



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**



# **Naugatuck YMCA Vacation Sensation Camp**

- ♦ **Registration Begins March 1, 2017**
- ♦ **Limited Spaces**
- ♦ **\*Specialty Camps for 5th through 8th Grade\***
- ♦ **Online Registration [www.naugatuckymca.org](http://www.naugatuckymca.org)**

**FIELD TRIPS INCLUDED IN REGISTRATION FEES**

Naugatuck YMCA 284 Church St. Naugatuck CT 06770 (203) 729-9622 email [sbeck@naugatuckymca.org](mailto:sbeck@naugatuckymca.org)

# Sun, Fun and Friendship

## SAMPLE DAILY SCHEDULE

**7-9 Before Care**

**9-9:30 Opening Ceremony**

**9:30-11:30 Free Choice Activities**  
(art, music, team building, sports, drama, science, etc....)

**11:30 Lunch Provided**

**12:00 Reading or Journaling**

**12:30 Swimming**

**1:00 Group Games**

**1:30 Outdoor Activities**

**2:00 Rock wall, Wii games, ping pong and foosball.**

**2:30 Open Gym**

**3:30 Closing Ceremony**

**4:00 Dismissal**

**4-6 After Care**

## **\*New For 5th-8th Graders\***

### **Strength and Conditioning Camp**

Join us this summer in our state of the art strength and conditioning room at the Naugatuck YMCA.

Participants in Grades 5-8 will be instructed by one of our professional YMCA coaches on balance, speed, and agility. The participants will be engaged and will gain strength and confidence with fun exercises in an interactive environment.

## **Prevent Summer Brain**



## **Field Trips**

Laser Planet

Lake Compounce

Rollermagic

Brush Strokes

Bounce Barn

Bowling

Hop Brook

Ansonia Nature Center

**Prices for field trips are included in registration.**

## **\*\*Grades 9 through 12\*\***

**Counselor In Training and Junior Counselor Programs Available**

Teen Leaders: Help fulfill community service hours.

## Naugatuck YMCA Vacation Sensation's Policies and Procedures

**PROGRAM OBJECTIVES** We follow a child-centered approach which encourages curiosity, exploration, and initiative. We recognize and accept that each child is an individual with unique needs, abilities, and experiences. All activities and materials are geared to the child's level of development and we encourage individual abilities to enhance self-esteem. To provide a safe, supervised, structured environment in which children may choose from a variety of activities. To encourage development of social skills of each child through shared activities with other children. To develop physical and intellectual skills through participation in a wide range of activities. To promote a positive value system by encouraging a child's self-worth and emotional development

**EDUCATION PLAN** The education plan of our Camp is to provide the children with a flexible daily schedule that meets and enhances the individual needs of the diverse population of camp participants. Cultural, languages and developmental differences are accepted and respected. There will be sufficient opportunity for indoor and outdoor physical activities, which will allow for fine and gross motor development. The schedule will include opportunity for problem – solving experiences that help to formulate language development and sensory discrimination. Children will have the opportunity to express their own ideas and feeling through creative experiences in all parts of the program including: Indoor and outdoor physical activities, Problem solving experiences, Arts and media, Dramatic play, Music, Language/ Literacy Experiences i.e., books, stories, poems writing and speaking, Self Reliance and self esteem experiences such as care of possessions and group responsibility, and Health Education Experiences/Toileting/Clean up of program spaces

**ADMISSION POLICY** Completed intake packet and registration form including age, emergency contact information, and a completed health form together with a \$50 deposit per session, and a \$55 yearly program membership fee must be received prior to admittance to the program. The deposit is **non-refundable**.

**AGREEMENT WITH PARENTS** Parents are required to maintain current, up-to date information for their child's record to include parent and emergency contact information, medical information and any other information relevant to their child's participation in this program.

