



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Camp Arrow

Ages 11-15

Cumberland Cape Atlantic YMCA Camp Merrywood CAMP REGISTRATION General Information 2020

Camper's Last Name: _____ Camper's First Name: _____

Address _____ City, State, Zip _____

Birth Date: ___/___/___ Male Female

Home Phone _____ Cell Phone _____

Age as of June 17th, 2020 _____ E-mail Address _____

PLEASE
ATTACH
PHOTO

Payments are due on Wednesdays the week prior

Week 1 <input type="checkbox"/> June 22-June 26 – Adventure Land Week – Adventure is Out There! Campers come join us as we journey off and go on adventures. Campers will go “back in time” and discover what life was like through the years while engaging in crafts, food, clothes, and how people lived.	Camp Fee \$175
Week 2 <input type="checkbox"/> June 29 – July 3 – Artful Antics – A week of creativity and fun using only natural materials. Which group can be the most creative and can turn our entire camp site into an art gallery?	Camp Fee \$175
Week 3 <input type="checkbox"/> July 6 – July 10 – Good ol’ USA – Come celebrate the greatest country in the world – Good ol’ USA. Campers will spend time “visiting” different places in the U.S., by making crafts and playing trivia games.	Camp Fee \$175
Week 4 <input type="checkbox"/> July 13-July 17 – One Person’s Junk is Another Person’s Treasure – Campers will create blueprints and construct a variety of projects using recycle materials; while teambuilding new skills.	Camp Fee \$175
Week 5 <input type="checkbox"/> July 20 – July 24 – YMCA Water Festival – Get ready to make a splash during this wet and wild week of camp! Campers will enjoy various water activities such as water bucket relays, water balloons, water tag, and more.	Camp Fee \$175
Week 6 <input type="checkbox"/> July 27 – July 31- Lights, Camera, ACTION! – Campers will be introduced to the world of theatre experience by using music, dance, and acting. So let’s bring out all the producers, directors, and actors in all of us.	Camp Fee \$175
Week 7 <input type="checkbox"/> August 3 – August 7 – Challenge Week – Campers will join kicking off the week with fun filled sports, wacky relays and competitions throughout the week. They will end the week with a competition – campers vs. counselors.	Camp Fee \$175
Week 8 <input type="checkbox"/> August 10 – August 14 – Captain Y and the Super Heroes – Campers will celebrate our community super heroes throughout the week. They will engage in activities, while creating their own super heroes and power.	Camp Fee \$175
Week 9 <input type="checkbox"/> August 17 - August 21 – Animal Planet – Learn about the relationships between animals all over the world, while our campers play games and participate in experiments about these fantastic animals.	Camp Fee \$175
Week 10 <input type="checkbox"/> August 24 - August 28 – Celebrating Good Times – Last week of camp? OH NO! Let’s celebrate all of the fun things we have done and learned this summer. Campers will have a week full of fun, with games and all sorts of activities we have experienced this summer! The week will end with a multicultural celebration!	Camp Fee \$175

Early Bird for Camp:

6:30-7:30am The fee for early bird is an additional \$15 per week. If you sign up for early bird, you must also be signed up for Before and After for camp and must be paid the week prior.

Before and After for Camp:

7:30-9:00am & 4:00-5:30pm

This covers before and after the regular time of camp. Fee will be \$35 per week and must be paid the week prior.

Payments and Registration:

All payments are due by the Wednesday the week prior. Any payments made after that will be assessed with a \$20 late fee. By checking the box next to the weeks does not mean you are automatically enrolled until a payment is made. Registration for each week is not guaranteed without a \$20 deposit to hold your campers spot.





Cumberland Cape Atlantic YMCA 2020 CAMP REGISTRATION Emergency Contact & Health



*Please ask for an additional sheet if you need to add more than 4 pick-up people or contacts.

