Guide. I understand and agree			
to follow these policies, failure to follo	ow may result in termination of childca	re services;			
Parent/Guardian Signatu	re:	Date:			

AUTHORIZATION AND PERMISSION

I hereby do declare my child to be physically sound, having medical approval to participate in the activities of the Christian County Y. This health history is correct so far as I know and the person herein described has permission to engage in all prescribed program activities except as noted. I further understand that neither the Y nor any of its paid staff or volunteer workers can be held responsible in the event of an accident. Certify that a child is amenable to discipline and free from habits or attitudes, which would make him/her an undesirable participant. I have studied that Y Youth Development Parent Handbook and Registration Packet and understand the contents thereof.

I hereby give permission for my child to participate in Y Youth Development activities and to travel by bus with the Y Youth Development staff. I understand that only licensed and qualified personnel will operate the YMCA bus and that there will be at least one Y staff member present at all times. I agree to release the Christian County Y, its officers and directors, and the Y Youth Development staff from any and all claims of damages, demands or liabilities which may arise as a result of my child's participation in Y Youth Development activities and bus trips.

I hereby give permission to the medical personnel selected by the Child Care Director to order x-rays, routine tests and treatment for me and my child, in the event I am not able to communicate or cannot be reached in an emergency, I hereby give permission to the physician selected by the Child Care Director to hospitalize, secure proper treatment for and order injections and/or anesthesia and/or surgery for me or my child as named above. I will be fully responsible for any costs of such treatment, even if not covered by insurance.

My signature below indicates that I have the legal authority to sign-up the child named on this form and that to the best of my knowledge the information on this application form is complete and accurate. I further understand that this is an application and the named child's participation is contingent upon space being available in the program in which I want the child to participate. I also understand I must complete payments by the deadlines of said program as contained in the Parent Handbook and that, furthermore, all necessary forms must be signed and on file with the YMCA prior to my child attending the program. Failure to comply with the above could result in the loss of the YMCA Kids Club space.

Parent/Guardian Signature:	Date:
Printed Name	

Christian County Y Summer Day Camp - Health Form

Child's Name:		D.O.B.:	Gender:	
Address:		City:	Zip:	
Home Phone:		Alternative Phone:		
Physician Name & Phone:				
Health History (Give approxima	te dates for each of t	he following);		
Ear Infection				
Convulsion				
Asthma				
ADD/ADHD				
Bleeding/Clotting Disorder				
Rheumatic Fever				
Diabetes				
Heart Defect/Disease	<u> </u>			
Epilepsy				
Measles				
Autism				
Chickenpox				
Mononucleosis				
Hypertension				
German Measles				
Behavior Issues (more detailed t	the better):			
Allergies:				
Activities to be restricted:				
Current Conditions				
Medication:				
Appliances worn/needed (Glass	es, braces, etc.):			
Medication Administration				
Name of Medication	Dosage	Times to Administer		
Prescriber's Name				
I hereby request that my child, _ times.		, receive the ab	ove medications at the above	
Parent/Guardian Signat	uro		Date	
raiciil/Qualulali Siglidi	.ui E		Date	