**ARRIVAL AND DEPARTURES - SIGN OUT REQUIREMENT** Attendance will be recorded daily and all parents or guardians are required to sign their children in and out upon arrival and departure from the program. If someone other than the parent or guardian is picking up the child, a staff member will ask to see a license (even if the person is on the pick-up list). If someone is not on the pick-up list will be picking up the child, written permission must be given to the staff prior to pick-up. Again, a license will need to be shown to the staff. Children must be picked up by 4:00 p.m or 6:00p.m if you are using Extended Care. *A \$5.00 per any part of 5 minutes late fee will be charged for late pick-up, regardless of notification of the staff.* Repeated late pick-ups may result in expulsion of your child from the program. If a child is not picked up by 7 p.m., the YMCA staff will contact the local Police Department and the State of Connecticut, Department of Children and Families to take custody of the child. A staff person will remain with the child until the child is picked up. Drop off and pick up location is at St Francis Field (weather permitting).

**LEGAL CUSTODY OR INJUNCTIONS** A copy of any court ordered custody decree or injunction must be kept on file at Vacation Sensation Camp.

**CLOTHING** Children should wear comfortable clothing suitable to the season and the activities in the Program. Bathing suits and towels should be brought daily along with a full change of clothing for emergencies. Please be sure to label **ALL** of your child's belongings with their first and last name. Children are to wear sneakers. Flip flops and sandals are not allowed.

**LUNCHES AND SNACKS** Lunches is provided. If your child has a dietary restriction it must be on the medical form. Only children with dietary restrictions can bring in lunch. All children are to bring in an afternoon snack and water bottle. NO NUTS OR PEANUT PRODUCTS ALLOWED.

**MEDICAL AND DENTAL EMERGENCY PLAN** In the event of a medical or dental emergency, the caregiver who has pediatric first aid and CPR training will provide first aid or CPR. The second caregiver on the premises will activate the Emergency Medical Services (EMS) system by dialing 911 if required. If necessary, the child will be transported to a medical facility by ambulance, accompanied by a staff person along with the child's personal file. The remaining staff person will immediately notify the main office supervisor at the YMCA (203-729-9622) for back-up staff coverage to maintain required staff/child ratios at the Program site. A staff person will contact a parent or legal guardian, or if unable to reach them, the alternate emergency contact person will be notified. An incident report will be completed by the staff person and placed on file.

**FIELD TRIPS** Emergency information forms will accompany children on the trip along with emergency procedures and first aid kit. If transportation is required, adequate safety procedures and regulations will be followed in compliance with State requirements. Transportation will be contracted school bus vendors. Permission is on the Permissions and agreement form.

**MEDICAL REQUIREMENTS** The State Department of Health requires that each child enrolled in Vacation Sensation Camp must have an up-to-date medical form with required immunizations signed by a physician and kept on file at the site. We cannot accept a child without the proper medical forms. All students must have a signed "medical emergency permission" form on file to participate in the program. This form gives permission to trained staff to administer and or obtain care from a licensed physician or dentist if an emergency should arise. This form also gives permission to the staff to have a child transported to a medical facility by police or ambulance. A special care plan is also required for any child with allergies, asthma, or any other medical condition that staff needs to be aware of. All special care plans must be signed by a physician PRIOR to the child's start date.

**MEDICATION ADMINISTRATION POLICY** The YMCA Vacation Sensation Camp will provide staff trained in the administration of medications, including the use of automatic prefilled cartridge injectors with a written order from a physician and signed by the parent or guardian. A parent/guardian has the option and is welcome to come to the center to administer medication personally themselves. We request, however, that whenever possible, medication be administered to your child outside the hours your child attends the center. Only those prescription medications that are critical for your child's well being should be administered during program hours.

**Requirements for Administering Medications (Prescription and Non-prescription)** An *Authorization for the Administration of Medication by Child Care Personnel* for all types of medication (prescription and non-prescription) to be administered must be filled out and signed by the physician and by the parent. One form is required per medication. This form should include the name of the medication, dose, method of administration, time of administration, reason for medication, dates of administration, expiration of medication, relevant side effects, potential allergies, prescriber's name, and verification statement of prior use without adverse side effects. Non-prescription medications include all types of over the counter medications (e.g. Tylenol, Advil, lozenges, cough drops, antibiotic creams, peroxide, etc.) The medication must have the original bottle or packaging and prescription label including: child's name, dosage/route of administration (mouth, inhalation), specific time/intervals to be given, current date of order, physician's name and telephone number, individual measuring spoon as may be required with medication, at least one dose (two doses if antibiotic), must have been administered outside the center without adverse side effects. Trained staff will document administration of medication on *Medication Administration Record* form maintained in Medications book and to be filed in child's file upon completion of medication treatment order. Any unused medication will be promptly returned to parent after completion of treatment or will be destroyed within one week of termination of the order if not picked up. See below for controlled substances.

