

**YMCA OF CENTRAL NEW MEXICO**  
**2021 Summer Specialty Camp Guide**

***Welcome to YMCA Summer Program!*** At the YMCA, children have fun while they learn how to make new friends, build new skills and grow in self-reliance. Equally important is the inculcation of positive values such as caring, honesty, respect and responsibility. The concepts of independence and discovery come into play every day at the YMCA!

**REGISTRATION**

Specialty camp registration is currently open. Space is limited and registration ends when each site reaches maximum capacity. You can register at the Horn YMCA or McLeod YMCA or online. Forms will be posted online at [ymcacnm.org](http://ymcacnm.org).

Due to the COVID-19 pandemic and new capacity and ratio limitations set by the Governor as well as mandates regarding social distancing, day camp/specialty camp payments will only be accepted by EFT transfer and the Y will need to keep bank or credit card information on record in order to draft your fee the Friday prior to the week your child will attend.

What do I need to register?

- Specialty camp payment. Non-refundable. Non-transferable
- Current copy of your child's shot records
- Completed registration, enrollment agreement, and photo release form

***YOU MUST HAVE ALL OF THE ABOVE AT THE TIME OF REGISTRATION TO SECURE YOUR CHILD'S SPOT IN OUR SUMMER PROGRAM.***

**CAMP FEES**

\$125/week for Members

\$175/week for non Members

Second Child Discount: \$5.00 weekly

**CAMP HOURS:**

There will be a morning and afternoon sessions to choose from. Camps are 1 week long Monday – Friday.

***Morning Session:***

7:30 AM – 8:00 AM: Camper Drop Off

8:00 AM – 12:00 PM: Camp Activities

12:00 PM – 12:30 PM: Camper Pick Up

***Afternoon Session:***

12:30 PM – 1:00 PM: Camper Drop Off

1:00 PM – 5:00 PM: Camp Activities

5:00 PM – 5:30 PM: Camper Pick Up

## LOCATIONS

### ***Horn Family YMCA***

4901 Indian School RD NE, Albuquerque, NM 87110

### ***McLeod Family YMCA***

12500 Comanche NE, Albuquerque, NM 87111

### ***St Paul's United Methodist Church***

9500 Constitution Ave NE, Albuquerque, NM 87112

## CAMP OFFERINGS

<b>Date</b>	<b>Horn Camps</b>	<b>McLeod Camps</b>	<b>St. Paul's Camps</b>
June 7 – 11	Fitness & Fun	Kids Gone Crafty	–
June 14 – 18	Yoga & Art	Coding	–
June 21 – 25	Archery	Fitness & Fun	–
June 28 – July 2	Outdoor Adventure	Yoga & Art	–
July 5 – 9	No Camp	Archery	Top Chef
July 12 – 16	Performing Arts	Outdoor Adventure	–
July 19 – 23	Coding	No Camp	Top Chef
July 26 – 30	Kids Gone Crafty	Performing Arts	–

## AGES

Each camp has different age range. See the table below.

<b>Camp</b>	<b>Grades</b>
Fitness & Fun	1st – 6th
Yoga & Art	1st – 6th
Archery	3rd – 6th
Outdoor Adventure	1st – 6th
Top Chef	2nd – 6th
Performing Arts	2nd – 6th
Coding	3rd – 6th
Kids Gone Crafty	1st – 6th

## 1<sup>ST</sup> DAY OF CAMP

### What should my child bring?

- 2 snacks
- Dress in comfortable clothing and tennis shoes (**flip flops / sandals should not be worn to program**)
- Water bottle
- Sunscreen, labeled with child's name, will stay at the program site for daily use
- A face mask is now mandatory per Governor's Health Order. Parents must supply a mask every day for their child. Parents must take it home and wash it at the end of each day.

Please be sure to write child's name on all of the above items.

### Do not allow your child to bring

The Y summer program is packed with activities to keep children engaged. Please do not allow your child to bring personal items, such as toys, electronics, and cell phones into the program. If necessary, children can communicate with parents via the site cell phone. Children will not be allowed to have gum in program, unless gum is provided during an activity.

## MEDICATION

State childcare regulations require the Y to administer only those medications prescribed by a doctor. Medication must be in the original container, and a medical form must be filled out and left with the counselor prior to the administration of the medicine.

- Medication must go home for the weekend and brought back each Monday. Medical forms must be filled out for EACH WEEK OF PROGRAM.
- The Y does not provide or dispense over the counter medication.
- The Y does not give children shots for any reason.
- Children may not administer their own medication. Administration of medicine is supervised at all times.
- *SUNSCREEN* is considered a form of medication. Parents are asked to provide an individual supply for each child with their name written on the bottle. Children are not allowed to share sunscreen.
- Please inform the on-site staff of any food allergies.

