



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Summer is a time for kids to be kids. Skaneateles Y Day Camp is the place to make every precious summer day a great one!

HERE  
COMES  
THE  
FUN!



Scan Me

Programs for  
ages 2-12

Summer at the Skaneateles Y is all about childhood summers spent making lifelong friends - learning new skills, trying something new, exploring, playing games under the big blue sky, learning to swim, learning to skate - tie-dye, and arts and crafts Being a kid!

Join us and get back to summer out loud!

Financial  
Assistance  
always  
available





**Summer camp documentation 2022**

**Child's Name:**\_\_\_\_\_

**Parent's Name:**\_\_\_\_\_

**Registration paperwork:**\_\_\_\_\_

**Physical:**\_\_\_\_\_

**Immunization:**\_\_\_\_\_

**Signature page:**\_\_\_\_\_

**Camp Safety page:**\_\_\_\_\_

**Sunscreen page:**\_\_\_\_\_

**Behavior page:**\_\_\_\_\_

**Medication page:**\_\_\_\_\_

**Payment:**\_\_\_\_\_

**Pre camp communication:**\_\_\_\_\_

**Staff signature:**

**Date:**

**Additional information:**



February 17, 2022

Dear Parents,

Thank you for choosing the Skaneateles YMCA for your summer program needs. We are happy to serve the children of our community in a safe, friendly and inviting way.

We offer summer camp programs for children ages 2-12, Teasels is Training (2's), Y Frogs(3's), Y Dolphins (4's) and Summer Day Camp (Kindergarten-age 12)

There will be 10 weeks of Summer Day Camp for the K- age 12 group.  
There will be 9 weeks of Y Frogs and Y Dolphins.  
There will be 8 weeks for the Teasels in Training.

We have limited number of spaces available for weeks 8,9,10 for summer camp. August 15-19,22-26,29-September 2, this is when our college students typically return to college.

Children are grouped according to their age group due to licensing regulations we are not able to accept special friend group requests for children to be in specific groups.

Please keep in mind this is summer day camp is a group environment and not individualized babysitting/childcare. The campers spend the day together in multiple activities , we encourage the campers to try new activities , and be willing to participate with children outside their typical friend group. We always look forward to our campers having new and more friends when they leave camp .

Campers have a responsibility to conduct themselves in a manner that is in the best interests of the camp program, its campers and staff. Parents/Guardians have a responsibility to go over the Camper Behavior Contract with their camper(s), as we want to make sure all camper experiences a positive one. The YMCA camp staff has a responsibility to support your child in the camp setting, be a role model and to follow all safety protocol, including behavior management.

Sheila P. Card  
Program Director  
Skaneateles YMCA and Community Center

## Skaneateles YMCA Frogs and Dolphins 2022 Registration

Please circle the program age **at the time of camp** Frogs(age 3) or Dolphins (age 4/5)

Child's Full Name\_\_\_\_\_

Address\_\_\_\_\_ Phone\_\_\_\_\_

City\_\_\_\_\_ Zip Code \_\_\_\_\_

Birth Date\_\_\_\_\_ Age\_\_\_\_\_  Male  Female

Parent/Guardian #1\_\_\_\_\_ Phone (Cell) #\_\_\_\_\_

Address\_\_\_\_\_ Email\_\_\_\_\_

Employer\_\_\_\_\_ Phone(Work)\_\_\_\_\_

Parent/Guardian #2\_\_\_\_\_ Phone(Cell) #\_\_\_\_\_

Address\_\_\_\_\_ Email\_\_\_\_\_

Employer\_\_\_\_\_ Phone(Work)\_\_\_\_\_

In case of emergency, the following persons(after parents will be notified)

Name\_\_\_\_\_ Phone\_\_\_\_\_ Relationship\_\_\_\_\_

Name\_\_\_\_\_ Phone\_\_\_\_\_ Relationship\_\_\_\_\_

Email address for notifications:\_\_\_\_\_

What would you like to tell us about your child that will help us support your child in their Skaneateles Y Frogs or Dolphins experience?