**Requirements for Administering Non-Prescription Topical Ointments** The YMCA will administer sunscreen and insect repellent with a completed *Authorization for Non-Prescription Topical Ointment* form signed by the parent or guardian accompanied by a labeled product including: child's name, expiration date of product (note sun block is no longer effective after one year from opening)

**Medication Exclusion Policy** The Naugatuck YMCA Vacation Sensation Program reserves the right to exclude certain types of medical applications including, but not limited to needle injections and rectal routes of administration. Parents will be required to seek alternate means of administration of medications if in these forms if required during operating hours of the child care program.

**INJURED CHILD** The child will be made comfortable and a staff member certified in first aid will treat the injury. If the injury is of a serious nature and emergency medical care is needed, parents will be contacted immediately and 911 will be called. In the event that a parent cannot be reached, the YMCA will notify persons listed on the emergency contact form. The child's file will accompany child to the hospital along with a staff member and the YMCA main office will be notified to provide replacement staff coverage to maintain required child/staff ratios. An incident report will be completed and a copy will be forwarded to the main YMCA office.

**SICK CHILD CARE PLAN** The child will be immediately separated from the group while maintaining ratios and supervision of all program participants. A staff member will make the child comfortable and attempt to determine the nature and severity of their condition. A parent or guardian will be notified to pick up their child if the child has a temperature of 101 degrees, contagious condition, vomiting or diarrhea. If we are unable to reach a parent, the staff will call people on the emergency list to pick up the child. **When called, parents must arrange for the child to be picked up within one half hour.** Conditions warranting the child leaving the camp include, but are not limited to: vomiting, fever, rash or other skin irritation, lice, severe pain in any body part, or signs of a contagious disease.

# Naugatuck YMCA Vacation Sensation Camp Programs

## **\*SPECIALTY CAMPS \***

- **Gymnastics**
- **Lego**
- **Strength and Conditioning**
- **Sports**
- **Art**



### **Financial Assistance:**

**Care 4 Kids Accepted**

**Financial Aid  
available for those  
who qualify.**



## **ABOUT OUR CAMP**

**State Licensed**  
**First Aid/CPR Certified**  
**Caring Qualified Staff**  
**Certified Life Guards On Site**

**CREATING LIFELONG MEMORIES**

## **SPECIALTY CAMP ACTIVITIES**

- **3 hours specialty program**
- **Lunch provided**
- **Swimming**
- **Rockwall Climbing**
- **Open Gym**
- **Weekly Field Trips**

## **TRADITIONAL CAMP ACTIVITIES**

- **Before Care and After Care**
- **Opening and Closing Ceremonies**
- **Free Choice Time (Art, Team Building, Drama, and Field Games)**
- **Lunch Provided**
- **Swimming**
- **Rockwall Climbing**
- **Open Gym Time**
- **Weekly Field Trips**

# NAUGATUCK YMCA VACATION SENSATION CAMP 2017

Registrations accepted with \$50 non-refundable per session deposit, copy of up to date medical form, emergency medication administration and action plan. All campers must have a membership (\$55 youth program membership).

