

# 2024 Geneva Family YMCA Summer Camp Parent Handbook



Geneva Family YMCA  
399 William Street  
Geneva, NY 14456  
(315) 789-1616  
(315) 789-4259 (Fax)  
[www.genevafamilyymca.org](http://www.genevafamilyymca.org)



Dear Parents/Guardians

Welcome to the Geneva Family YMCA Summer Camp Adventure Program. We are delighted to serve your family's childcare needs. We are committed to providing a safe and nurturing experience for your child with plenty of opportunities for growth in spirit, mind and body.

Many children spend a substantial amount of time in our program, during which significant developmental impact occurs. In all settings, ideas of self worth are developed, relationships with peers and adults are experienced, and young bodies grow strong and competent.

The Geneva Family YMCA Summer Camp Adventure Program is a non-profit program. Our licensed program is designed to provide each child with a variety of positive, healthy and interesting activities throughout the summer. The staff are trained and experienced in working with children. Many of our staff have, or are working towards a degree in education or are seeking a career in a child related field. Our YMCA camp staff meets all New York State Department of Health requirements. Our staff is American Red Cross trained in responding to emergencies, AED, and CPR for the professional rescuer.

This handbook is designed to assist you in better understanding our philosophy, goals, policies, and procedures of our summer camp program. We also encourage you to review this booklet with your child. If you have any concerns, please feel free to contact us. We are very interested in your comments, questions and feedback regarding our summer camp program. Welcome to our YMCA family.

Sincerely,

Donna Wandell  
Childcare Director  
Geneva Family YMCA

## Statement of Purpose

The purpose of the Geneva Family YMCA Camp Adventure Program is to provide quality care in a safe and supportive environment that fosters the physical, emotional, intellectual and social growth of children, while supporting and strengthening families.

## Licensing Agency

The Geneva Family YMCA Camp Adventure Program is licensed and registered by the New York State Department of Health located at 624 Pre-Emption Rd., Geneva, NY 14456. (315) 789-3030

## Goals and Objectives

The Geneva Family YMCA Camp Adventure Program promotes the character values of caring, honesty, respect, responsibility and loyalty, as well as healthy lifestyles. The program will meet the needs of the children at the different stages of development by creating an environment that is relaxed, homelike, and fosters independence, cooperation, and self control among the children who participate. The daily schedule is structured so that it allows choice of a wide range of developmentally appropriate activities, balances active and quiet times, and provides opportunities for the children to pursue particular interests and develop individual abilities. Children are encouraged to participate in the daily operation of the programs, especially the formulation of behavioral expectations and choosing some of the programs themes and activities.

## Philosophy

The Geneva Family YMCA Summer Camp philosophy is to deliver a program in a positive environment of safety, support, and care that will allow the children the opportunity to relax and participate in a variety of interesting age appropriate activities.

## Staff Philosophy

We believe the success of our program and ultimately your child's experience lies in the quality of our staff. Our staff members are selected based on their experience, character, talents and interpersonal skills. Our staff comes together for procedures, group work, and curriculum planning. Above all, our staff has one thing in common, a love for working with children.

## Enrollment Criteria

The Geneva Family YMCA Camp adventure Program is open to all families regardless of race, gender, religious affiliation, cultural heritage, financial status, political beliefs, or national origin. Registration is open to all individuals who would like to participate in our summer camp program. All registration forms must be completed before your child can attend our program. Registration Packets include:

- Camper information
- Parent/Guardian Information
- Emergency Contact Information
- Weeks attending (**Please note: Children must attend at least 2 days of camp per week to be eligible to attend field trips**)
- Parent/Guardian pick up signature authorization
- Health evaluation/Insurance information
- Parent/Guardian release form signed
- Camper Immunization record
- Fees Paid (family registration fee)

In addition, parents must read the parent handbook and sign a statement verifying that they understand and will adhere to the policies and procedures set forth by the camp.

## **Registration Changes**

Any change in registration information concerning you or your child must be arranged in advance through the YMCA Summer Camp office (i.e. changes in pick-up authorization, address, work phone numbers, emergency contacts, etc.)

## **Payment/Billing**

Summer camp payments are due in advance of service. Parents whose payments are late will be asked to withdraw their child from the program, unless other arrangements have been made with Jaime Eldridge.

- **Payments are due on the Friday prior to the week of service. Payments must be delivered or mailed to the :**  
**Geneva Family YMCA**  
**399 William St.**  
**Geneva, NY 14456**

When mailing payments please include the camper's name, if different that the name on the check.