Camper's Name _____

Parent/Guardian Information – Must be able to pick up camper

Parent 1 or Legal Guardian Information

Last Name: _____
First Name: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Employer: _____
*Email: _____

Parent 2 or Legal Guardian Information

Last Name: _____
First Name: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Employer: _____
*Email: _____

Joint Custody Information

Has there been a divorce or separation? Yes No

If Yes, who has custody? _____

The joint/non-custodial parent can be contacted in the event of an emergency Yes No

Emergency Contacts (Other than Parent/Guardian) – Must be able to pick up camper

Emergency Contact #1

Name: _____
Relationship: _____
Cell Phone: _____
Work Phone: _____
Address: _____

Emergency Contact #2

Name: _____
Relationship: _____
Cell Phone: _____
Work Phone: _____
Address: _____

Medical and Behavior Questions to help us provide the best care possible

Copies of immunization records must be turned in at sign up

Has your child been diagnosed or treated for the following:

- | | | | | |
|---|---|--|---|-----------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Allergies | <input type="checkbox"/> Special Dietary Needs | <input type="checkbox"/> Allergies to Insect Stings | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Spectrum Disorder | <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Allergy to Poison Ivy | <input type="checkbox"/> Other | |
| <input type="checkbox"/> Special Needs: _____ | <input type="checkbox"/> Learning Disability: _____ | | | |

Please provide details for any of the above checked boxes:

Signs or symptoms to watch for:

Please list current medications, prescribed or over the counter that your child is currently taking:

_____, _____, _____

Would you like to discuss your child's personal medical or behavioral needs with the Camp Director prior to the start of camp? Must turn in paperwork by June 1st for a phone conference. Or attach a letter with additional concerns. Yes No

Family Physician Information

Physician's Name: _____
Number: _____
Insurance Carrier: _____
Policy Number: _____
Group Number: _____

Contact Number: _____

Best Time to be reached: _____

Parent/Guardian Signature: _____ Date: _____



Cumberland Cape Atlantic YMCA 2020 CAMP REGISTRATION Camp Rules & Authorizations



Camp Rules

In order for all campers to have the best possible experience, all campers need to be aware of the rules and agree to follow them. If a camper consistently or excessively breaks the rules and chooses not to take part in camp, they negatively impact other campers by jeopardizing their physical or emotional safety. When this happens, all other campers fail to receive the best possible camp experience.

Camp Rules:

- 1) Treat myself, others, and camp with Caring, Honesty, Respect, and Responsibility
- 2) Follow directions and instructions from staff
- 3) Keep hands, feet and all other body parts to myself
- 4) Respect all camp facilities, equipment, and property
- 5) Have FUN!

Camper Consequences:

- 1) Redirection of camper
- 2) Verbal warning or thinking time
- 3) Visit with camp director and/or call home. Child may speak to parents at that time
- 4) In the event that a second phone call is necessary, the child will be sent home
- 5) In the event of consistent/excessive failure to follow the rules, the camper will be sent home and a suspension may be issued
- 6) If a camper endangers the physical, mental or emotional health of themselves or others, the camper may be immediately suspended or expelled

Parent Signature: _____

Camper Signature: _____

Camp Authorization

- My child is in good health and can participate in the normal activities of the program _____ Initial Here
- I agree to follow Camp Payment Policies; if not I will be subject to fees and refused admittance _____ Initial Here
- I have received and reviewed a copy of the YMCA Camp Parent Handbook _____ Initial Here
- *I have received and reviewed a copy of the YMCA Transportation Policy (in handbook) and agree to let my child participate (only sign if child is attending Sequoia/Arrow) * * _____ Initial Here
- *I have received and reviewed a copy of the Merrywood Activities Form & agree to let my child participate* * _____ Initial Here
- I understand that my child must be physically signed in and out of the program by an authorized **adult** daily _____ Initial Here
- I understand that the YMCA is not responsible for lost, stolen or damaged personal articles _____ Initial Here
- My child and I have reviewed the Camper Behavior Policy _____ Initial Here
- I understand that breakfast and lunch will be provided for my camper starting June 22nd _____ Initial Here

I give permission for the Cumberland Cape Atlantic YMCA to:

- Seek medical treatment for my child, in my absence, in the event of an emergency _____ Initial Here
- Use any photo, voice recordings or videos taken of my child for any projects and all promotional purposes at the YMCA and Summer affiliates (including but not limited to, Girl Scouts, National Inclusion Project, 4-H, and Citizens United to Protect the Maurice River and its Tributaries) _____ Initial Here
- To transport my child as necessary for camp activities. This may include busing for swimming and field trips _____ Initial Here
- Allow my child to go on short walks under Y Staff supervision _____ Initial Here
- I hereby agree, and accept, responsibility in above initialed items.

Parent Signature _____

Date _____

Licensing Statement

In keeping with New Jersey's child care licensing requirements, we are obligated to provide you, as the parent/caregiver of a child enrolled in our program, with the attached informational statement.

