



**FIND YOUR FUN.
FIND YOUR Y.**

NEW ROCHELLE Y DAY CAMP

Registration opens:

Members: Mar 4, 2022

Non-members: Mar 11, 2022

For a better us.®



**1199 SEIU
APPROVED CAMP**

**914.632.1818
NRYMCA.ORG**

TABLE OF CONTENTS

Section	Pages
General Camp Info	Page 3
Camps/Ages	Pages 4-5
Weekly Themes/Trips	Pages 6-7
Registration Pages	Pages 8-12

CAMP HOURS

STANDARD	9:00AM- 5:00PM
AM EXTENDED CARE	7:00AM - 9:00AM
PM EXTENDED CARE	5:00PM - 7:00PM

CONTACT US

PHONE	914-632-1818
FAX	914-632-7140
EMAIL	INFO@NRYMCA.ORG

INCLEMENT WEATHER POLICY

In cases of severe weather including hurricanes, tornados or severe thunderstorms the New Rochelle YMCA Summer Camp may cancel services for the day. In cases of in inclement weather closure, the facility will send an email to all registered campers. Please make sure when registering you use a current email address. Information will also be posted on our Facebook Page and Website.

During cases of thunderstorms the aquatics center will be closed for 30 minutes following the last sign of lighting, including thunder or sighted lighting.

STAFF DIRECTORY

Tanisha Miller, Youth Development Director
tmiller@nrymca.org
914.632.1818

Scott Snowden, Summer Camp Director
ssnowden@nrymca.org
914.632-1818

What makes the New Rochelle YMCA so special?

The friendships we make, the skills we learn, the trips that we go on, and the confidence we build last long after the summer ends. The New Rochelle YMCA Summer Camps have provided children in our community a camp experience they never forget. Our camps offer a variety of experiences for children of all ages and abilities, with each camp offering safe and supervised fun provided by a caring, responsible staff.

Each child gains something different at camp: making new friends, self-confidence, independence, and leadership—skills that last far beyond camp. Whether it's your child's first camp experience or they've been part of the NR YMCA camp family for years, they will enjoy the multitude of activities and trips planned. Activities specifically selected to provide a fun camp experience will provide campers with opportunities to grow personally, have fun, be creative and make life-long memories.

Days will be filled with friendship, learning and FUN! Our program is designed to enrich each child's:

Mind... by exposure to Science, Math, and Reading

Body... by exploring Health and Wellness

Spirit... by growing an appreciation of Arts and Music

Everyday our campers will have experiences that reflect the YMCA's commitment to:

Youth Development

Nurturing the potential of every child and teen.

Healthy Living

Improving the nation's health and well-being.

Social Responsibility

Giving back and providing support to our neighbors.

They will learn to understand and live our four core values of caring, honesty, respect, and responsibility.

At NRYMCA, kids will always have a safe environment, positive role models, and will build memories to last a lifetime!

EMERGENCY CELLPHONE
PLEASE ONLY USE FOR EMERGENCIES
914-224-7504

NEW ROCHELLE DAY CAMP

REGISTRATION ON PAGE 8

CAMP ACTIVITIES

The day camp program will be held at the New Rochelle YMCA and will primarily take place at the facility. During field trips, busses will pick up at the New Rochelle YMCA.

ON SITE ACTIVITIES

On site activities may include a combination of age appropriate activities sports, crafts, outdoor education, team-building activities, water play and STEAM related offerings such as cooking, science, expressive arts and literacy. Some weeks we will also have outside programming such as GIZMO the robot or the Westchester Children's Museum.

FIELD TRIPS

Some weeks will have planned day trips such as visits to Quassy Amusement Park, the Westchester Children's Museum and the Intrepid Air & Space Museum. There is no additional cost to attend these trips. All campers are required to have a signed permission slip to added.

THEME WEEKS

Theme weeks and special events will be planned throughout the summer! Campers are encouraged to bring costumes that are related to the weekly theme.