All payments may be made at the Front Desk of the YMCA. If checks are returned with non-sufficient funds, the bank processing fee a \$35.00 will be added to your account and the balance due must be paid by cash or money order only.

## **Financial Assistance**

The Geneva Family YMCA financial assistance policy states that no person will be denied program participation solely because of inability to pay fees. Financial assistance is granted based on available resources of the YMCA. It is our intent that all individuals contribute towards our program fees. Camp Scholarship applications are available upon request.

## **Confidentiality of Records**

All information contained in your child's file is privileged and confidential and cannot be released without written consent. Authorized representatives of the NYSDOH have the right and responsibility to review all records upon request.

## **Services Provided**

The Geneva Family YMCA Camp adventure Program offers children a variety of age appropriate multi-culturally enriched and diverse activities. These may include but are not limited to: arts/crafts, sports and games, music, dance, science, literature, environmental education, field trips, and swimming.

## **Clothing**

Children in the YMCA Summer Camp Program are active and involved. They should wear clothes that are comfortable, practical and wash easily. All belongings should be labeled with the child's name. Foot wear is important as well, sandals should be avoided because of the active periods and the increased chance of a turned ankle. Gym shoes are the preferred foot wear of choice. The Geneva Family YMCA is not responsible for lost or damaged clothing.

## **Nutritious Lunch and Snack**

Your camper is responsible for bringing his/her own non-perishable lunch/drink on a daily basis. The YMCA will provide one healthy snack to all campers each day.

## **Attendance**

It is the parent's responsibility to make the YMCA Summer Camp Program aware that a camper will be absent on a scheduled day. Staffing needs are based on camper numbers. Staff is scheduled based on camper's pre-scheduled weeks. Care should be used when completing your camper application. Please pay close attention to your registered weeks. Failure to notify camp staff may result in camper being charged for scheduled days.

**Please Note: Children must attend at least 2 days of camp per week to be eligible to attend field trips**

## **Medical Outbreak Emergency Procedures**

Procedures for an outbreak or suspected outbreak of a communicable disease or if a child shows signs of illness while at home and the parent/guardian calls to notify the camp of the child's illness, the following steps will be taken:

1. If a child shows signs of an illness while attending camp, the parent/guardian or an authorized person will be called to pick up the child.
2. While a child is waiting to be picked up, he/she will be isolated in the camp office away from the other children under the supervision of the Director.
3. A letter will be written and sent home with all remaining children to notify the parents/guardians of the situation and have them on the lookout for signs of the illness in their child.

## **Emergency Procedures**

Procedures for an emergency evacuation are as follows:

1. Staff will escort campers out of one of the marked exits, depending on the location of the fire, while a verbal and visual count of all of the children is done before leaving the building.
2. Walk the campers to the alternative established site
3. Place the campers in buddy groups
4. Take another verbal count of all the children
5. Camp Director will go to each group for child verification
6. Remain with the group and reassure the campers that they are safe
7. Camp Director will notify all parents by telephone of the emergency evacuation
8. Wait for further instructions from the Camp Director for the emergency clearance

## **Medication Policy**

The Geneva Family YMCA Summer Camp Program's policy for the administration of prescribed medications/non prescribed medications is to operate under a self administration policy as follows:

1. The Site Director will accept into the camp prescribed/non prescribed medications providing that they are accompanied by a physicians' written orders for that particular medicine, & the medications is in its original container with the prescribed dosage, time for consumption, medicine name, and the physicians name on the label.
2. The Site Director will then observe the camper at the prescribed time consume the prescribed dosage, record consumption for notifications and then secure the medicine until the end of the day to be released to the parent or guardian at the time of camper pick up.

This policy is the same for prescribed or non prescribed medicine. A physician's written orders **MUST** accompany the medicine to camp. **NO** camper is allowed to possess any medicine to take on their own "if needed"; all medicine must be turned over to the site director at the time of camper drop off.

## **Fire Drills**

Fire drills are held each Monday or Tuesday during the camp season. In case of emergency evacuation, children will be taken to a pre determined evacuation site.