The statement highlights, among other things:

- Your right to observe our center at any time without having to secure permission
- The center's obligation to be licensed and to comply with licensing standards and
- The obligation of all citizens to report suspected child abuse of all forms (physical, sexual, emotional, and neglect) to the State's Division of Child Protection Permanency

Name of child: _____

Name of Parent (s)/Guardian (s): _____

I have read and received a copy of the Information to Parents statement prepared by the Bureau of Licensing in the Division of Youth and Family *Found on the next page.

Parent Signature _____ Date _____



Cumberland Cape Atlantic YMCA 2020 CAMP REGISTRATION YMCA Policies



Parent Statement of Understanding

The following information is important for the safety and protection of your child. Please read the information, sign this form, and return the original to the Cumberland Cape Atlantic YMCA (CCA YMCA). A copy will be filed with your child's records.

- I understand that CCA YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside the CCA YMCA program. If a violation is discovered, the Y will take immediate disciplinary action toward staff and/or volunteers.
- I understand that staff and volunteers are not allowed to initiate contact with members and program participants outside the CCA YMCA, unless necessary in certain limited cases for the smooth operation of a CCA YMCA program. If deemed necessary, contact should be made with the program participant's parent or guardian. Contact includes, but is not limited to, sharing of phone numbers, email addresses, personal websites and/or web logs. If a violation is discovered, the Y will take immediate disciplinary action toward staff and/or volunteers.
- I understand that I am not to leave my child* at the CCA YMCA or program site unless a CCA YMCA staff or volunteer is there to receive and supervise my child. I understand that my child must be escorted to and from the program area by me or another person on my authorized list. Children may not just be dropped off at the door. *Note: The CCA YMCA's policy is that children under the age of 12 may not be alone in our facilities/program sites.
- I understand children should not receive excessive gifts (e.g. toys, video games, jewelry) from CCA YMCA staff or volunteers, and I should report this to a supervisor if they do.
- I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child, including relatives, must be listed with CCA YMCA and **must be at least 18 years of age required by the CCA YMCA**. Any other alternate pick-up arrangements must be made in writing by a parent/guardian. Phone notification of an alternate pick-up arrangement is only accepted in an emergency.
- I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police. Please do not put staff in a position where they have to make this judgment call.
- I understand that I can help ensure my child's safety by taking an active interest in his or her CCA YMCA experience. I too will monitor volunteer and staff interactions with my child and ask my child specific questions about program activities and volunteer or staff relationships with my child.
- I understand that the CCA YMCA is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I have received a copy of the CCA YMCA Youth Program Handbook and/or Program Policies and Procedures and will keep it for future reference.

Parent Signature _____

Date _____

Parent Notification of Communications Policy

Families entrust their children to the Cumberland Cape Atlantic YMCA's care for child care, camp, and other youth programs. Our promise to those we serve is to provide a safe environment in which all participants are treated in a caring, honest, respectful and responsible way.

CCA YMCA staff, volunteers, program participants and parents must work together to ensure adherence to this policy.

CCA Staff and Volunteers:

- Will block any personal websites or blogs and mark them as private, denying access to any CCA YMCA program participants
- Will not disclose personal email, telephone, cell phone or website information to any program participants
- Will not attempt to contact any participant via phone, text message email, phone apps, websites or blogs for non-program related business
- Will not use any photos taken for CCA YMCA programs or marketing purposes for personal use
- Will not use cell phones for personal calls during business hours
- Will not use cell phone cameras to take photos of program participants for any reason
- Will notify his/her supervisor immediately if a youth attempts to communicate with an employee via e-mail, instant message, cell phone or social network site

CCA YMCA Program Participants and Their Parents Agree:

- Not to contact any staff via staff's personal telephone/cell phone, text message, phone apps, email, websites or blogs
- Not to use cell phones during program hours
- They will not share photos, logos or images of the CCA YMCA or its program participants
- Personal photos may only be taken with consent and may not be displayed in any derogatory fashion
- Will not take cell phone photos of staff or program participants while engaged in CCA YMCA programs

Of course, the CCA YMCA does not mean to interfere with anyone's private life, but publicly observable communications, actions or words are not private, and personal expression can have legal consequences, including defamation, copyright infringement and trademark infringement.