PRICING INFORMATION

MEMBER RATE \$320 PER WEEK*

NON-MEMBER RATE \$370 PER WEEK*

AM EXTENDED CARE (7AM-9AM) \$70

PM EXTENDED CARE (5PM-7PM) \$70

AM & PM EXTENDED CARE \$120

SIBLING DISCOUNT 10% OFF WEEKLY RATE
FOR EACH ADDITIONAL CHILD

*SCHOLARSHIPS ARE AVAILABLE

SAMPLE DAILY SCHEDULE

(SUBJECT TO CHANGE)

TIME	ACTIVITY
7:00AM - 9:00AM	AM EXTENDED CARE: GROUP GAMES
9:00AM - 10:00AM	MORNING GROUP GATHERING & CAMP OPENING
11:00AM- 12:00PM	SPORTS, MUSIC/DRAMA OR STEM
12:00PM- 1:00PM	LUNCH
1:00PM- 2:00PM	POOL TIME - FREE SWIM, BOATING OR SWIMMING INSTRUCTION
2:00PM- 3:00PM	ARTS & CRAFTS, TEAM BUILDING OR COOKING
3:00PM- 4:00PM	SPORTS, STEM OR ARTS& CRAFTS
4:00PM- 5:00PM	DISMISSAL & FIELD GAMES
5:00PM- 7:00PM	PM EXTENDED CARE : GROUP GAMES





CAMPS

Our day camp are divided into smaller “camps” based off of their age ranges. This allows us to ensure all activities are age appropriate and that the children interact and bond with campers in their same age range.

DISCOVERY – AGES: 3-5

A fun summer is a springboard for an amazing school year! Discovery Camp is designed for children entering pre-school and/or kindergarten in September 2022. Campers will be engaged in a variety of activities that support transition into school by building social and emotional skills in a fun and nurturing environment, including a focus on structures, transitional activities and group play. They engage in creative, age appropriate activities developed according to the weekly camp theme. Through physical fitness, interactive science, literacy activities and theme-based arts and crafts, campers will discreetly focus on listening and following directions, sharing and cooperative play, making friends and very importantly -- having fun! The Discovery Group is a fantastic way to introduce your child to a full day-camp program.

Ratio: 6 Campers to 1 Staff Member

ADVENTURE – AGES: 6-8

The magic of summer camp is priceless as campers make friends, experiences and memories to last a lifetime! They'll engage in fun adventures in this traditional day camp as they keep active with physical fitness, sports, outdoor and indoor activities, daily swimming and dance to name a few activities. Campers will be excited as they enjoy science activities, be creative in arts and crafts, and build resilience as they engage in challenges that require problem-solving and critical thinking skills. This camp offers a unique experience that includes time for campers to build social and emotional skills in a fun and inclusive environment to foster and support healthy friendships. Throughout the program, our activities will always focus on and highlight the YMCA core values: respect, honesty, caring and responsibility.

Ratio: 8 Campers to 1 Staff Member

EXTENDED CAMP HOURS:

Extended Camp (AM Extended 7:30-9:00 am /PM Extended 5:00-6:30 pm) is an option for parents who need a safe, happy and nourishing place for their children before camp starts, after it ends, or both. Please be sure to check the appropriate boxes on your camper registration form to ensure we are fully staffed and expecting your camper.



EXPLORER – AGES: 9-11

In the Explorer Group, campers will experience a variety of fun, traditional camp activities that are based on the weekly camp theme. Explorers will participate in innovative projects, shows, tournaments, various age appropriate activities and special events. Traditional camp activities are also part of the program and include daily swimming, sports, arts and craft, and STEM activities that align to our weekly theme. Innovative projects will help develop communication and team building skills, as well as persistence and build confidence. All this while making connections with friends and having fun!

Ratio: 10 Campers to 1 Staff Members

TEEN X-TREME TEAM – AGES: 12-15

Teen X-Treme Team will be an amazing and varied summer experience for this age group. Campers will build communication and collaborative working skills as their team dives into activities based on the weekly theme. Campers will explore and partake in the arts, sports, and science, all with a focus on building confidence and strong peer relationships. During each session, campers participate in project-based learning designed to foster growth in social emotional learning and leadership development skills. Campers will travel locally for active volunteering and community services each week. All camp activities focus on the YMCA's four core values of respect, caring, honesty, and responsibility.