## **Child Abuse**

### **Strategies to Prevent**

1. The YMCA has in place a comprehensive pre-employment screening procedure to screen out staff not suited for working with children.
2. The YMCA will take allegations or suspicions of child abuse seriously.
3. Staff understands their legal obligation to report suspected abuse.
4. Policies, procedures and training are available related to discipline, supervision, staff participation, interaction, and staff Code of Conduct, etc.
5. Staff understands what practices may be considered abusive and the difference between what may be considered appropriate and inappropriate touch.
6. Staff communicates frequently with parents regarding day to day activities and encourages parents to report or question any behavior or event that their child may share that appears to be out of the ordinary.
7. Staff has learned how to discuss sensitive issues with children.

### **Reporting Suspected Cases**

In order to ensure the well being of the children in our care, staff is mandated under state law to report incidents of possible neglect or abuse, including physical, sexual, and psychological abuse to the Child Abuse Hotline, and to cooperate in any investigation for such possible neglect or abuse.

The YMCA does not have discretion in this matter, but must make such referrals whenever we have reasonable cause to believe that a child might have been harmed by anyone, including a non-family member, and we may be subject to criminal penalties if we fail to report such possible harm. Moreover, in grievous cases, we may also refer the matter directly to the police.

In the event that there is an accusation of child abuse, the YMCA will take prompt and immediate action as follows:

1. The mandated reporter (employee) must notify the person in charge (Camp Director) or his/her designee who then becomes responsible to notify Child Protective Services or cause such notification to be made. However, this requirement does not give the person in charge the power to prohibit a report from being made, nor does it relieve the original source from ensuring that a report has been made. The person in charge or his/her designee will notify the Local County Child Protective Services immediately at any time of the day or week by calling the hotline:  
The NYS Central Register Child Maltreatment: 1-800-342-3720  
Local Child Abuse & Maltreatment Hotline: 1-585-546-2220
2. Create reports
3. At this point, the person in charge, or his/her designee will ask the CPS worker to determine if the circumstances as described warrant reporting
4. The person in charge or his/her designee will
  - a. Immediately implement the direction as given by the CPS worker
  - b. If the CPS report is not recommended by the CPS worker, this fact, plus any other advice or directions given, should be noted on an incident report and the appropriate staff notified so as to ensure compliance.
5. If a CPS report was deemed necessary, within 48 hours after such oral report, forms OCFS 2221 A (Report of Suspected Child Abuse or Maltreatment) shall be completed and mailed to the Local County Child Protective Services. A copy of this form should also be forwarded to the Branch Executive. This

form OCFS 2221 A should be requested from the CPS worker when the report is made. Written reports from persons or officials are required by law to report and shall be admissible as evidence in any judicial proceeding related to child maltreatment.

6. The YCMA shall make all efforts to protect the confidentiality of reports
7. As a follow-up, the person in charge will request a summary of the findings of any action taken by the child's protective service in response to the report
8. Other actions. If the child or program staff seems to be in immediate danger, a call should be made to law enforcement officials.

### **Visitors**

The YMCA encourages parents to visit at anytime. Anyone who enters the site with direct contact with the children but is not picking them up must sign in and out of the program.

### **Drop Off/Pick up Authorization**

The pickup authorization section of the camper application must be completed by the parent prior to the child's enrollment in the camp program. If the child is going to be picked up by someone other than an authorized person, the parent must notify the camp in writing within 24 hours **prior** to the child being picked up. Parents or designated person picking up children must come into the camp area with a photo ID (if unknown to staff) and sign the camper out of the camp every day. Campers must be signed in at the beginning of the day as well. Parents will not be allowed to drop off their camper without signing in their camper for the day. All persons authorized to pick up or drop off campers must be sixteen years of age.

### **Policy for Releasing Children**

- As part of the initial orientation, parents will be informed that they are invited and urged to visit the program at any time.
- The site must ensure that a child is released only to a parent or an adult designated by the parent/guardian, or an authorized pickup person. No child will be released to anyone less than 16 years of age.
- The site must have and follow a plan to verify the identity of persons authorized to pick up the child, but not known the staff (i.e. request a driver's license). Each worker will use a check out sheet listing the date, the child's name, person picking up the child and a driver's license number.

### **Late Pickups**

On certain occasions when a parent must be late, the YMCA has established the following policy:

- Parents must call the YMCA to let staff know what time they expect to arrive or to inform them of alternate transportation arrangements that have been made. It will be up to the Camp Director to charge any additional fees for the frequency of tardiness.