Parent Signature _____

Date _____



Cumberland Cape Atlantic YMCA 2020 CAMP REGISTRATION Deposits, Fees and Payment



Deposits

- A \$20.00 deposit is required for EVERY week/session camper is registered for, along with all Before and After Care and Early Bird fees.
- Deposits are non-refundable and non-transferable
- Deposits are due at the time of registration

Promotions

- Sibling Reduced Rate*:** First child is full price, each additional child (registered in the same week of camp) will receive \$10.00 off
- Before and After Care Camp*:** Fees are waived if five (5) or more weeks of camp are paid in full by April 18th, 2020 (Excludes \$10 Early Bird rates)
- T-Shirt*:** Camper receives a free t-shirt if six (6) or more weeks are registered for with a \$20 deposit put down for each week by April 18th, 2020 (\$8.00 value)
- Subsidized Families Only:** Families receiving assistance are eligible for a free t-shirt when co-pay for six (6) or more weeks are paid in full by April 18th, 2020.

*These discounts are for non-third party participants

Membership Fees

- \$30/Youth Program Member
- \$55/Family Program Member
- Current Program Member
- Current Full Facility Member

All Campers must be YMCA members. Membership fees are non-transferable and non-refundable

Credits (In House Only)

Refunds are not available for Deposits, Membership, or days your child is absent. In-house credits will be considered for medical reasons ONLY. Credit requests MUST be accompanied by a doctor's note.

Financial Assistance

Financial Assistance is available through Rutgers Southern Regional Child Care Resource & Referral (856-462-6800 Cumberland County). If denied by Rutgers, Financial Assistance is available through the Y - applications are available at the Member Service Desk and on our website, www.ccamymca.org. Funds are limited - APPLY EARLY.

If you live in another county other than Cumberland County and have other Third Party questions, please contact Childcare Financial Services Department at 856-691-0030 extension 111.



Zipline at Merrywood!



Nature Enrichment



**Outdoor activities at
all our camps!**



Cumberland Cape Atlantic YMCA 2020 CAMP REGISTRATION Checklist



Parent Checklist

Parent/Guardian please **initial** next to each item that you are handing in today. **(No check marks will be accepted.)**

- _____ Completed Registration Form
- _____ Photo Release
- _____ Signed Medical Information
- _____ Completed Health Form
- _____ Immunization Record
- _____ Expulsion Policy
- _____ Food Form
- _____ Merrywood Activity Waiver (Sequoia, Arrow, and CIT)
- _____ Completed CIT packet (CIT only)
- _____ Any notes or information to be filed on your camper (optional)
- _____ Correct payment and/or deposit amount

Parent Signature

Parent is to sign off that all paperwork is filled out completely.

Parent Signature: _____ Date: _____

Staff Signature

Staff member receiving the paperwork is to sign off that all papers are filled out completely and correct money is remitted.

Staff Signature: _____ Date: _____

**THANK YOU FOR CHOOSING
TO SPEND YOUR SUMMER AT
THE Y, HAVE FUN AND MAKE
SUMMER CAMP MEMORIES TO
LAST A LIFETIME!**





**Cumberland Cape Atlantic YMCA
2020 CAMP REGISTRATION
Additional Emergency Contacts**

For _____
(Child's name)

Emergency Contact #5

Name: _____
Relationship: _____
Cell Phone: _____
Work Phone: _____
Address: _____

Emergency Contact #6

Name: _____
Relationship: _____
Cell Phone: _____
Work Phone: _____
Address: _____

Emergency Contact #7

Name: _____
Relationship: _____
Cell Phone: _____
Work Phone: _____
Address: _____

Emergency Contact #8

Name: _____
Relationship: _____
Cell Phone: _____
Work Phone: _____
Address: _____

Please use this sheet only to add additional contacts and pick-up people for your camper(s). We will not accept it written on a separate piece of paper.



Parent/Guardian Signature: _____ Date: _____

10:122-6.8 Expulsion Policy

May be used to inform parents of the center's policy on the expulsion of children from enrollment

EXPULSION POLICY

Name of Center: Cumberland Cape Atlantic YMCA of Vineland

Name of Child: _____

Signature of Parent: _____

Unfortunately there are reasons we have to expel a child from our program either on a short term or a permanent basis. We want you to know we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced. The following are reasons we may have to expel or suspend a child from this center.

IMMEDIATE CAUSE FOR EXPULSION

- The child is at risk of causing serious injury to other children or himself/herself.
- Parent threatens physical or intimidating actions toward staff members.
- Parents exhibits verbal abuse to staff in front of enrolled children.