Ratio: 12 Campers to 1 Staff Member

FINANCIAL ASSISTANCE PROGRAM

Through generous donations we are able to support families and provide the summer camp experience to children who may not otherwise be able to afford it. The New Rochelle YMCA offers financial assistance for families who qualify. Please reach out to Mr. N. Gordon at ngordon@nrymca.org.



WEEKLY THEMES

WEEK 1: Party in the USA! (JUNE 27 to JULY 1)

Ditch the bookbag and the pencils! It's about to happen—summertime fun! We'll start things off right with no thinking, just plain ol' fun, playing summer camp games and activities. We'll just dip in the pool, play a game of corn hole or two, run around, and just enjoy NOT having to do work.

TRIP/SPECIAL EVENT: Family BBQ

WEEK 2: Mad Scientist Week! *MUAH-HAHAHA* (JULY 5 to JULY 8)

Welcome young scientists to a week that will be full of awesome and messy experiments. Let the YMCA become your laboratory, conduct experiments, bust myths and test theories.

TRIP/SPECIAL EVENT: GIZMO the Robot & Trip to Connecticut Science Center

WEEK 3: Superhero Week (JULY 11 to JULY 15)

Calling all superheroes! We need you and your talents to help save the day. As we join forces, we'll enhance our super abilities. We engage in superhero arts & crafts, games and, most important, training. Be sure to bring your cape as we practice our flying ability too!

TRIP/SPECIAL EVENT: IFLY Westchester Skydiving

WEEK 4: Adventure Week (JULY 18 to JULY 22)

Take a walk on the wild side! Spend the week exploring your natural surroundings, whether it's a city park, farm or wetland trails. Unleash your imagination with fun crafts projects and wacky outdoor fun and learn more about the wild lands of Westchester and NYC.

TRIP/SPECIAL EVENT: Stamford Museum & Nature Center (Discovery / Adventure) Boundless Adventures (Explorer/Teen)

WEEK 5: Splish Splash Week (JULY 25 to JULY 29)

Summer is no better time than to spend time at the pool, play with water balloons and get wet! We'll cool off with a variety of water ball games and activities in the pool and on the field. Make sure you come with your swimsuit!

TRIP/SPECIAL EVENT: Quassy Amusement & Water Park

NEW ROCHELLE DAY CAMP

REGISTRATION ON PAGE 8

WEEKLY THEMES (CONTINUED)

WEEK 6: Building and Engineering Week (AUGUST 1 to AUGUST 5)

You'll get your "Engineer On!" this week. You'll work together with a team of other dedicated engineers to problem solve and use your critical thinking skills to design, construct and create a number of engineering activities and projects using a variety of building sets such as LEGOS, straws, connectors and more!

TRIP/SPECIAL EVENT: Visit from Westchester Children's Museum & trip to Intrepid Sea, Air & Space Museum

WEEK 7: Lights, Camera & A-C-T-I-O-N! (AUGUST 8 to AUGUST 12)

It's Showtime!!! We are calling all campers to the stage. We'll weave creative camp activities with the performing arts to create an Oscar-winning experience. So if you like to act, sing, dance, or tell jokes, then this will be your time to shine!

TRIP/SPECIAL EVENT: Visit from Westchester Circus Arts – Pop Up Circus/ Interactive show & Trips to Gazillion Bubble Show (Discovery/Adventure) or Medieval Times (Explorer/Teen)

WEEK 8: International Carnival (AUGUST 15 to AUGUST 19)

Step right up ladies and gentlemen! We'll enjoy the lure of carnival life as we prepare for the big event. We'll create interactive games, challenges and fun art designs. Just like in famous carnivals around the world, we'll party as we come closer to the end of summer. We'll have outdoor entertainment, including fun Inflatables, live DJ, dancing, delicious treats & games that will knock you off your feet.