**Name** \_\_\_\_\_  
**Date Of Birth** \_\_\_\_\_ **Sex** \_\_\_\_\_ **Race** \_\_\_\_\_  
**Address** \_\_\_\_\_ **City** \_\_\_\_\_  
**Zip Code** \_\_\_\_\_ **Shirt Size** \_\_\_\_\_ **Grade in Fall** \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_ **Relationship** \_\_\_\_\_  
**Address** \_\_\_\_\_ **City** \_\_\_\_\_  
**Cell#** \_\_\_\_\_ **Home#** \_\_\_\_\_  
**Employer** \_\_\_\_\_ **Work #** \_\_\_\_\_  
**Email** \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_ **Relationship** \_\_\_\_\_  
**Address** \_\_\_\_\_ **City** \_\_\_\_\_  
**Cell#** \_\_\_\_\_ **Home#** \_\_\_\_\_  
**Employer** \_\_\_\_\_ **Work #** \_\_\_\_\_  
**Email** \_\_\_\_\_

## Emergency Contact

Additional adults authorized to pick up your camper:

**Contact** \_\_\_\_\_  
**Relationship** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Contact** \_\_\_\_\_  
**Relationship** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Contact** \_\_\_\_\_  
**Relationship** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Camper Insurance** \_\_\_\_\_  
**Account Number** \_\_\_\_\_  
**Emergency Hospital Choice** \_\_\_\_\_

## Medical/ Behavioral/Custody

Medical, behavioral and custodial issues need appropriate documentation from courts or physician attached to the registration.

## Income Level:

**Below \$15000** \_\_\_\_\_ **\$15,000-\$24,000** \_\_\_\_\_  
**\$25,000-39,999** \_\_\_\_\_ **\$40,000-\$54999** \_\_\_\_\_  
**\$55,000 and above** \_\_\_\_\_

**Payment Policy** A \$50 non-refundable, non-transferable deposit is required for each session and must accompany each application. This deposit will hold the camper's place and will be applied to the full payment of the camp tuition. Lack of payment (or late payment) will result in loss of reserved space. Please note a late charge of \$15.00 applies to each late payment. All cancellations must be received IN WRITING at least 30 days prior to the start of the camp session to receive a full refund minus the non-refundable \$50 deposit per session . All cancellations must be received IN WRITING between 15-29 days prior to the start of the camp session to receive a 50% refund minus the non-refundable \$50 deposit per session. No refunds will be granted less than 15 days prior to the start of the camp session. I will be responsible for payment of any collection fees incurred by me should my account become delinquent. Fees will not be refunded for absence, failure to attend during the term of enrollment, delayed attendance at camp, or dismissal.

I have read the parent's agreement, waiver and permissions. I understand and agree to it's terms and conditions. Parent's signature \_\_\_\_\_ Date \_\_\_\_\_