PARENTAL ACTIONS FOR CHILD'S EXPULSION

- Failure to pay/habitual lateness in payment.
- Failure to complete required forms.
- Habitual tardiness when picking up your child.
- Physical or verbal abuse to staff.
- Correcting, reprimanding, or yelling at a child

CHILD'S ACTIONS FOR EXPULSION

- Failure of a child to adjust after a reasonable amount of time.
- Uncontrollable tantrums/angry outbursts.
- Ongoing physical (fighting) or verbal abuse to staff or their children.
- Excessive biting.
- Dangerous activity, threats, theft, vandalism/mistreatment of property, possession of weapons, or illegal substances

SCHEDULE OF EXPULSION

- If after the remedial actions above have not worked, the child's parent/guardian will be advised verbally and in writing about the child and or/parent's behavior warranting an expulsion. An expulsion action is meant to be a period of time so that the parent/guardian may work on the child's behavior or to come to an agreement with the center.
- The parent/guardian will be informed regarding the length of the expulsion period.
- The parent/guardian will be informed about the expected behavioral changes required in order for the child or parent to return to the center.
- The parent/guardian will be given a specific expulsion date that allows the parent sufficient time to time to seek alternative child care
- Failure of the child/parent to satisfy the terms of the plan may result in permanent expulsion from the center

A CHILD WILL NOT BE EXPELLED

- If a child's parent/guardian:
 - Made a complaint to the Office of Licensing regarding a center's alleged violation of the licensing requirements
 - Reported neglect or abuse occurring at the center
 - Questioned the center regarding policies and procedures
 - Without giving the parent/guardian an adequate amount of time to make other child care arrangements

PROACTIVE ACTIONS THAT WILL BE TAKEN IN ORDER TO PREVENT EXPULSION

- Staff will try to redirect child from negative behavior
- Staff will reassess classroom environment appropriateness of activities and supervision
- Staff will always use positive methods and language while disciplining children
- Staff will praise behaviors
- Staff will consistently apply consequences for rules
- Child will be given verbal warnings
- A brief time out may be given so child can regain control
- Child may lose certain privileges
- Child's disruptive behavior will be documented and maintained in confidentiality
- Parent/guardian will be not notified verbally
- Parent/guardian will be given copies of the disruptive behaviors that might lead to expulsion
- Director, parent/guardian and classroom staff will have a conference to discuss how to promote positive behaviors
- Parent/guardian will be given literature or other resources regarding methods of improving behavior
- Recommendation of evaluation by professional consultation on premises
- Recommendation of evaluation by local school district child study team



MERRYWOOD ACTIVITIES INSERT

The YMCA wishes to advise you of the following:

- Biking, zip lining and archery are strenuous activities and involve the risk of injury, permanent disability and/or death. Although proper use of protective equipment and safety procedures will reduce this risk, the risk still does exist. Use of protective helmets is required for the zip line and biking.

Liability Waiver

I, undersigned (for myself, heirs, personal representatives and assigns) intending to be legally bound, do hereby waive and release all rights, claims, demands, and/or causes of action against the YMCA, sponsors, their representative officers, board members, agents, employees, instructors and volunteers for any personal injury which I might sustain, immediately known to me or here after discovered for any and all damages or losses which I might incur, now or in the future, arising from or out of my participation in the program and my travel to and from the program.

I accept full responsibility for the care and proper usage of the equipment and in the event of misuse and/or destruction; I accept full responsibility for financial replacement.

I verify that I am physically fit.

Parent signature is required if participant is 18 years old or younger. NO EXCEPTIONS. Adults other than Participant's parent or legal guardian are not permitted to sign the form. **SIGNATURE IS TO BE INCLUDED ON THE REGISTRATION FORM!**

BIKING RULES

1. First trip every week, one trip around the trail on foot to point out any challenging areas.
2. Must attend bike safety course which includes:
 - a. 6 point inspection
 - b. Helmet awareness
 - c. Sizing of bikes
3. Helmets MUST BE WORN

ZIP LINE RULES

1. Helmet is required to use zip line. Chinstrap must be buckled.
2. Weight limit 200 lbs
3. ONE RIDER at a time (NO EXCEPTIONS)!
4. Always hold handle bars firmly with two hands. Make sure you have a secure grip before starting.
5. No tricks or horseplay while using the zip line.
6. Check clothing for loose articles or potential hazards.
7. Be aware of your surroundings and others.
8. Ensure that the zip line area is clear and wait for a Counselor to give permission to go.
9. Zip line may not be used during or after rain. Surrounding area must be dry.
10. Everyone must have a signed liability waiver on file. All Participants 18 and under must have a parent or legal guardian sign their liability form.