TRIP/SPECIAL EVENT: Visit from Westchester Circus Arts – Pop Up Circus/ Interactive show & Trips to Gazillion Bubble Show (Discovery/Adventure) or Medieval Times (Explorer/Teen)

WEEK 9: International Carnival (AUGUST 22 to AUGUST 26)

Let's go out in style!! Campers will relive some of their greatest memories of summer. We'll take the island attitude of taking it easy as we make this the best week of camp. Aloha summer!

TRIP/SPECIAL EVENT: Bowling & Wilson Woods Wave pool

NEW ROCHELLE YMCA SUMMER CAMP

****The following information is required by State of NY Licensing and the YMCA****

I hereby reserve a place at New Rochelle YMCA Summer Camp for my child.

**Discovery
(3-5 Years)**

**Adventure
(6-8 Years)**

**Explorer
(9-11 Years)**

**Teen X-Treme
(12-15 Years)**

Camper's Name:	Birthday:	Age:	Gender:
Home Address:	City:	State:	Zip:
Native Amer.	Hispanic	Asian/Pacific	Caucasian
African Amer.	Other:		

Membership Fees: Youth members \$100 (per year) / Student Membership (Ages 13+) \$360 (per year)

Current Membership Tag # _____

PLEASE CHECK OFF DESIRED WEEKS OF CAMP (see pages 6-7 for themes & trips)

Fees	WEEK 1 (6/27-7/1)	WEEK 2 (7/5-7/8)	WEEK 3 (7/11-7/15)	WEEK 4 (7/18-7/22)	WEEK 5 (7/25-7/29)	WEEK 6 (8/1-8/5)	WEEK 7 (8/8-8/12)	WEEK 8 (8/15-8/19)	WEEK 9 (8/22-8/26)	TOTAL
Members: \$320										
Non-Members: \$370										
AM Extended Care: \$70										
AM Extended Care: \$70										
AM/PM Care: \$120										
TOTAL AMOUNT DUE*										

*Please note that there is a sibling discount of 10% off of the weekly fees. Please ask our membership staff for more information

Payment options:

- If registering for just 1 week of camp: Full payment is required at the time of registration.
- If registering for 2 or more weeks of camp: Full payment for the 1st week of camp is required at registration. A \$50 per week nonrefundable deposit is required for to reserve additional weeks. An autodraft using a credit card or bank account will be set up (see page 12) for autodraft form. Payment via autodraft is required by the Monday proceeding the week at camp.

PARENT'S/GUARIAN'S CONTACT INFORMATION

*Please indicate if a non-custodial parent has limits on visitation or pick up. If a non-custodial parent has been denied visitation or has limited visitation by a court order, a copy of the order must be given to the YMCA and kept on file at camp

1st Adult:	Relation to child:
Home address:	City:
Home Phone:	Cell Phone:
Email:	Work Phone:
2nd Adult:	Relation to child:
Home address:	City:
Home Phone:	Cell Phone:
Email:	Work Phone:

Method of payment: Cash / Personal Check / Credit Card / Bank Draft

Third Party Payment: 1199 / DSS / OTHER: _____

PARENT'S/GUARDIAN'S SIGNATURE: _____ **Date:** _____

NEW ROCHELLE YMCA SUMMER CAMP

****The following information is required by State of NY Licensing and the YMCA****

Camper's Name:			
Child's Physician :		Phone:	
Address:	City:	State:	Zip:
Child's Dentist :		Phone:	
Address:	City:	State:	Zip:
Allergies:	Medication:	Dietary Restrictions:	
Other Restrictions:			

*If medications need to be taken during the day you must complete a Medication Authorization Form and submit it to the Camp Director before your child starts camp

EMERGENCY CONTACTS & PICK UP AUTHORIZATION (Secondary Contacts, cannot be primary mother/father/guardian)

In an emergency situation, parents will be contacted first and Emergency Contacts will be contacted only if parents/guardians listed above cannot be reached. Please list in order to be contacted. All individuals authorized to pick up your children from the program must be at least 18 years of age. Children will not be released to minors. A license or other positive proof of identification must be shown at pick up. Please make sure that the individuals on this list are aware that they may be called in an emergency to pick up your child.