# CAMP PROGRAMS AND SESSIONS

5 Day Traditional	Grade	19-Jun	26-Jun	3-Jul	10-Jul	17-Jul	24-Jul	31-Jul	7-Aug	14-Aug	TOTAL
RED 9am-4pm	K-1st	\$160 [ ]	\$170 [ ]	\$170 [ ]	\$170 [ ]	\$170 [ ]	\$170 [ ]	\$170 [ ]	\$170 [ ]	\$185 [ ]	
Yellow 9am-4pm	2nd	\$160 [ ]	\$170 [ ]	\$170 [ ]	\$170 [ ]	\$170 [ ]	\$170 [ ]	\$170 [ ]	\$170 [ ]	\$185 [ ]	
Green 9am-4pm	3rd	\$160 [ ]	\$170 [ ]	\$170 [ ]	\$170 [ ]	\$170 [ ]	\$170 [ ]	\$170 [ ]	\$170 [ ]	\$185 [ ]	
Blue 9am-4pm	4th-5th	\$160 [ ]	\$170 [ ]	\$170 [ ]	\$170 [ ]	\$170 [ ]	\$170 [ ]	\$170 [ ]	\$170 [ ]	\$185 [ ]	
Purple 9am-4pm	6th-8th	\$160 [ ]	\$170 [ ]	\$170 [ ]	\$170 [ ]	\$170 [ ]	\$170 [ ]	\$170 [ ]	\$170 [ ]	\$185 [ ]	
CIT9am-4pm	9th-10th	\$100 [ ]	\$120 [ ]	\$120 [ ]	\$120 [ ]	\$120 [ ]	\$120 [ ]	\$120 [ ]	\$120 [ ]	\$135 [ ]	
Specialty Camps need a minimum of 10 participants.				Shaded areas indicate session is not available.							
Specialty Camps	Grade	19-Jun	26-Jun	3-Jul	10-Jul	17-Jul	24-Jul	31-Jul	7-Aug	14-Aug	TOTAL
Strength&Conditioning	5th-8th				\$210 [ ]						
Art	1st-8th					\$195 [ ]					
Lego	1st-8th						\$195 [ ]				
Sports	3rd-8th							\$195 [ ]			
Gymnastics	K-8th								\$215 [ ]		
Extended Care		19-Jun	26-Jun	3-Jul	10-Jul	17-Jul	24-Jul	31-Jul	7-Aug	14-Aug	TOTAL
Before Care 7-9		\$30 [ ]	\$30 [ ]	\$30 [ ]	\$30 [ ]	\$30 [ ]	\$30 [ ]	\$30 [ ]	\$30 [ ]	\$30 [ ]	
After Care 4-6		\$30 [ ]	\$30 [ ]	\$30 [ ]	\$30 [ ]	\$30 [ ]	\$30 [ ]	\$30 [ ]	\$30 [ ]	\$30 [ ]	
Part Time Camp	Grade	19-Jun	26-Jun	3-Jul	10-Jul	17-Jul	24-Jul	31-Jul	7-Aug	14-Aug	TOTAL
RED 9am-4pm	K	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	
Yellow 9am-4pm	1st-2nd	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	
Green 9am-4pm	3rd	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	
Blue 9am-4pm	4th-5th	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	
Purple 9am-4pm	6th-8th	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	
9am-4pm	9th-10th	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	\$115 [ ]	
Part Time Camp is Monday Wednesday and Friday											
Extended Care PT		19-Jun	26-Jun	3-Jul	10-Jul	17-Jul	24-Jul	31-Jul	7-Aug	14-Aug	TOTAL
Before Care 7-9		\$21 [ ]	\$21 [ ]	\$21 [ ]	\$21 [ ]	\$21 [ ]	\$21 [ ]	\$21 [ ]	\$21 [ ]	\$21 [ ]	
After Care 4-6		\$21 [ ]	\$21 [ ]	\$21 [ ]	\$21 [ ]	\$21 [ ]	\$21 [ ]	\$21 [ ]	\$21 [ ]	\$21 [ ]	
Yearly Youth Program Membership Fee Required For All Camp Programs											\$55[ ]
								TOTAL FEES DUE			
FIELD TRIPS			Location	Date	Location	Date	Location	Date	Location	Date	
			Hop Brook	6/29/2017	Ansonia Nature	7/13/2017	Bowling	8/10/2017	Rollermagic	8/3/2017	
			Laser Planet	7/20/2017	Brush Strokes	7/6/2017	Bounce Barn	7/27/2017	Lake Compounce	8/17/2017	

## PLEASE READ CAREFULLY

### WAIVER

Use of the YMCA facilities and participation in sports or other physically demanding activities inherently exposes participants to a certain degree of risk of personal injury, illness, and other adverse medical consequences. The YMCA is not an insurer of a member's life or personal safety. No member will engage in activities which require a level of physical fitness exceeding the member's physical condition or abilities, as determined by the member. Every member assumes the risk of personal injury, illness, or other conditions arising out of or related to the member's activities on YMCA premises and releases the YMCA, its directors, officers, agents, and employees from all claims, actions, or liability on account of such causes.

I am an adult over 18 years of age and wish to participate in Naugatuck YMCA membership/program activities. IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating inspected and carefully considered such premise and facilities or the affiliated program. In addition, I give my children permission to participate in Naugatuck YMCA activities. I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore, in exchange for allowing me to participate in YMCA activities, I understand and expressly acknowledge that I, for myself, or anyone entitled to act on my behalf, waive and release the YMCA, sponsors, representatives, and successors from all claims or liabilities of any kind arising out of my participation in activities at or sponsored by the YMCA. I further agree to indemnify and save harmless the YMCA from any claims or demands arising out of any such injuries or losses. I understand that this release includes any claims based on negligence, action or inaction of the Naugatuck YMCA, its staff, directors, members and guests. I have read, understand, and am voluntarily signing this authorization and release.