ARCHERY

1. No one enters the range without permission from the Range Master.
2. Participants must follow the directions of the Range Master at all times.
3. Horseplay or inability to follow directions will result in being removed from the Archery Range.
4. Armguards and Finger Tabs must be worn.
5. Everyone must have a signed liability waiver on file. All Participants 18 and under must have a parent or legal guardian sign their liability form.

Camp Merrywood Transportation Information

All Merrywood Campers must be at the YMCA of Vineland, no later than 9:30AM. The last bus will depart the YMCA promptly at 9:30AM. Campers will remain behind the fenced in area behind the YMCA until the bus arrives, the driver parks in the designated place, engages the emergency brake and shuts off the engine. Once the bus is ready to be boarded the campers will walk escorted by the counselors to board the bus. Campers will be separated in the bus according to gender. Counselors will seat themselves throughout the bus to ensure that the children are being properly supervised.

Campers will be transported by a contracted bus service to Camp Merrywood.

Campers will board the last bus at Camp Merrywood by 3:45PM. Children will be instructed by the staff when to board the bus. This will not start until the bus has been park in the designated space, engages the emergency brake and the driver has turned off the engine. Once the bus is ready to be boarded the campers will walk escorted by the counselors to board the bus. Campers will be separated in the bus according to gender and age. Counselors will seat themselves throughout the bus to ensure that the children are being properly supervised.

In the event of an emergency the staff will contact the Parents/Caregiver listed on the registration form.

Driver & Vehicle Policies and Procedures

Emergency Equipment/Forms – Every vehicle used to transport campers and staff should be equipped with a first-aid kit and emergency accessories, such as fire extinguisher, reflectors, maps, motion sickness bag, change/phone card for a pay phone, flashlight, blanket, chalk, and container of fresh drinking water. The staff member accompanying the group must carry health forms for all passengers, a daily attendance roster and a cell phone for emergency communication. A rental agreement or vehicle registration, vehicle mileage sheet, insurance information, vehicle safety maintenance checklist, and this sheet should be in the vehicle at all times.

Vehicle Type/Capacity – Campers and staff should only be transported in vehicles designed to carry passengers. They are not permitted to ride in the back of trucks, except in an extreme emergency (i.e., fire evacuation), and when directed by appropriate staff. Vehicles should carry only the number of passengers specified by the vehicle manufacturer. There should be a seatbelt for each passenger. A staff member (adult) must be present in each vehicle. If traveling by bus, in addition to the driver, extra staff and/or aides must be present for campers with disabilities, based on ratios established for persons requiring additional assistance or supervision. (See established camp ratios.)

Vehicle Safety Checks – Prior to transporting campers*, the following must be checked and recorded in the vehicle log book:

- Lights
- Horn
- Brakes
- Fluid levels
- Tires
- Windshield and wiper condition
- Mirrors
- Emergency warning systems

*On designated camp vehicles, these items must be checked monthly, regardless of vehicle use.

Passenger Orientation – Passengers should be instructed in the following safety procedures prior to transporting:

1. Passengers should remain seated at all times while the bus is in motion, with their hands and arms inside the vehicle. Girls and boys must be separated according to gender and by developmental level. Counselors **MUST BE DISPERSED THROUGHOUT THE BUS** permitting The Ratio on all bus trips will be a minimum of 1:15, following the State on NJ school age ratios. If the number of children is below 15, a minimum of two (2) counselors **MUST** be present on the bus.
2. Seat belts should be fastened--one person per seat belt.
3. Noise level should be such as to not distract the driver. There should be no throwing of objects or other disruptive behavior.
4. Exit doors **MUST** not be blocked by equipment, back packs, or persons.
5. Passengers should enter and leave the vehicle under the direction of a staff member and/or driver. If the vehicle makes an emergency stop, passengers should follow directions of staff member and/or driver and use buddy system if leaving the vehicle.
6. Registration forms containing emergency contact information and consent to treat **MUST** be with bus counselors including necessary medical information.

Driver Requirements – To transport campers off the site, drivers must be:

- 21 years of age and hold valid vehicle operator's license for the particular vehicle
- In good standing employee of a reputable bus company
- STAFF ARE NOT PERMITTED TO TRANSPORT CAMPERS IN ANY VEHICLE

Travel Procedures – Vehicles should be kept a safe distance apart if traveling together. It is recommended that vehicles travel by convoy. Drivers should pre-establish rest stops to check in with each other. All drivers should have maps, complete directions to destination, and appropriate telephone numbers. One driver should be appointed lead driver. On any trip, stops should be made only at acceptable rest stops. After three continuous hours, the vehicle must stop to rotate drivers and rest the passengers. All traffic laws of the state are to be strictly obeyed when transporting campers and staff.

