



CAMP MEMORIES, LIFE STORIES

Freedom Valley YMCA



Half Day Camps
For Ages 5 & Under
Registration Packet

FREEDOM VALLEY YMCA HALF DAY CAMPS FOR AGES 5 & UNDER

Preschool and kindergarten age children will have the opportunity to socialize, create art projects, play games, and sing songs. Activities will be focused on the weekly theme, and some time will be spent on the necessary skills for Pre-K and kindergarten development.

Preschoolers have the opportunity to meet new friends while having fun! All camps are half day, morning programs. Through a variety of fun activities including art projects and games, staff teach, model, and reinforce the Christian character values of caring, honesty, respect, and responsibility.

Early Learning Center Contacts

Phoenixville YMCA Wooden Shoe Camp

Beth Semple - Preschool Director
610.933.8860
bsemple@fvymca.org

Pottstown YMCA Preschool Camp

Jackie Wilder - Preschool Director
484.945.0400
jwilder@fvymca.org

Spring Valley YMCA Nursery School Camp

Claudia Malloy - Preschool Director
610.948.9622 | cmalloy@fvymca.org

Marci Benkoski - Assistant Preschool Director
610.948.9622 | mbenkoski@fvymca.org

Upper Perkiomen Valley YMCA Kinder Camp

Debbie Rothenberger - School Age Child Care Director
215.679.9622 | drothenberger@fvymca.org



FREEDOM VALLEY YMCA

(REQUIRED FOR EVERY CAMPER)

EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA Code Chapters 3270.124(a)(b), 3270.181 & 182, 3280.124(a)(b), 3280.181 & 182, 3290.124(a)(b), 3290.181 & 182

Only those people listed below will be permitted to pick up your child.

Child's Name		Birthdate
Address		Camp Location
Email Address		Age By 6/11/12
Mother's Name/Legal Guardian		Home Phone
Home Address		Cell Phone
Business Name		Business Phone
Business Address		
Father's Name/Legal Guardian		Home Phone
Home Address		Cell Phone
Business Name		Business Phone
Business Address		
Emergency Contact Person(s) – Name		Phone Number When Child is in Care
Person(s) To Whom Child May Be Released – Name and Address		Phone Number When Child is in Care
Name of Child's Physician/Medical Care Provider		Phone Number
Address		
Special Disabilities (if any)	Allergies (including medication reaction)	
Medical or Dietary Information Necessary in an Emergency Situation	Medication, Special Conditions	
Additional Information on Special Needs of Child		
Health Insurance Coverage or Medical Assistance Benefits for Child	Policy Number (Required)	
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
Obtaining Emergency Medical Care	Admin. of Minor First Aid Procedures	
Walks and Trips	Swimming	
Transportation by the Facility	Wading	

Signature of Parent or Guardian (required at registration) _____

Date _____

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

DO NOT OMIT ANY INFORMATION
This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):
 NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.
 NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):
 NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.
 NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?
 YES NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG) <input type="checkbox"/> YES <input type="checkbox"/> NO	NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">VISION (subjective until age 3)</td> <td></td> </tr> <tr> <td>HEARING (subjective until age 4)</td> <td></td> </tr> <tr> <td>LEAD</td> <td></td> </tr> </table>	VISION (subjective until age 3)		HEARING (subjective until age 4)		LEAD	
VISION (subjective until age 3)							
HEARING (subjective until age 4)							
LEAD							

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER: DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.

FREEDOM VALLEY YMCA

Credit Card Payment Authorization

I understand that registration requires a \$25.00 deposit to confirm each one-week camp session and a \$50.00 deposit for two-week sessions. The deposit is applied to the total camp fee and is not refundable. If the deposit is paid by credit card, the balance will automatically be charged to the same card one (1) week before the start of each camp session. Camp fees must be paid in full at least one week before the start of each camp week. Refunds will not be issued within two weeks of the start of a camp session, and no refunds can be issued for missed days at camp, for cancellations made after the two week deadline or for campers suspended or expelled from camp.

Should a camper fail to attend a session without written notice, the tuition minus the deposit will be charged for the no show week.

Name (print) _____

Signature _____ Date _____

Camper Name(s): (Please write in all the names of children who will be using THIS credit card as payment)

Please charge a deposit of \$_____.00 to my ___ Visa ___ Mastercard ___ Discover ___ Am Ex
and \$_____.00 (balance) at the scheduled time(s) as stated above.

Credit Card #: _____

Expiration Date: _____ Security Code _____

Name on Card: _____

Signature: _____ Date: _____

Billing Address

Street: _____

City: _____ State: _____ Zip: _____

WOODEN SHOE CAMP REGISTRATION FORM AT CAMP PHOENIX

Camper's Name: _____ (A separate registration form must be filled out for each child)

Shirt Size (circle): Youth - S M L Adult - S M L XL Please circle the weeks you are registering for.

LOCATION: Phoenixville YMCA

HOURS: Monday- Friday, 9:00am - 12:00pm

Before and After Care is NOT available.

		Wk 1 June 11-15	Wk 2 June 18-22	Wk 3 Jun. 25-29	Wk 4 July 2-6	Wk 5 July 9-13	Wk 6 July 16-20	Wk 7 July 23-27	Wk 8 July 30- Aug 3	Wk 9 Aug. 6-10	Wk 10 Aug. 13-17	\$ Total
WOODEN SHOE CAMPS												
10DC-WOODSHOE2	Age 2 ^{1/2} - 3 ^{1/2}	1	2	3	4	5	6	7	8	9		
10DC-WOODSHOE3	Ages 3 ^{1/2} - 5	1	2	3	4	5	6	7	8	9		
											Program Member Fee	
											Total Program Fee	
											Deposit/Amt. Paid	
											Balance Due	

THEMES:

WEEK	DATES	THEME
Week 1	June 11-15	Down by the Sea
Week 2	June 18-22	Backyard Bugs
Week 3	June 25-29	Our Community Helpers
Week 4	July 2-6*	USA...Hurray!!!
Week 5	July 9-13	People of the Plains
Week 6	July 16-20	Leapin' Lizards!
Week 7	July 23-27	Let The Games Begin! -Olympics 2012
Week 8	July 30-Aug 3	Passport To London
Week 9	Aug 6-10	Once Upon A Story

*Closed 4th of July.