I understand that the Naugatuck YMCA is not responsible for personal property lost, damaged, or stolen while member and/or program participants are using YMCA facilities, on YMCA premises, or involved in YMCA programs. I give my permission to the Naugatuck YMCA to use limitation and obligation, photographs, film footage, or tape recordings which may include my image or voice for the purposes of promotion or interpreting YMCA programs.

### PERMISSIONS and PARENT'S AGREEMENT

**Pick Up and Emergency Information** I give permission for the people listed as emergency contact people; to pick up and transport my child from the YMCA program should I be unable. I understand that the YMCA staff will ask any person picking up my child for photo identification (license). My child will not be released to someone if they are not on this list and do not have photo ID with them. (In the event of a custodial agreement in which one parent is not allowed to pick up a child in our program on certain days, or at all, a complete copy of the agreement or court order must be provided for our records).

**Medical Emergencies Permission** If an emergency need should arise, I give permission for the staff trained in first aid to administer it, or to obtain care for my child from a licensed physician or dentist. I also give permission for my child to be taken to a hospital or other medical facility by the police or ambulance. If I cannot be contacted, I authorize the administration of the Naugatuck YMCA to act on my behalf relative to emergency medical treatment for my child. I authorize the YMCA and its staff to select a hospital for my child to receive the medical attention if needed.

**Field Trip/Gym/Swim/Outdoor Activity Permission** I hereby give permission for my child to participate in normal program activities in and away from the childcare center, and release the Naugatuck YMCA and its staff from all responsibility for injury or damage resulting from such activities to the extent that they might exceed any coverage which the YMCA may have, except injury or damage resulting from gross negligence or willful misconduct. I understand that bus transportation will be provided by Student Transportation of America for field trips.

**Discipline Policy Agreement** I agree that I understand the discipline policy of the Naugatuck YMCA and it has been reviewed both verbally and in writing. The YMCA reserves the right to dismiss a camper whose presence is detrimental to the camp or campers.

**Abandoned Child** The State of Connecticut has an "Abandoned Child Policy" If a child is not picked up within 1 hour of the center's closing, and all efforts have been made to contact the parents and emergency contact people, providers are to assume the child has been abandoned. Providers must contact DCF and the police to have the child picked up and brought to the local Department of Children and Families. The Center's staff are mandated reporters for child abuse and neglect.

**Payment Policy** A \$50 non-refundable, non-transferable deposit is required for each session and must accompany each application. This deposit will hold the camper's place and will be applied to the full payment of the camp tuition. Lack of payment (or late payment) will result in loss of reserved space. Please note a late charge of \$15.00 applies to each late payment. All cancellations must be received IN WRITING at least 30 days prior to the start of the camp session to receive a full refund minus the non-refundable \$50 deposit per session. All cancellations must be received IN WRITING between 15-29 days prior to the start of the camp session to receive a 50% refund minus the non-refundable \$50 deposit per session. No refunds will be granted less than 15 days prior to the start of the camp session. I will be responsible for payment of any collection fees incurred by me should my account become delinquent. Fees will not be refunded for absence, failure to attend during the term of enrollment, delayed attendance at camp, or dismissal.

I understand and agree to the above waiver, permissions and parent's agreement.

MEMBER'S Signature \_\_\_\_\_ Date \_\_\_\_\_ Print name here \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone number \_\_\_\_\_ Mobile phone number \_\_\_\_\_

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

## **Medical Requirements**

State of Connecticut Department of Education Health Assessment Record

This is the same form required for the public schools. The form can be downloaded from our website. ([naugatuckymca.org](http://naugatuckymca.org))

### **Medical Conditions: Allergies and Asthma**

Medication Administration Form

Asthma Action Plan

Emergency Action Plan

Individual Care Plan

Medication in the original box with prescription label.

Additional paperwork may be needed.