I give permission for the emergency contact persons listed below to authorize medical treatment or to pick up and/or transport my child from the program in my absence. I understand that persons listed as "Emergency Contacts" are automatically authorized to pick up my child from the program. In emergency situations only, I will give verbal and/or written permission for an individual, who is not on this list, to pick up my child. I understand no child will be released without emergency verbal/written permission.

Name:		Relation to child:
Home Phone:	Cell Phone:	Work Phone:
Name:		Relation to child:
Home Phone:	Cell Phone:	Work Phone:

ADMINISTRATION OF FIRST AID

These steps may include, but are not limited to the following:

- Contacting parent/guardian; authorized alternate persons; child's physician/dentist.

If we cannot contact any of the above, we will do one or all of the following:

- Call our medical or dental consultant.
- Call police or ambulance in emergency.
- Staff accompanies your child to the hospital in a program vehicle or staff car. Any expenses incurred for any of the above will be the responsibility of the parent/guardian.

ABSENT PARENT CONSENT FOR EMERGENCY TREATMENT OF A MINOR

- I hereby authorize the staff of the New Rochelle YMCA to give First Aid and CPR to my child as needed. I understand that the staff are trained in the basics of First Aid and CPR.
- In the event of an emergency, I hereby authorize the program staff to have my child transported to the nearest medical facility to secure necessary medical treatment.
- I give permission for the emergency contact persons to authorize medical treatment or to pick up and/or transport my child from the program in my absences
- In the event that I cannot be reached, I hereby authorize any licensed physician to provide proper treatment, order injections, hospitalize, give anesthesia or perform emergency surgery for my child. I give permission to the physicians attending to my child to secure and administer treatment as necessary. I understand that this authorization is given prior to any need for medical care, but is given to avoid unnecessary delay in emergency treatment, which the physician may deem advisable.
- I understand that the staff will make every effort to notify me of the emergency immediately.
- I hereby grant permission for the staff to take any steps necessary to obtain medical or dental care if warranted The YMCA shall not be held responsible for anything that may happen as a result of false information given at the time of enrollment.

I have read, understand and agree to the conditions as stated above.

PARENT'S/GUARDIAN'S SIGNATURE: _____ **Date:** _____

NEW ROCHELLE YMCA SUMMER CAMP

****The following information is required by State of NY Licensing and the YMCA****

Camper's Name:

PARENT AGREEMENT (PLEASE READ CAREFULLY)

The following information is important for the safety of your child. Please read the information and sign below. Please keep and refer to your copy of the YMCA Camp Parent Handbook, which outlines our program Policies and Procedures. Your signature below indicates that you have received them, read them and will adhere to all regulations and requirements.

- I have received and read the parent handbook.
- I grant permission for my child to use all of the play equipment and participate in all of the activities of the program with the exception of: _____
- I hereby grant consent for my child to participate in swimming in life-guarded places only.
- **My child's ability to swim is (Circle One): Non Swimmer / Beginner / Intermediate / Advanced**
- I grant permission for my child to use all the play equipment and participate in all of the activities of the center.
- I grant permission for my child to walk to nearby park and use the play equipment under the supervision of YMCA staff.
- I grant permission for my child to leave the program premises under the supervision of a staff member for a field trip, in an authorized vehicle.
- I hereby grant consent and authorize the use of photographs, slides, videotape and film of my child participating in New Rochelle YMCA activities for commercial and art purposes in any medium of advertising, communication, publication or publicity that will promote New Rochelle YMCA programs and services, and/or recognition of participants. I understand that the YMCA is a non-profit organization.
- I understand that YMCA staff and volunteers are *not allowed to baby-sit or transport children at any time outside of the YMCA program*. The YMCA may take immediate disciplinary action toward staff and volunteers if a violation is discovered.
- I understand that I am not to leave my child at the YMCA or program site unless a YMCA staff or volunteer is there to receive and supervise my child.
- I understand that my child will not be allowed to leave the program with an unauthorized person.
- I understand that any person picking up may ask to verify a license at anytime.
- 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.
- I understand that if my child is picked up after camps dismissal more than 3 times, I may be asked to leave the program.
- I understand that the YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I certify that my child has my permission to apply self-supplied sunscreen and bug repellent as necessary.
- I certify that a licensed physician has examined my child in the last 12 months and I have provided the New Rochelle YMCA with documentation with immunization records.
- I understand that the New Rochelle YMCA can suspend any child at any time for inappropriate or dangerous behaviors.
- I understand that only the person that signs this form may make changes to it.
- I understand that camp fees are nonrefundable.