Fees for Wooden Shoe at Camp Phoenix

Full Member

\$95 per week / 1st child

\$87 per week / each sibling

Program Member

\$110 per week / 1st child

\$100 per week / each sibling

NURSERY SCHOOL CAMP REGISTRATION FORM AT CAMP SPRING VALLEY

Camper's Name: _____ (A separate registration form must be filled out for each child)

Shirt Size (circle): Youth - S M L Adult - S M L XL Please circle the weeks you are registering for.

LOCATION: Crossroads Presbyterian, Limerick

HOURS: Monday through Friday - 9:00am - 12:00noon

		Wk 1 June 11-15	Wk 2 June 18-22	Wk 3 Jun. 25-29	Wk 4 July 2-6	Wk 5 July 9-13	Wk 6 July 16-20	Wk 7 July 23-27	Wk 8 July 30- Aug 3	Wk 9 Aug. 6-10	Wk 10 Aug. 13-17	Wk 11 Aug. 20-24	\$ Total
DAY CAMPS													
40DC-CR2Y	Age 2		2	3		5	6	7	8	9	10	11	
40DC-CR3/5Y	Ages 3-5		2	3		5	6	7	8	9	10	11	
									Program Member Fee				
									Total Program Fee				
									Deposit/Amt. Paid				
									Balance Due				

THEMES:

WEEK	DATES	THEME
Week 2	June 18-22	Our Big Green Earth
Week 3	June 25-29	Under the Sea
Week 4	July 2-6	Closed for the 4th
Week 5	July 9-13	What's Cookin' Good Lookin'
Week 6	July 16-20	Mad About Science
Week 7	July 23-27	Bugs and Mud
Week 8	July 30-Aug 3	A Pirates Life
Week 9	Aug 6-10	Little League
Week 10	Aug 13-17	Jungle Wonder
Week 11	Aug 20-24	Playhouse Theater

Fees for Nursery School at Camp Spring Valley

Full Member

\$95 per week / 1st child

\$87 per week / each sibling

Program Member

\$110 per week / 1st child

\$100 per week / each sibling

PRESCHOOL CAMP REGISTRATION FORM AT CAMP POTTSTOWN

Camper's Name: _____ (A separate registration form must be filled out for each child)

Shirt Size (circle): **Youth** - S M L **Adult** - S M L XL **Please circle the weeks you are registering for.**

LOCATION: Pottstown YMCA

Weeks 2 through 10 (June 20 - August 19)

HOURS: Monday through Friday, 9:00am – 12noon

		Wk 1 June 11-15	Wk 2 June 18-22	Wk 3 Jun. 25-29	Wk 4 July 2-6	Wk 5 July 9-13	Wk 6 July 16-20	Wk 7 July 23-27	Wk 8 July 30- Aug 3	Wk 9 Aug. 6-10	Wk 10 Aug. 13-17	\$ Total
DAY CAMP												
50DC-PRESCHOOL	Ages 3-5		2	3	4	5	6	7	8	9	10	
										Program Member Fee		
										Total Program Fee		
										Deposit/Amt. Paid		
										Balance Due		

THEMES:

WEEK	DATES	THEME
Week 2	June 18-22	Ants Marching
Week 3	June 25-29	The Dreaming Tree
Week 4	July 2-6	One Sweet World
Week 5	July 9-13	Satellite
Week 6	July 16-20	Joyride
Week 7	July 23-27	I Did It
Week 8	July 30-Aug 3	Captain
Week 9	Aug 6-10	American Baby
Week 10	Aug 13-17	Dive In

Fees for Camp Pottstown

Full Member

\$95 per week / 1st child

\$87 per week / each sibling

Program Member

\$110 per week / 1st child

\$100 per week / each sibling

KINDER CAMP REGISTRATION FORM AT CAMP YOMECA

Camper's Name: _____ (A separate registration form must be filled out for each child)

Shirt Size (circle): **Youth** - S M L **Adult** - S M L XL **Please circle the weeks you are registering for.**

LOCATION: Kistler-Bitting Park

HOURS: Monday through Friday, 9:00am - 12noon

		Wk 1 June 11-15	Wk 2 June 18-22	Wk 3 Jun. 25-29	Wk 4 July 2-6	Wk 5 July 9-13	Wk 6 July 16-20	Wk 7 July 23-27	Wk 8 July 30- Aug 3	Wk 9 Aug. 6-10	Wk 10 Aug. 13-17	Wk 11 Aug. 20-24	\$ Total
DAY CAMP													
60DC-KINDER	Kinder Camp					5	6		8				
										Program Member Fee			
										Total Program Fee			
										Deposit/Amt. Paid			
										Balance Due			

THEMES:

WEEK	DATES	THEME
Week 5	July 9-13	Nature Nuts
Week 6	July 16-20	Crazy 'bout Crafts
Week 8	July 30-Aug 3	Hands on Science

Fees for Kinder Camp at Camp Yomeca

Full Member

\$70 per week / 1st child

\$64 per week / each sibling

Program Member

\$85 per week / 1st child

\$77 per week / each sibling