

**CRESCENTA-CAÑADA FAMILY YMCA**  
**RAINBOW CAMP INFORMATION SHEET**  
Summer 2010

The **RAINBOW CAMP** offers a wide range of activities with emphasis on development of social skills, movement education including small and large motor skills, music appreciation, and group participation.

**PLACE AND TIME:**

- Monday through Friday 9:00 AM to 2:00 PM upstairs in the youth activity building
- You must sign your child in as you enter and sign them out promptly at 2:00 PM
- There will be a \$15.00 late fee for every 15 minutes or fraction thereof after 2:00 PM

**EXTENDED CARE HOURS:** Not available.

**PARENT'S COOPERATIVE & HEALTH FORM:**

- The enclosed form needs to be completed and returned to the YMCA when payment is made.
- This form is given to your child's teacher/counselor and is kept on file throughout the summer.

**REFUND POLICY:**

- **Full** refund, less deposit, 10 days prior to the start of camp
- **Half** refund, less deposit, up to 5 days prior to the start of camp
- **No** refunds/credits after 5 days prior to the start of camp

**WHAT TO BRING:**

- Campers should wear ordinary play clothes, tennis shoes, and sunscreen. No sandals, please.
- Bring lunch daily
- Snack with juice will be provided
- Send an extra set of clothes (labeled) in a plastic bag. Please take these home on the last Friday your child attends camp.

**GYMNASTIC DAY:**

- You will be notified each Monday as to the day your child will be going to gymnastics.
- All campers should wear comfortable clothing and tennis shoes on this day.

**SWIM DAY:**

- You will be notified each Monday as to the day your child will be going swimming.
- All campers should wear a swimsuit and bring a towel and plastic bag to store their wet swimsuit.

**STAFF:**

- A Rainbow Camp Director
- The class size is limited and under the direct supervision of an experienced teacher and aide
- Student helpers who are part of our leadership development program assist in classroom

**PARENT ORIENTATION AND HANDBOOK:**

- Rainbow Camp Parent Open House on Saturday, June 19<sup>th</sup> from 10:00 AM – 11:00 AM at the Crescenta-Cañada Family YMCA, 1930 Foothill Blvd., La Cañada CA, 91011.
- Parent handbooks, outlining the goals and objectives, policies and procedures and logistical information will be given to all parents and available that day.

**QUESTIONS:**

- Call the Crescenta-Cañada Family YMCA at 818/790-0123.

Camp \_\_\_\_\_

CCY

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Crescenta-Cañada Family YMCA / Verdugo Hills Family YMCA  
Parent's Health Verification & Cooperative Information Form – **Day Camps 2010**  
(Confidential – to be completed by the Parents)

This information is necessary for the staff and directors to provide a beneficial and enjoyable camp experience for your child. All information will be held in strict confidence.

Name \_\_\_\_\_ Nickname Preferred \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Hm. Phone ( ) \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Grade in Fall \_\_\_\_\_ Number of Brothers \_\_\_\_\_ Number of Sisters \_\_\_\_\_ Others in the Home \_\_\_\_\_

Primary Parent/Legal Guardian: \_\_\_\_\_ Home phone: ( ) \_\_\_\_\_

Business phone:( ) \_\_\_\_\_ Cell phone ( ) \_\_\_\_\_

Primary E-Mail \_\_\_\_\_

Second Parent/Legal Guardian: \_\_\_\_\_ Home phone: ( ) \_\_\_\_\_

Business phone:( ) \_\_\_\_\_ Cell phone ( ) \_\_\_\_\_

Mother's E-mail: \_\_\_\_\_

Primary language spoken in the home: \_\_\_\_\_ Other languages spoken: \_\_\_\_\_

List food allergies: \_\_\_\_\_

**Allergic Reactions:** \_\_\_\_\_ Aspirin \_\_\_\_\_ Penicillin \_\_\_\_\_ Bee Stings \_\_\_\_\_ Nuts \_\_\_\_\_ Others \_\_\_\_\_

**Does Camper need Epi PEN to be used for allergic Exposure? Yes / No.**

Will you be sending an Epi Pen with camper? \_\_\_\_\_

List drug sensitivities: \_\_\_\_\_

List any specific problems such as hyperactivity, bedwetting, speech problems, physical handicaps, etc: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any health problems? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all medications to be sent to camp. All medications must be in original container and have campers name displayed on side of bottle or package. All unclaimed prescription and non-prescription drugs will be thrown out after 2 weeks!