## STAFF

The Y spends months recruiting, screening and training summer program staff. We look for individuals who are energetic, outgoing and self-motivated. The Y selects people who are caring and sensitive to a child's individual needs. The following are requirements of all summer staff before hired:

- 18 years of age and older
- Clear criminal background and drug screening
- CPR & First Aid certified
- Complete online courses in the proper handling of blood borne pathogens, child abuse prevention, and 16 hours of summer program specific training (pool safety, communicating with parents, facilitating program schedules and activities, field trip safety, and more).
- Adhere to a strict code of conduct

## PARENT HANDBOOK

It is imperative that you take the time to read through the *YMCA's Parent Handbook* with your child. It will serve as a guide for both you and your child this summer. Please download a copy from our website. You may also request a copy from any front desk member at any of our branches.



## YMCA OF CNM SPECIALTY CAMP ENROLLMENT FORM 2021

Completed YMCA/OFFICE USE

- ( ) Application complete
- ( ) 2 Emergency Contact
- ( ) Shot records copied
- ( ) Deposit Collected
- ( ) Registrar Initials

Enrollment Date   /  /  

SITE LOCATION		CHILD'S AGE	DATE OF BIRTH	GRADE IN FALL 2020
CHILD'S NAME			GENDER	PRIMARY PHONE
CHILD'S ADDRESS			CITY	STATE ZIP
Race/Ethnicity: (Circle all that apply)    African American    Asian    Caucasian    Hispanic/Latino    Native American    Mixed    Decline to State				
PARENT/GUARDIAN NAME		DATE OF BIRTH	CELL PHONE	EMAIL
HOMEADDRESS			CITY	STATE ZIP
DRIVER'S LICENSE#	EMPLOYER		WORK PHONE	
PARENT/GUARDIAN NAME    DATE OF BIRTH    PRIMARY PHONE    CELL PHONE				
HOME ADDRESS			CITY	STATE ZIP
DRIVER'S LICENSE#	EMPLOYER		WORK PHONE	
<b>Emergency contact must be two people other than parents or legal guardians.</b>				
EMERGENCY CONTACT 1		RELATIONSHIP		PRIMARY PHONE
HOME ADDRESS			CITY	STATE ZIP
EMERGENCY CONTACT 2		RELATIONSHIP		PRIMARY PHONE
HOME ADDRESS			CITY	STATE ZIP CODE

I AUTHORIZE THE YMCA TO RELEASE MY CHILD TO THE FOLLOWING PEOPLE: **(Need two in addition to parents)**

NAME	RELATIONSHIP	PRIMARY PHONE
NAME	RELATIONSHIP	PRIMARY PHONE
NAME	RELATIONSHIP	PRIMARY PHONE
NAME	RELATIONSHIP	PRIMARY PHONE

### CUSTODY/COURT ORDERS

Are there any court orders affecting custody of this child?    ( ) Yes    ( ) No            **If yes, you MUST provide the YMCA with a copy of these orders.**

Are there any restraining orders?    ( ) Yes    ( ) No                            Who has primary custody of this child?    \_\_\_\_\_

Child may be released to:    ( ) Father    ( ) Mother    ( ) OTHER/NOTES:    \_\_\_\_\_

**MEDICAL CAREGIVERS (INFORMATION REQUIRED BY STATE LAW)**

Family Physician: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

Doctor's Phone: \_\_\_\_\_ Doctor's Address: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Dentist's Phone: \_\_\_\_\_

Dentist's Address: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

**\*Immunization History: A copy of your child's current immunization record is required.**

**MEDICAL HISTORY:**

- ADD/ADHD       Asthma       Autism       Celiac Disease       Chicken Pox  
 Currently under Dr. Care  Diabetes       Epilepsy       Measles       Heart Disease  
 Measles       Migraines       Psychological Conditions  Recent Hospitalization       Seizures

List Other Medical History:

\_\_\_\_\_  
\_\_\_\_\_

**Allergies:**

- Pollen       Penicillin       Poison Oak       Bee Stings       Foods  
 Hay Fever       Insect Bites       Other Drugs       Other Allergies?

List Other Allergies Here:

\_\_\_\_\_  
\_\_\_\_\_

Any reason to restrict strenuous activity such as swimming, long hikes, strenuous games, roller coaster rides?  YES  NO

If yes, please explain:

\_\_\_\_\_

List any past serious medical treatment such as operations, injuries or restrictions on physical activities:

\_\_\_\_\_

Is your child currently involved in therapy?  YES  NO If YES please explain: \_\_\_\_\_

Does your child require special accommodations?  YES  NO Please explain: \_\_\_\_\_

Be sure to contact the Program Director prior to the start of the program, if your child needs special accommodations.

**MEDICATION DISBURSEMENT AUTHORIZATION** If your child is currently taking prescription medications, complete this section.  
**For your child's protection, our staff cannot administer medication without this form.** Any medicines that you give us for your child must be in the original container with dosage directions and/or doctor's instructions clearly labeled. Medication will be administered and documented according to directions on the bottle or by a doctor's instructions.

