Students entering into the Second and Third grade are encouraged to sign up for this awesome summer enrichment program. Students will be engaged in literacy activities which includes working with words, guided reading and writing all in the morning. After lunch they will join the Hiawatha campers to participate in enrichment activities.

This camp runs from July 6th until August 14th. A fee of $175 per week covers the 6 weeks from 9:00am – 4:00pm.

If you need Before and After or early bird for these weeks you can also register for those at an additional cost.

**Campers must attend all six (6) weeks and daily attendance is a must and required for this specific program.** This is so they can get the most out of the entire program from start to finish!

Please fill out entire packet and return to the Member Service Desk!
Camper’s Name ____________________________________________

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

<table>
<thead>
<tr>
<th>Parent 1 or Legal Guardian Information</th>
<th>Parent 2 or Legal Guardian Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name: __________________________</td>
<td>Last Name: __________________________</td>
</tr>
<tr>
<td>First Name: __________________________</td>
<td>First Name: __________________________</td>
</tr>
<tr>
<td>Home Phone: __________________________</td>
<td>Home Phone: __________________________</td>
</tr>
<tr>
<td>Cell Phone: __________________________</td>
<td>Cell Phone: __________________________</td>
</tr>
<tr>
<td>Work Phone: __________________________</td>
<td>Work Phone: __________________________</td>
</tr>
<tr>
<td>Employer: ____________________________</td>
<td>Employer: ____________________________</td>
</tr>
<tr>
<td>*Email: ______________________________</td>
<td>*Email: ______________________________</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Emergency Contact #1</th>
<th>Emergency Contact #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: __________________</td>
<td>Name: __________________</td>
</tr>
<tr>
<td>Relationship: ____________</td>
<td>Relationship: ____________</td>
</tr>
<tr>
<td>Cell Phone: _____________</td>
<td>Cell Phone: _____________</td>
</tr>
<tr>
<td>Work Phone: _____________</td>
<td>Work Phone: _____________</td>
</tr>
<tr>
<td>Address: ________________</td>
<td>Address: ________________</td>
</tr>
</tbody>
</table>

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:

- □ Asthma
- □ Allergies
- □ Spectrum Disorder
- □ ADD/ADHD
- □ Special Needs: ______________
- □ Special Dietary Needs
- □ Allergy to Poison Ivy
- □ Learning Disability: ______________
- □ Allergies to Insect Stings
- □ Seizures
- □ Other

Please provide details for any of the above checked boxes:______________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

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: ____________

*Please ask for an additional sheet if you need to add more than 4 pick-up people or contacts.
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
I agree to follow Camp Payment Policies; if not I will be subject to fees and refused admittance
I have received and reviewed a copy of the YMCA Camp Parent Handbook
I have received and reviewed a copy of the YMCA Transportation Policy and agree to let my child participate
*I have received and reviewed a copy of the Merrywood Activities Form & agree to let my child participate*
(only sign if child is attending Sequoia/Arrow) *
I understand that my child must be physically signed in and out of the program by an authorized adult daily
I understand that the YMCA is not responsible for lost, stolen or damaged personal articles
My child and I have reviewed the Camper Behavior Policy
I understand that breakfast and lunch will be provided for my camper starting June 17th

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
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
To transport my child as necessary for camp activities.
Allow my child to go on short walks under Y Staff supervision

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 __________
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 my 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 ________________
SUMMER LEARNING LOSS PREVENTION REGISTRATION FORM

Please complete the following information for each child enrolled in the program

Child Name:
(Please Print) Last First Middle

Child’s Home Phone: ______________________

Emergency Contact Name: ___________________________ Emergency Contact Phone: _________________

Child’s Home/Mailing Address:
No. & Street or P.O. Box City State Zip Code

Sex: (circle one) M F

Date of Birth: ___________________________ (Month/Day/Year)

Grade Entering:
☐ First Grade ☐ Second Grade ☐ Third Grade ☐ Fourth Grade ☐ Fifth Grade

Does your child qualify for free or reduced school lunches? _____Yes _____No

Ethnicity Information:
Please check the ethnic group(s) the child most identifies with:
☐ Caucasian/White ☐ African American/Black
☐ Hispanic/Latino ☐ Native Hawaiian or other Pacific Islander
☐ American Indian or Alaska Native ☐ Asian
☐ Two or More

Primary Language Spoken at Home:
☐ English ☐ Polish
☐ Spanish ☐ French
☐ Japanese ☐ Chinese
☐ Other, please specify ________________________________