### **Behavioral Management**

Basic rules include respect for each other, the property of others, the YMCA Camp facility, the child's safety, and the security of the camp. Behavioral management is accomplished through a positive approach that respects the child as an individual. Discipline procedures are handled individually, usually with a mild consequence of time out. All behavioral concerns are noted in our behavioral log. Camper who displays unruly behavior will get a 5 minute time out and staff will report the incident to the Camp Director. Second offense will result in a 10 minute time out and staff will report the incident to the Camp Director. A third offense will result in a 15 minute time out and the Director will intervene. Director will then notify parents that said child must be picked up and taken home.

**Geneva Family YMCA**  
**2024 Summer Day Camp Program**  
**Parent Staff Agreement**

I have read the Parent's Manual and understand the policies and guidelines of the Geneva Family YMCA Summer Camp Program. By signing the Parent/Staff Agreement, I am giving consent to the Geneva Family YMCA Summer Camp Program policy concerning emergency medical care, program fees and related items, the responsibility for my child(ren) on route to and from the program's location and all other items discussed herein.

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Parent Signature

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Director Signature

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Date

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Site of Camp



**2024 Geneva Family YMCA Camp Registration and Health Form**  
**Senior Camp Adventure (ages 8-12) \_\_\_\_\_ Junior Camp Adventure (ages 4-7) \_\_\_\_\_**

Please complete one registration form for each child. Please note that no application will be processed without the registration fee and a completed health form.

Camper Name: \_\_\_\_\_ Gender: M F  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Entering: \_\_\_\_\_ Member: Yes No  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mother/Guardian Full Name: \_\_\_\_\_ Work Place: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father/Guardian Full Name: \_\_\_\_\_ Work Place: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**EMERGENCY CONTACTS (other than parent/guardian):**

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

**Person Authorized to pickup child (other than parent/guardian)**

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

**HEALTH INFORMATION (required at time of registration)**

**IMMUNIZATION HISTORY (required by New York State Department of Health)**

Please provide an up to date record of all immunizations that your child has received. This must be signed by your child's physician. **Most pediatric offices will fax the form directly to the Geneva YMCA. Our fax number is 789-4259. Thank you.**

Please indicate month and year for all dates:  
 \_\_\_\_\_ DPT Series                      \_\_\_\_\_ Booster  
 \_\_\_\_\_ Tetanus Booster  
 \_\_\_\_\_ Polio DPV (Sabin)              \_\_\_\_\_ Booster  
 \_\_\_\_\_ HIB  
 \_\_\_\_\_ Measles Vaccine              \_\_\_\_\_ Live:  
 \_\_\_\_\_ Tine  
 \_\_\_\_\_ Rubella (German measles)  
 \_\_\_\_\_ Mumps Vaccine (Live)

<b>Health History –</b>	
___ Hay Fever	___ Learning problems
___ Ear Infections	___ Penicillin
___ Asthma	___ Diabetes
___ Special Diet	___ Behavior problems
___ Poison Ivy	___ Medication
___ Rheumatic Fever	___ Chicken Pox
___ Mumps	___ Convulsions
___ Insect Stings	___ Hearing
___ Vision	___ Food Allergies

**Health Information (Cont'd)**

Doctor's Name: \_\_\_\_\_

Doctor's Phone: \_\_\_\_\_ Insurance Carrier: \_\_\_\_\_ Policy Holder Name: \_\_\_\_\_

Policy #: \_\_\_\_\_ Date of last physical exam (Must be within 24 months of start of camp) \_\_\_\_\_

Recent Surgery (type and date): \_\_\_\_\_ Restrictions: \_\_\_\_\_

Any restrictions for any other reason:  
\_\_\_\_\_  
\_\_\_\_\_

Are there any medical or development conditions requiring attention?  
\_\_\_\_\_  
\_\_\_\_\_

Serious Injury (type and date): \_\_\_\_\_ Chronic or recurring illness: \_\_\_\_\_

Other conditions or details of above: \_\_\_\_\_

Have any significant events occurred in your family within the last few years?  
\_\_\_\_\_  
\_\_\_\_\_

Has your child been in therapy in the last two years? \_\_\_\_\_

Does your child take medication daily? Yes \_\_\_\_\_ No \_\_\_\_\_

Please give the name of medication /dosage/frequency:  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any serious fears? If so please explain:  
\_\_\_\_\_  
\_\_\_\_\_

Are there any problems that might confront your child at camp? (Homesick, anxiety, moodiness, etc)  
\_\_\_\_\_  
\_\_\_\_\_

Does your child wear/require a flotation device while in the pool? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child feel comfortable in deep water while swimming? Yes \_\_\_\_\_ No \_\_\_\_\_