People other than parents who have permission to pick up your child.

Name #1\_\_\_\_\_ Phone Cell #\_\_\_\_\_

Name #2\_\_\_\_\_ Phone Cell #\_\_\_\_\_

Child's Physician\_\_\_\_\_ Phone #\_\_\_\_\_

Child's Dentist\_\_\_\_\_ Phone #\_\_\_\_\_

Does your child have allergies and or medical conditions that we should be aware of?



## 2021 Skaneateles YMCA Frogs and Dolphins Safety

Dear Parents,

In the Skaneateles YMCA Y Frogs and Dolphins programs, children will be participating in swimming as part of the weekly schedule. Children will receive swim lessons as well as open swim times.

The Skaneateles YMCA , asks that you acknowledge that your child(ren) will be participating in swimming while attending the Skaneateles Y Frogs and Dolphins program.

My son/daughter \_\_\_\_\_ has permission to attend the swimming programming portion of the Skaneateles YMCA Frogs and Dolphins programs.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
date

## Skaneateles YMCA Frogs and Dolphins Behavior Policy

Enrollment or participation in youth programs at the YMCA is a privilege. The YMCA is committed to providing a safe and welcoming environment. To promote safety and comfort for everyone, all individuals are asked to behave in a courteous and polite manner at all times when participating in our programs. The objectives in all YMCA programs are to promote youth development, healthy lifestyles, and social responsibility through teaching and learning acceptable behaviors and promoting a positive self-image.

### We ask children to:

- Cooperate and follow directions given by staff
- Respect other children and staff, as well as the equipment and facilities
- Stay in the program area with their class.

Parents/guardians should note that major offenses, such as physical endangerment to another child or staff could result in suspension and possible permanent removal from all child care programs for the year. If such behavior occurs, a phone call will be made to the parent and a meeting will need to be scheduled to discuss the problem.

Please read and discuss this policy with your child.







NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**WRITTEN MEDICATION CONSENT FORM**



- This form must be completed in a language in which the child care provider is literate.
- One form must be completed for each medication. Multiple medications cannot be listed on one consent form.

**LICENSED AUTHORIZED PRESCRIBER MUST COMPLETE THIS SECTION (#1 - #18)**

*(Parents may complete #1- #17 (omit #18) for over-the-counter topical ointments, sunscreen and topically applied insect repellent)*

1. Child's first and last name:	2. Date of birth:	3. Child's known allergies:
4. Name of medication (including strength): SUNSCREEN	5. Amount/dosage to be given:	6. Route of administration: Topical
7A. Frequency to be administered: _____		
<b>OR</b>		
7B. Identify the symptoms that will necessitate administration of medication: (signs and symptoms must be observable and, when possible, measurable parameters) _____		
8A. Possible side effects: <input type="checkbox"/> See package insert for complete list of possible side effects (parent must supply)		
<b>AND/OR</b>		
8B. Additional side effects: _____		
9. What action should the child care provider take if side effects are noted:		
<input type="checkbox"/> Contact parent <input type="checkbox"/> Contact prescriber at phone number provided below <input type="checkbox"/> Other (describe): _____		
10A. Special instructions: <input type="checkbox"/> See package insert for complete list of special instructions (parent must supply)		
<b>AND/OR</b>		
10B. Additional special instructions: (Include any concerns related to possible interactions with other medication the child is receiving or concerns regarding the use of the medication as it relates to the child's age, allergies or any pre-existing conditions. Also describe situations when medication should not be administered.) _____		
11. Reason the child is taking the medication (unless confidential by law): _____		
12. Does the above named child have a chronic physical, developmental, behavioral or emotional condition expected to last 12 months or more and require health and related services of a type or amount beyond that required by children generally?		
<input type="checkbox"/> No <input type="checkbox"/> Yes If you checked yes, complete #33-#34 on the back of this form.		
13. Are the instructions on this consent form a change in a previous medication order as it relates to the dose, time or frequency the medication is to be administered?		
<input type="checkbox"/> No <input type="checkbox"/> Yes If you checked yes, complete #35-#36 on the back of this form.		
14. Date prescriber authorized:	15. Date to be discontinued or length of time in days to be given ( <i>this date cannot exceed 6 months from the date authorized or this order will not be valid</i> ):	
16. Prescriber's name (please print):	17. Prescriber's telephone number:	
18. Licensed authorized prescriber's signature: <b>X</b>		