Medication \_\_\_\_\_ Prescribed for \_\_\_\_\_ Times per day \_\_\_\_\_

Medication \_\_\_\_\_ Prescribed for \_\_\_\_\_ Times per day \_\_\_\_\_

Camper's Name \_\_\_\_\_

Child's swimming ability:    Excellent \_\_\_\_\_ Average \_\_\_\_\_ Poor \_\_\_\_\_

Does your child get along with other children easily? \_\_\_\_\_

List people authorized to pick up your child or to notify in case of an emergency (Other than parents listed on the other side.):

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

Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Health History (check, giving approximate dates)

_____ MMR vaccine	_____ Polio vaccine(IPV)	_____ Surgery (major)
_____ Meningitis vaccine	_____ Diabetes	_____ Accidents (major)
_____ Chicken Pox vaccine	_____ Heart Disease	_____ Orthopedic Defects
_____ Tetanus vaccine	_____ Kidney Disease	_____ Menstrual Disorders
_____ Dtap or dTap vaccine	_____ Rheumatic Fever	_____ Seizure Disorders
_____ Last TB test	_____ Head Injury	_____ Other
_____ Hepatitis A & B vaccine		

Parent's Authorization

The information provided is correct to the best of my knowledge, and the person described has my permission to engage in all prescribed camp activities, except if noted by me. In the case of sickness or accident, I hereby give permission to the medical personnel selected by the camp representatives to order x-rays, routine tests, treatment, dental work, and necessary transportation for the recipient at my expense. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp representatives to secure and administer treatment, including hospitalization, for my child as named above. This form may be photocopied for use away from the main program site. I authorized the YMCA staff to apply sunscreen to my child's exposed skin, on an as needed basis, if child needs assistance. All photos that are taken of my child may be used for promotional purposes.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Insurance Carrier

\_\_\_\_\_  
Policy #

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Phone

YMCA of the Foothills  
2010 Summer Camp Billing Statement

Balances are due according to the following schedules:

For all **Rainbow Camps, Kinder Day Camps, Day Camps, Adventure Camps, Baseball Camp, Gymnastics Camps and Jr. Lifeguard Camp:**

		<b>Fees &amp; Forms Due:</b>
Week 1	June 21-25	<b>June 11</b>
Week 2	June 28 – July 2	<b>June 18</b>
Week 3	July 5-9	<b>June 25</b>
Week 4	July 12-16	<b>July 2</b>
Week 5	July 19-23	<b>July 9</b>
Week 6	July 26-July 30	<b>July 16</b>
Week 7	August 2-6	<b>July 23</b>
Week 8	August 9-13	<b>July 30</b>
Week 9	August 16-20	<b>August 6</b>
Week 10	August 23-27	<b>August 13</b>
Week 11	August 30-Sept 3	<b>August 20</b>
Week 12	Sept 7-10	<b>August 27</b>

\* Baseball Camp is week 2 / Gymnastics Camp Session I week 4 & Session II week 5 / Junior Lifeguard Camp week 7

For **Caravan and Resident Camps:**

		<b>Fees &amp; Forms Due:</b>
Central Coast Caravan	July 19-23	<b>July 2</b>
Jr. High Camp Fox	July 11-17	<b>June 25</b>
Arbolado Mountain Camp	July 24-31	<b>July 9</b>
Camp Surf	August 9-13	<b>July 23</b>
School Age Camp Fox	August 8-14	<b>July 23</b>

Please Note: There will be **NO** courtesy phone calls for late payments. If payment is not received by the due date, your child will be **DROPPED** and replaced by a child from the waiting list.

**DEPOSITS are NON-REFUNDABLE and NON-TRANSFERABLE!**

Refund Policy:     **Full** credit/refund, less deposit, 10 days prior to the start of each session  
                           **Half** credit/refund, less deposit, up to 5 days prior to the start of each session  
                           **No** credit/refund after 5 days prior to the start of each session