Camper Behavior – In larger vehicles, behavior problems should always be the responsibility of adults or staff members other than the driver. If the driver is the only staff member available to handle disruptive behavior and verbal corrections are not successful, he/she should pull off the road in a safe area. Campers follow established camp discipline procedures (see staff manual).

Loading and Unloading Passengers – Load and unload in areas that are free from vehicular traffic unless it's an emergency. The vehicle should be in park, with the emergency brake on, and the motor turned off. Loading and unloading should take place in an orderly fashion following directions from staff member. Campers should be directed where to assemble after unloading and kept under supervision of an adult.

Dealing with Passenger Illness

1. Administer first aid as needed. Keep the camper comfortable.
2. If you need to stop, try to do so in an authorized or designated area.
3. Contact camp about the camper or return to camp as soon as possible, and have the camper check in with the health-care supervisor.

Accident Procedures

1. The appointed Lead Bus Counselor will assess the situation and delegate staff with roles of supervising the uninjured or attending to the injured.
2. Attend to any ill or injured passengers. If medical care is needed, see that individual(s) are taken to nearest medical facility.
3. Place reflectors or emergency flashers, next to the vehicle, as appropriate. If vehicle has to be moved, mark the location (from back of tire) with chalk.
4. Instruct passengers to exit vehicle, when appropriate, using the buddy system. Group uninjured passengers together in an area safe from oncoming traffic to await instructions and/or new pick-up. Campers must be supervised by an adult at all times.
5. Contact camp director who will contact designated emergency contacts.
6. Obtain names, addresses, and telephone numbers of any witnesses and location where any police reports will be filed.
7. Complete incident reports for all passengers and staff involved in the accident.

Dealing with Vehicular Breakdown

1. Move off the road as far as possible. It's better to drive on a flat tire than to park in an unsafe place.
2. Place the transmission in low, reverse, or park. Turn off ignition and remove key.
3. Set the emergency brake.
4. Set four-way turn (emergency) blinkers.
5. If vehicle must stop in non-designated parking area (e.g., the side of the road), be sure to carry reflective triangles between you and the oncoming traffic when placing reflectors in the following places:
 - On the traffic side of the vehicle, within 10 feet of the front or rear corners.
 - About 100 feet behind and ahead of the vehicle, upon the shoulder of the lane where you are stopped.
 - Back beyond any hill, curve, or other obstruction that prevents other drivers from seeing the vehicle within 500 feet.
 - If stopped on or by a one way or divided highway, place warning devices 20 feet, 100 feet, and 200 feet toward the approaching traffic.
6. If safe to do so, unload passengers and move them well off the roadway away from the vehicle. Make sure campers are supervised at all times by an adult. If evacuation from a bus is necessary, follow established procedures and directions of the staff member.
7. Contact camp with information about nature of the breakdown and your exact location. Additional help may be requested if needed. One staff member must stay with the vehicle and campers.

UNIVERSAL CHILD HEALTH RECORD

Endorsed by: American Academy of Pediatrics, New Jersey Chapter
New Jersey Academy of Family Physicians
New Jersey Department of Health

SECTION I - TO BE COMPLETED BY PARENT(S)			
Child's Name (Last) (First)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Name of Child's Health Insurance Carrier		
Parent/Guardian Name	Home Telephone Number () -	Work Telephone/Cell Phone Number () -	
Parent/Guardian Name	Home Telephone Number () -	Work Telephone/Cell Phone Number () -	
I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.			
Signature/Date		This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER			
Date of Physical Examination:	Results of physical examination normal?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Abnormalities Noted:	Weight (must be taken within 30 days for WIC)		
	Height (must be taken within 30 days for WIC)		
	Head Circumference (if <2 Years)		
	Blood Pressure (if ≥3 Years)		

IMMUNIZATIONS	<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due: _____
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MEDICAL CONDITIONS		
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Medications/Treatments • List medications/treatments:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Limitations to Physical Activity • List limitations/special considerations:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Equipment Needs • List items necessary for daily activities	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Allergies/Sensitivities • List allergies:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments

PREVENTIVE HEALTH SCREENINGS					
Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		

<input type="checkbox"/> I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.	
Name of Health Care Provider (Print)	Health Care Provider Stamp:
Signature/Date	

Instructions for Completing the Universal Child Health Record (CH-14)

Section 1 - Parent

Please have the parent/guardian complete the top section and sign the consent for the child care provider/school nurse to discuss any information on this form with the health care provider.