NEW YORK STATE  
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**WRITTEN MEDICATION CONSENT FORM**

**PARENT/GUARDIAN MUST COMPLETE THIS SECTION (#19 - #23)**

19. If Section #7A is completed, do the instructions indicate a specific time to administer the medication? (For example, did the prescriber write 12pm?)  Yes  N/A  No

Write the specific time(s) the day care program is to administer the medication (i.e.: 12pm): \_\_\_\_\_

20. I, parent/legal guardian, authorize the day care program to administer the medication as specified in the "Licensed Authorized Prescriber Section" to \_\_\_\_\_  
(child's name)

21. Parent or legal guardian's name (please print): \_\_\_\_\_

22. Date authorized: \_\_\_\_\_

23. Parent or legal guardian's signature:

**X**

**DAY CARE PROGRAM TO COMPLETE THIS SECTION (#24 - #30)**

24. Provider/Facility name: \_\_\_\_\_

25. Facility ID number: \_\_\_\_\_

26. Facility telephone number: \_\_\_\_\_

27. I have verified that #1-#23 and if applicable, #33-#36 are complete. My signature indicates that all information needed to give this medication has been given to the day care program.

28. Authorized child care provider's name (please print): \_\_\_\_\_

29. Date received from parent: \_\_\_\_\_

30. Authorized child care provider's signature:

**X**

**ONLY COMPLETE THIS SECTION (#31-#32) IF THE PARENT REQUESTS TO DISCONTINUE THE MEDICATION PRIOR TO THE DATE INDICATED IN #15**

31. I, parent/legal guardian, request that the medication indicated on this consent form be discontinued on \_\_\_\_\_

(date)

Once the medication has been discontinued, I understand that if my child requires this medication in the future, a new written medication consent form must be completed.

32. Parent or Legal Guardian's Signature:

**X**

**LICENSED AUTHORIZED PRESCRIBER TO COMPLETE, AS NEEDED (#33 - #36)**

33. Describe any additional training, procedures or competencies the day care program staff will need to care for this child.

34. Licensed Authorized Prescriber's Signature:

**X**

35. Since there may be instances where the pharmacy will not fill a new prescription for changes in a prescription related to dose, time or frequency until the medication from the previous prescription is completely used, please indicate the date by which you expect the pharmacy to fill the updated order.

DATE:

By completing this section the day care program will follow the written instruction on this form and *not* follow the pharmacy label until the new prescription has been filled.

36. Licensed Authorized Prescriber's Signature:

**X**

## Skaneateles YMCA Frogs and Dolphins Weekly themes 2022

### Ages 3

Week One:	June 27-July 1	Dinosaur dig
Week Two:	July 5-8	Barnyard Palooza
Week Three:	July 11-15	Going on A Bear Hunt
Week Four:	July 18-22	Meet Pete the Cat
Week Five:	July 25-29	Beach week
Week Six:	August 1-5	Sport Scramble
Week Seven:	August 8-12	Doodle and Move
Week Eight:	August 15-19	Celebrate
Week Nine:	August 22-26	I Spy with my Little Eye

### Dolphins

Ms. Barb/

### Ages 4/5

Week One:	June 27-July 1	STEAM Week
Week Two:	July 5-8	Adventures in the Arts
Week Three:	July 11-15	Cooks and Books
Week Four:	July 18-22	Builders Choice
Week Five:	July 25-29	Ready , Set, Action !!!
Week Six:	August 1-5	Under the Sun... Summer Fun
Week Seven:	August 8-12	Fairy Tales Come to Life
Week Eight:	August 15-19	Numbers , Numbers Everywhere
Week Nine:	August 22-26	Adventure Projects