PARENT STATEMENT OF UNDERSTANDING

The New Rochelle YMCA strongly believes that our summer camp program will most effectively meet your child's developmental needs by providing continuous care. The YMCA has made a commitment to maintain staff, curriculum and facilities that will enrich your child's learning and growth experiences. We seek a similar commitment from you. In signing this agreement, you have reserved your child's space for the 2022 summer session dates you indicated earlier and are responsible for full payment. Under no circumstances will the YMCA accept less than two weeks written notice of the withdrawal of your child from the program. The YMCA reserves the right to charge for full services throughout the notice period. Registration, deposit, late fees and membership fees are non-transferable and non-refundable if at any time you or the YMCA of New Rochelle terminates services.

I have read, understand and agree to the following:

- Registration and payment is due before each session. Camp fees are nonrefundable. (Initial) _____
- My child will not be able to attend camp until the enrollment form, administration of medication and child's health record are completed, signed by all parties and returned to the Y. (Initial) _____
- I have received a copy of the YMCA Camp Parent Handbook with policies and procedures. (Initial) _____

PARENT'S/GUARDIAN'S SIGNATURE: _____ **Date:** _____

NEW ROCHELLE YMCA SUMMER CAMP

****The following information is required by State of NY Licensing and the YMCA****

Camper's Name:

PICK-UP AUTHORIZATION FORM

Your child will not be released into the custody of any person that you have not specified below as an accepted pick-up person, even including other family members. All individuals listed must be at least 18 years of age, and have a valid ID. Campers will not be released to minors, including to siblings. Telephone approval is not acceptable. Please print below the full names of any and all persons you authorize to pick your child (list your name first).

My child may be picked up only by the following people:

NAME:	PHONE:
NAME:	PHONE:
NAME:	PHONE:
NAME:	PHONE:
NAME:	PHONE:
NAME:	PHONE:
NAME:	PHONE:
NAME:	PHONE:
NAME:	PHONE:
NAME:	PHONE:

I understand and agree that once my child is released into the custody of any of the above named individuals, the YMCA and its staff no longer has any responsibility for my child.

We recommend that you establish a secret password with your child to be used in an emergency situation.

Late Pick-Up: A grace period of 5 minutes will be allocated for your convenience. If a child is picked-up after 5:05 a charge of \$1.00 per minute will be applied to your bill. **Habitual late pick-ups may result in suspension from the program. Please be on time!**

PARENT'S/GUARDIAN'S SIGNATURE: _____ **Date:** _____

NEW ROCHELLE YMCA SUMMER CAMP

****The following information is required by State of NY Licensing and the YMCA****

Camper's Name:

CREDIT CARD/BANK ACCOUNT DRAFT AUTHORIZATION

By signing this form, I agree to pay the amount due the MONDAY BEFORE each new session of camp. It will be my responsibility to notify the New Rochelle Y in the event that I cancel my credit/debit card. I will also notify the Y when I receive a new expiration date on my card. If for some reason a transaction will not post (i.e. account closed or suspended, insufficient funds), I understand that I will be charged a \$35.00 fee. I understand that if my payment is not received prior to the start of the next session, then my child won't be able to attend YMCA Camp New Roc that session.

I authorize the New Rochelle YMCA to keep my signature on file and to charge my credit card on account, on an ongoing basis for amounts I owe. I understand that this authorization is valid for the duration of my child's enrollment and I may cancel the authorization at any time through a 30 day written notice.

ACCOUNT HOLDER'S NAME:

Home address:

City:

State:

Zip:

Account Number:

Exp Date:

CSC:

Routing Number (if using bank account):

Signature:

All information on this form is correct as far as I know. I understand that the YMCA reserves the right to refuse an application, or terminate enrollment of any child based upon disciplinary difficulties or lack of payment.