Medical Condition: \_\_\_\_\_ Medication: \_\_\_\_\_

Amount to be given: \_\_\_\_\_ When: \_\_\_\_\_

Comments or Instructions: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT'S ACKNOWLEDGEMENTS AND STATEMENT OF CONSENT**

**YMCA PARENT HANDBOOK:** This is to acknowledge that the YMCA of Central New Mexico has provided me with a Payment Schedule and Policies. **I will download my own YMCA Parent Handbook from ymcacnm.org. I agree to read and adhere to the information included.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parents Understanding of PROBATIONARY periods and Ratios:** I understand that my child's enrollment is on a probationary period of up to two weeks. During this period YMCA staff will observe my child in the program environment to assess if the needs of my child are being met. I understand that my child must be able to comply with the YMCA guidelines and the Code of Conduct stated in the Program Guide/Parent Handbook. I understand the YMCA of Central New Mexico Summer Program staffs at a ratio is mandated by the New Mexico's State Governor's Health Order due to the COVID-19 Pandemic.

Do you feel this ratio is adequate for your child's needs? ( ) YES ( ) NO

If NO, Please Explain: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**WATER ACTIVITIES:** (required for participation) I, hereby give my consent for my child to participate in water activities that might be offered by the YMCA. I, hereby give the YMCA staff permission to assist my child in the application of sunscreen.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TRANSPORTATION:** (required for participation) I, hereby give consent for my child to be transported and supervised by the YMCA to and from fieldtrips. Advance notice will be given.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:** In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the YMCA Director or person in charge to take my child to the medical professional or hospital listed in this application. I give consent for necessary emergency treatment when my child is in the care of this physician and/or hospital/clinic. Unless selected otherwise, your child will be taken to the nearest emergency facility available.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IMMUNIZATION/SHOT RECORDS:** I understand that due to licensing requirements the YMCA must keep all children's current shot records on file during Summer Program. I understand that I must provide the YMCA with a current copy of my child's shot records prior to their attendance.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Permission to Photograph:**

From time to time photographs of children in our program will be taken for educational and publicity purposes. These picture will be representative of the enriching experiences offered to your child during the summer programs. Only first names and possibly last initials (in the event of two or more children with the same first name) will be used. I give my permission for the YMCA Central New Mexico to photograph my child for the following purposes:

(Circle all that apply)    **Display in the classroom**        **Display on bulletin boards**        **Display on company's website**        **Decline**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## YMCA OF CENTRAL NEW MEXICO

### PAYMENT AGREEMENT

Welcome to the YMCA of Central New Mexico Summer Program. We are looking forward to providing children with a safe, friendly and engaging summer experience. The Parent Handbook provides a more detailed description of all our policies, procedures and philosophy. Please read it carefully; your initials and your signature at the bottom of this pages means that you understand and will comply with all our policies and procedures.

\_\_\_\_ 1<sup>st</sup> week's payment is due at registration. These payments are non-refundable.

\_\_\_\_ A two-week notice must be given prior to dis-enrolling a child from a program where a spot is held or weekly payment in full must be made.

\_\_\_\_ Weekly fees are due no later than 6:00 pm on Friday prior to the beginning of the following week's program.

\_\_\_\_ Late payments are subject to a \$10.00 fee and will be added to balance for weekly program.

\_\_\_\_ Due to the COVID-19 pandemic and new capacity and ratio limitations set by the Governor as well as mandates regarding social distancing, day camp payments will only be accepted by EFT transfer and the Y will need to keep bank or credit card information on record in order to draft your fee the Friday prior to the week your child will attend.

\_\_\_\_ Automatic withdrawals do not crossover from program to program. You must update authorization at each enrollment. Including breaks and holiday programs.

\_\_\_\_ I authorize automatic draft on the account ending in \_\_\_\_\_ (Last 4 digits)

\_\_\_\_ There is a \$5.00 sibling discount for two or more children.

\_\_\_\_ Children will not be allowed in the program without advance payment. If a parent has an unpaid balance, program staff will call parent to pick-up the child within 45 minutes and the child will not be able to return to program until all charges are paid in full.

Parents/Guardians or individuals authorized to pick-up and drop off the child must sign the child in and out on a daily basis.

- The YMCA Specialty Camp Program hours of operation are Morning - 7:30 – 12:30pm, Afternoon – 12:30pm – 530pm
- A late pick-up charge of \$1.00 per minute/per child is assessed after camp pickup time.
- The late fee is due prior to the next day of attendance.
- The YMCA will not be responsible for personal property brought from home.
- Damage caused to property or a YMCA vehicle that occurs from a deliberate act of any program participant will be repaired at the full expense of the child's parent or guardian.
- Part-time or drop in rates are not available.
- The YMCA reserves the right to dis-enroll participants.

I understand and accept the YMCA of Central New Mexico basic terms and conditions of payment and enrollment.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date