The WIC box needs to be checked only if this form is being sent to the WIC office. WIC is a supplemental nutrition program for Women, Infants and Children that provides nutritious foods, nutrition counseling, health care referrals and breast feeding support to income eligible families. For more information about WIC in your area call 1-800-328-3838.

Section 2 - Health Care Provider

1. Please enter the date of the physical exam that is being used to complete the form. Note significant abnormalities especially if the child needs treatment for that abnormality (e.g. creams for eczema; asthma medications for wheezing etc.)

- **Weight** - Please note pounds vs. kilograms. If the form is being used for WIC, the weight must have been taken within the last 30 days.
- **Height** - Please note inches vs. centimeters. If the form is being used for WIC, the height must have been taken within the last 30 days.
- **Head Circumference** - Only enter if the child is less than 2 years.
- **Blood Pressure** - Only enter if the child is 3 years or older.

2. **Immunization** - A copy of an immunization record may be copied and attached. If you need a blank form on which to enter the immunization dates, you can request a supply of Personal Immunization Record (IMM-9) cards from the New Jersey Department of Health, Vaccine Preventable Diseases Program at 609-826-4860. The Immunization record must be attached for the form to be valid.

- "Date next immunization is due" is optional but helps child care providers to assure that children in their care are up-to-date with immunizations.

3. **Medical Conditions** - Please list any ongoing medical conditions that might impact the child's health and well being in the child care or school setting.

a. Note any significant medical conditions or major surgical history. **If the child has a complex medical condition, a special care plan should be completed and attached for any of the medical issue blocks that follow.** A generic care plan (CH-15) can be downloaded at www.nj.gov/health/forms/ch-15.dot or pdf. Hard copies of the CH-15 can be requested from the Division of Family Health Services at 609-292-5666.

b. **Medications** - List any ongoing medications. Include any medications given at home if they might impact the child's health while in child care (seizure, cardiac or asthma medications, etc.). Short-term medications such as antibiotics do not need to be listed on this form. Long-term antibiotics such as antibiotics for urinary tract infections or sickle cell prophylaxis should be included.

PRN Medications are medications given only as needed and should have guidelines as to specific factors that should trigger medication administration.

Please be specific about what over-the-counter (OTC) medications you recommend, and include information for the parent and child care provider as to dosage, route, frequency, and possible side effects. Many child care providers may require separate permissions slips for prescription and OTC medications.

c. **Limitations to physical activity** - Please be as specific as possible and include dates of limitation as appropriate. Any limitation to field trips should be noted. Note any special considerations such as avoiding sun exposure or exposure to allergens. Potential severe reaction to insect stings should be noted. Special considerations such as back-only sleeping for infants should be noted.

d. **Special Equipment** - Enter if the child wears glasses, orthodontic devices, orthotics, or other special equipment. Children with complex equipment needs should have a care plan.

e. **Allergies/Sensitivities** - Children with life-threatening allergies should have a special care plan. Severe allergic reactions to animals or foods (wheezing etc.) should be noted. Pediatric asthma action plans can be obtained from The Pediatric Asthma Coalition of New Jersey at www.pacnj.org or by phone at 908-687-9340.

f. **Special Diets** - Any special diet and/or supplements that are medically indicated should be included. Exclusive breastfeeding should be noted.

g. **Behavioral/Mental Health issues** - Please note any significant behavioral problems or mental health diagnoses such as autism, breath holding, or ADHD.

h. **Emergency Plans** - May require a special care plan if interventions are complex. Be specific about signs and symptoms to watch for. Use simple language and avoid the use of complex medical terms.

4. **Screening** - This section is required for school, WIC, Head Start, child care settings, and some other programs. This section can provide valuable data for public health personnel to track children's health. Please enter the date that the test was performed. Note if the test was abnormal or place an "N" if it was normal.

- For lead screening state if the blood sample was capillary or venous and the value of the test performed.
- For PPD enter millimeters of induration, and the date listed should be the date read. If a chest x-ray was done, record results.
- Scoliosis screenings are done biennially in the public schools beginning at age 10.

This form may be used for clearance for sports or physical education. As such, please check the box above the signature line and make any appropriate notations in the Limitation to Physical Activities block.

5. Please sign and date the form with the date the form was completed (note the date of the exam, if different)

- Print the health care provider's name.
- Stamp with health care site's name, address and phone number.