Secondary Language Spoken at Home: ________________________________
Is your child eligible for ELL services?  _____Yes  _____No
Does your child participate in ELL services?  _____Yes  _____No
Does your child have an IEP?  _____Yes  _____No
Does your child have any allergies or health alerts that we should be aware of?
Yes  _____ No  _____
If yes, please explain: ________________________________

Can your child swim without a life jacket or adult assistance?  _____Yes  _____No

What is your child’s favorite story or storybook character?
___________________________________________________

What is your child most interested in? (e.g., space, firefighters, ballerinas, etc.)
______________________________________________________

About your family:

Is your family or child currently a member of a local YMCA?  _____Yes  _____No

Has your family or child participated in YMCA activities before?  _____Yes  _____No

If yes, which ones:  _____ Before/afterschool program

                          _____ Summer camp
                          _____ Swimming
                          _____ Other
CONSENT TO PARTICIPATE IN PROGRAM EVALUATION

Your local YMCA and YMCA of the USA evaluate our programs to see what we are doing well, to identify areas of the program that we can improve, and to make sure that the children we serve are benefitting from this program. Participant demographics and attendance will be collected as part of participation in this program. The evaluation, for which we are seeking consent, involves collecting additional information from program participants.

WHAT YOU WILL BE ASKED TO DO

For evaluation purposes, we ask your permission to use your child’s literacy/reading assessment results. If you provide consent, your child will take a literacy/reading assessment at the beginning and end of the summer program. We will also ask you to complete two short surveys. One survey will ask you about your satisfaction with the program while the other survey will ask about potential impacts of the program. That is, the survey will ask about your child’s reading behaviors and if their literacy/reading skills have improved due to participation in this program. Where applicable, we also ask your permission to receive academic data from your child’s school, in accordance with applicable state and federal laws.

BENEFITS

There are several potential benefits to agreeing to evaluation consent, which we believe far outweigh the risks. In particular, teachers can use your child’s first literacy/reading assessment score to tailor instruction to the unique needs of your child. If a student does not have evaluation consent, they may have to participate in a different activity while consented students are being assessed. Additionally, your child’s participation will potentially benefit many other future students across the country, by helping us learn more about best practices in the out-of-school time field.

KEEPING YOUR INFORMATION CONFIDENTIAL

If you choose to participate in the evaluation, your privacy and your child’s privacy will be protected indefinitely. Your local-Y and Y-USA will follow all applicable federal laws that protect student personal information, including maintaining appropriate physical, electronic, and procedural safeguards. Identifying information is removed from the data in a timely manner; electronic data storage methods utilize encryption as well as password protection; and hard copies of documents and videos are kept in locked, secure offices.

We will not use your child’s name in any report or publication; rather, your child’s data will be aggregated with other students enrolled in the program. This data may be included in Y-USA site and national program reports, as well as in peer-reviewed education and evaluation journal articles.

There is a very small risk that confidential data will be compromised. We will minimize this risk by ensuring that only approved local-Y and Y-USA evaluation staff involved in the program have access to student information. As required for evaluation purposes, we may share your child’s information with our evaluation partners, who we require to protect your child’s privacy and confidentiality to the extent allowable by law.
YOUR RIGHT TO WITHDRAW FROM THE PROJECT

Participation in the evaluation is voluntary and you can withdraw your consent to participate at any time. Your child’s participation in the program will not be affected. You have the right to refuse your child’s participation in program evaluation. You will not lose any of your legal rights by signing this consent form.

CONTACT INFORMATION

If you have questions about the program evaluation at any time, or want to review any questions that will be on the parent/caregiver surveys, please contact Y-USA at 800-872-9622.

AGREEMENT TO PARTICPATE IN PROGRAM EVALUATION

☐ Yes, I agree to allow my child’s information to be used as part of the program evaluation. I understand that this evaluation is part of the program my child is receiving and that my child’s participation is voluntary.

☐ No, I choose not to allow my child’s information to be used as part of the program evaluation.

If you sign below but do not check either box, we will assume you have agreed to the use of your child’s information in the evaluation. This agreement remains in effect until you withdraw your permission.

____________________________________
Child’s name

____________________________________
YMCA name

____________________________________   ______________________
Parent/guardian signature                  Date

You will receive a copy of this consent form to keep. We appreciate you taking the time to consider providing evaluation consent.

____________________________________   ______________________
Signature of person explaining consent form Date
Dear Parent/Caregiver:

Thank you for participating in the 2020 Summer Learning Loss Prevention Program. As you know, the program focuses on increasing your child’s reading skills. It also creates an environment that supports healthy youth development.

We believe that family involvement is the key to your child’s success. So, for your child to effectively participate in the program we need your participation too! Your family’s involvement includes attending the initial orientation, participating in workshops, and committing to reading to your child for at least 20 minutes every night. We are also hoping that your child will have opportunities to have **FUN**, be **ACTIVE** and make **HEALTHY CHOICES**—during the program AND at home!!