The YMCA is required to report membership and program participation information to the United Way and various government agencies in support of annual allocation, grant, and community service requests. This information is not reported on an individual basis and is used for statistical purposes only. Please check the correct answer for both A & B:

A. Racial Status: \_\_\_Caucasian \_\_\_African American \_\_\_Asian \_\_\_Hispanic\_\_\_Native American \_\_\_Other

B. Annual Household Income: \_\_\_Less than \$5,000 \_\_\_\$5,000 - &9,999 \_\_\_\$10,000 - \$14,000  
\_\_\_ \$15,000-\$24,999 \_\_\_\$25,000 - \$34,000 \_\_\_Over \$35,000

**INDICATE YOUR SESSION/DAY CHOICES**

**Please circle days your child will attend**

_____ Week 1	July 1 – July 5	Mon.	Tues.	Wed.	NO CAMP	Fri.
_____ Week 2	July 8 – July 12	Mon.	Tues.	Wed.	Thurs.	Fri.
_____ Week 3	July 15 – July 19	Mon.	Tues.	Wed.	Thurs.	Fri.
_____ Week 4	July 22 – July 26	Mon.	Tues.	Wed.	Thurs.	Fri.
_____ Week 5	July 29 – Aug. 2	Mon.	Tues.	Wed.	Thurs.	Fri.
_____ Week 6	Aug. 5 – Aug. 9	Mon.	Tues.	Wed.	Thurs.	Fri.
_____ Week 7	Aug. 12 – Aug. 16	Mon.	Tues.	Wed.	Thurs.	Fri.
_____ Week 8	Aug. 19 – Aug. 23	Mon.	Tues.	Wed.	Thurs.	Fri.

**Geneva Family YMCA  
2024 Summer Day Camp Waivers**

\_\_\_\_ I understand that participants specifically assume all risk of injury arising out of his/her presence on the premises of the YMCA and its program premises. The participant's use of the YMCA's equipment or facilities and my participation in Y activities, whether on Y premises or another location, for myself and my heirs and assigns hereby waiver, release and agree to hold free from all claims for damages the YMCA and it's officers, directors, members, employees or agents. I understand the risks and dangers involved in participating in programs and activities of the YMCA.

\_\_\_\_ The health history is correct to the best of my knowledge and the participant herein described has my permission to engage in all prescribed activities except as note by me. The participant is physically capable of participating in such programs and agrees not to participate in any activity that may injure participants or others.

\_\_\_\_ I give permission for my child to participate in the field trips taken by the Geneva Family YMCA Camp Adventure program. I understand that I will be given prior notice. I hereby authorize the Geneva Family YMCA to provide transportation for my child via bus or by foot on various field trips, administer first aid (if needed) and transport to nearest hospital.

\_\_\_\_ I hereby give permission to the Geneva Family YMCA Camp Adventure Staff to apply sunscreen to the participant as needed while they are in attendance at Camp Adventure from July 1, 2024 through August 23, 2024.

\_\_\_\_ I hereby authorize the Geneva Family YMCA Camp Adventure Staff to apply bug spray to the participant as needed while they are in attendance at Camp Adventure from July 1, 2024 through August 23, 2024

\_\_\_\_ I give permission for my child to participate in swim while participating at the Geneva YMCA Camp Adventure.

\_\_\_\_ I hereby authorize the Geneva Family YMCA, to take photographs, videotape or digital recordings of the participant and to use these in any and all media. I further consent that the participants name and identity may be revealed therein or by descriptive text or commentary. I waive any rights, claims or interest I may have to control the use of the participants identity or likeness in whatever media used and understand that there will be no financial or other remuneration for recording me either for initial or subsequent transmission or playback.

\_\_\_\_ In an emergency, I authorize the physician selected by the program to take the necessary action for the best interest of my child.

\_\_\_\_ I give permission for my child to use hand sanitizer with at least 60% alcohol

\_\_\_\_ In the event of an emergency, I authorize the Child Care Director/Preschool Teacher/Camp Director or his/her designee to act for me according to his/her best judgement in a situation requiring medical or surgical treatment and or transportation to a medical facility. I understand that I will be notified prior to any medical treatment of my child whenever possible. If prior notification of medical treatment is not possible, I will be contacted at the earliest possible time. I agree to be responsible for any medical bill resulting from illness or injury during my child's attendance in the above program.

\_\_\_\_\_  
Name of Participant (Please Print)

\_\_\_\_\_  
Parent/Guardian Signature (if under 18 years of age)