PARENT'S/GUARDIAN'S SIGNATURE: _____ **Date:** _____

Withdrawal Procedures

Withdrawals must be made in writing only. Withdrawals must be sent directly to the YMCA located at 50 Weyman Avenue, New Rochelle, NY 10805. Weekly enrollment fees will be charged until the Director receives notification of withdrawal in writing.

By signing you attest that you understand the withdrawal procedure

PARENT'S/GUARDIAN'S SIGNATURE: _____ **Date:** _____

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES**INDIVIDUAL HEALTH CARE PLAN
FOR A CHILD WITH SPECIAL HEALTH CARE NEEDS**

You may use this form or an approved equivalent to document an individual health care plan developed for a child with special health care needs.

A child with a special health care need means a child who has a chronic physical, developmental, behavioral or emotional condition expected to last 12 months or more and who requires health and related services of a type or amount beyond that required by children generally.

Working in collaboration with the child's parent and child's health care provider, the program has developed the following health care plan to meet the individual needs of:

Child Name:	Child date of birth:
Name of the child's health care provider:	<input type="checkbox"/> Physician <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Nurse Practitioner

Describe the special health care needs of this child and the plan of care as identified by the parent and the child's health care provider. This should include information completed on the medical statement at the time of enrollment or information shared post enrollment.

Identify the caregiver(s) who will provide care to this child with special health care needs:

Caregiver's Name	Credentials or Professional License Information (if applicable)

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
CHILD IN CARE MEDICAL STATEMENT

To Be Completed By Licensed Physician, Physician Assistant or Nurse Practitioner

Name of Child:	Date of Birth: / /	Date of Examination: / /
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Immunizations required for entry into day care

Medical Exemption The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s).

☐ Yes ☐ No

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /	5 th Date / /
Polio (IPV or OPV)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /	
Haemophilus influenzae type B (Hib)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date OR 1 st Date (if given on or after 15 months of age) / /	
Pneumococcal Conjugate (PCV) for those born on or after 1/1/08)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /	
Hepatitis B	1 st Date / /	2 nd Date / /	3 rd Date / /		
Measles, Mumps and Rubella (MMR)	1 st Date / /	2 nd Date / /			
Varicella (also known as Chicken Pox)	1 st Date / /	2 nd Date / /			

Other Immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A

Type of Immunization:	Date: / /	Type of Immunization:	Date: / /
Type of Immunization:	Date: / /	Type of Immunization:	Date: / /
Type of Immunization:	Date: / /	Type of Immunization:	Date: / /

Tests

Tuberculin Test Date: / / Mantoux Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative mm			
TB Tests are at the physician's discretion. Acceptable tests include Mantoux or other federally approved test. If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.			
Lead Screening Date: / /			
Attach lead level statement			
Lead Screening (Include All Dates and Results)			
1 year / /	Result: _____	mcg/dL	<input type="checkbox"/> Venous <input type="checkbox"/> Capillary
2 years / /	Result: _____	mcg/dL	<input type="checkbox"/> Venous <input type="checkbox"/> Capillary
Most recent date of lead screening (if different from above):			
/ /	Result: _____	mcg/dL	<input type="checkbox"/> Venous <input type="checkbox"/> Capillary
Per NYS law, a blood lead test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely.			
If the child has not been tested for lead, the day care provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the county health department for a lead blood screening test.			

(Continued on reverse side)

CHILD IN CARE MEDICAL STATEMENT *(continued)***Health Specifics****Comments**

Are there allergies? (Specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is medication regularly taken? (Specify drug and condition)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a special diet required? (Specify diet and condition)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any hearing, visual or dental conditions requiring special attention?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any medical or developmental conditions requiring special attention?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Summary of Physical Exam

Include special recommendations to child day care providers

On the basis of my findings as indicated above and on my knowledge of the named child, I find that: he/she is free from contagious and communicable disease and is able to participate in child day care.

☐ Yes ☐ No

_____ Signature of Examiner	_____ Address
_____ Please Print Name	_____ City, State, Zip
_____ Title	() - / / Phone Date



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