Please take a moment to read and complete the agreement below. We look forward to working with you and your child this summer!

PARENT/CAREGIVER AGREEMENT

I, ________________________________ (please print first and last name) understand and agree to the following:

- ☐ To read to my child for **AT LEAST 20 MINUTES EACH NIGHT**
- ☐ To attend the program **ORIENTATION**
- ☐ To attend **WORKSHOPS** that will be scheduled during the six-week program

______________________________  ______________________________
Child’s Name                      Parent or Caregiver Signature

______________________________  ______________________________
Today’s Date                      Phone Number
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
- **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
- **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 (609-365-5027 Atlantic 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.ccaymca.org. Funds are limited – APPLY EARLY.

If you live in another county other than Cumberland County and have other Third Party questions, please contact our Child Care Financial Services Department at 856-691-0030 extension 111 or 141.

---

Zipline at Merrywood!  Nature Enrichment  Outdoor activities at all our camps!
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
- 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 ______________________

(Childs name)

Camp: ____________

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.

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: ______________________

Parent/Guardian Signature: ________________________  Date:____________
# UNIVERSAL CHILD HEALTH RECORD

**SECTION I - TO BE COMPLETED BY PARENT(S)**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s Name (Last)</td>
<td>First)</td>
</tr>
<tr>
<td>Gender</td>
<td>Male</td>
</tr>
<tr>
<td>Does Child Have Health Insurance?</td>
<td>Yes</td>
</tr>
<tr>
<td>Parent/Guardian Name</td>
<td>Home Telephone Number</td>
</tr>
<tr>
<td>Parent/Guardian Name</td>
<td>Home Telephone Number</td>
</tr>
</tbody>
</table>

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.

**SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Physical Examination</td>
<td>Results of physical examination normal? Yes</td>
</tr>
<tr>
<td>Abnormalities Noted</td>
<td>Weight (must be taken within 30 days for WIC)</td>
</tr>
<tr>
<td></td>
<td>Height (must be taken within 30 days for WIC)</td>
</tr>
<tr>
<td></td>
<td>Head Circumference (if &lt;2 Years)</td>
</tr>
<tr>
<td></td>
<td>Blood Pressure (if &gt;3 Years)</td>
</tr>
</tbody>
</table>

**IMMUNIZATIONS**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunization Record Attached</td>
<td>Date Next Immunization Due:</td>
</tr>
</tbody>
</table>

**MEDICAL CONDITIONS**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic Medical Conditions/Related Surgeries</td>
<td>List medical conditions/ongoing surgical concerns: None</td>
</tr>
<tr>
<td>Medications/Treatments</td>
<td>List medications/treatments: None</td>
</tr>
<tr>
<td>Limitations to Physical Activity</td>
<td>List limitations/special considerations: None</td>
</tr>
<tr>
<td>Special Equipment Needs</td>
<td>List items necessary for daily activities: None</td>
</tr>
<tr>
<td>Allergies/Sensitivities</td>
<td>List allergies: None</td>
</tr>
<tr>
<td>Special Diet/Vitamin &amp; Mineral Supplements</td>
<td>List dietary specifications: None</td>
</tr>
<tr>
<td>Behavioral Issues/Mental Health Diagnosis</td>
<td>List behavioral/mental health issues/concerns: None</td>
</tr>
<tr>
<td>Emergency Plans</td>
<td>List emergency plan that might be needed and the sign/symptoms to watch for: None</td>
</tr>
</tbody>
</table>

**PREVENTIVE HEALTH SCREENINGS**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type Screening</td>
<td>Date Performed</td>
</tr>
<tr>
<td>Hgb/Hct</td>
<td>Hearing</td>
</tr>
<tr>
<td>Lead:</td>
<td>Capillary</td>
</tr>
<tr>
<td>TB (mm of Induration)</td>
<td>Vision</td>
</tr>
<tr>
<td>Other:</td>
<td>Dental</td>
</tr>
<tr>
<td>Other:</td>
<td>Developmental</td>
</tr>
<tr>
<td>Other:</td>
<td>Scoliosis</td>
</tr>
</tbody>
</table>

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

CH-14 OCT 17 Distribution: Original-Child Care Provider Copy-Parent/Guardian Copy-Health Care Provider
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 breastfeeding 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](http://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.
   - a. For lead screening state if the blood sample was capillary or venous and the value of the test performed.
   - b. For PPD enter millimeters of induration, and the date listed should be the date read. If a chest x-ray was done, record results.
   - c. 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.
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