



# Naugatuck YMCA Summer Camp Registration and Parent Checklist

## Membership Checklist: (Full Facility OR Community)

- Completed Member Application:** this application must be completed whether you choose to be a Full Member of the YMCA or choose to be a Community non-member.
- Activate Membership Unit in Person at the YMCA** (with proof of Account and Routing Number **if** using a bank for payment see back of membership form)

\*\*\*\*\*Program does not require membership to Y to register, however full facility members receive a discount on program fees. Membership may be activated online by a parent or completed at the YMCA in person.

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## Registration Check List: Did you include the following? (This is not online)

- Completed Registration Packet (attached) with parent handbook signature
- Completed Health Form with immunizations
- If your child has been vaccinated, please provide a copy of their COVID-19 Vaccination Record Card (optional)
- Authorization for the Administration of Medication (Required if medication present)
- Medication Administration Record (MAR) (Required if medication present)
- Asthma Action Plan (Required if medication present)
- Individual Plan of Care (Required if medical condition present)
- Food Allergy and Anaphylaxis Emergency Care (required if medication present)
- Medication (Must be in original box with prescription label)
- Care 4 Kids Application if qualified & Assistance needed (Care 4 Kids is optional)
- Care 4 Kids Parent Provider Agreement Form Completing C4K Application (optional)
- Tax Forms, Paystubs, Benefits, etc. (Attach to C4K or Financial Assistance App)
- \$50 non-refundable deposit for each week of summer camp

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***I am aware that if I do not have all the necessary paperwork found in the Registration checklist above and proper payments for tuition/registration fee paid, my child will not be able to start in the program.***

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Signature

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Date



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# 2024 Summer Camp Registration

**Please include a copy of an updated physical and immunization record  
Child cannot start the program without confirmation call from director.**

### Campers, Counselor in Training, or Junior Counselor:

Child's Name: \_\_\_\_\_ Grade going into: \_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Child lives with: \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_ Grandparents \_\_\_\_ Foster Family

Race / Ethnicity: \_\_\_\_ White \_\_\_\_ Asian/Pacific Islander \_\_\_\_ American Native/Alaskan Native \_\_\_\_ Hispanic  
\_\_\_\_ Black, not of Hispanic origin \_\_\_\_ Other

Income: \_\_\_\_ Below 20,000 \_\_\_\_ 20,000-30,000 \_\_\_\_ 30,000-40,000 \_\_\_\_ 40,000-50,000 \_\_\_\_ Over 50,000

Please circle your child's shirt size:

**Youth:** Extra Small - Small - Large - Extra Large **Adult:** Extra Small - Small - Medium - Large - Extra Large

Additional shirt (\$10): Yes (Please write quantity): \_\_\_\_\_ No: \_\_\_\_\_

### Family Information:

Parent 1: \_\_\_\_\_ Parent 2: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Employer Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Permission to Release and Emergency Contacts

**Minimum 2 required** (Other than parents)

**Person(s) picking up must be at least 18 and provide a photo ID when picking up.**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_



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**Please list any person(s) who are not allowed to pick up your child. For any person who is not allowed to pick up said child, the YMCA must be provided with a copy of the restraining order or court order.**

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**Siblings:**

Name:	Age:	Birthdate:

**Medical Information:**

**Doctor:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Dentist:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Communications:**

Please check off your preferred way of (non-emergency) communication during the day. Please note that in the event of an emergency, 911 and the parent(s) will be called.

- Phone   
 Email   
 Remind   
 Other: \_\_\_\_\_

I understand that by signing this contract with the YMCA, I am responsible for following the policies set by the Naugatuck YMCA, including paying my child's tuition, registration fee, and any late fees that may occur. I understand that rates are subject to change with a 30-day notice.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director Signature

\_\_\_\_\_  
Date



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### Payment Method/Authorization Agreement

\_\_\_\_\_ I would like the following account charged on the Wednesday prior to the start of the session, according to the payment schedule.

**\*If you choose to place a monthly bank draft, please be aware if payment is returned, there may be overdraft charges.**

Debit/ Withdrawal from Checking/Savings Account

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

\_\_\_\_\_

Please show proof of Account and Routing Number

Charge Debit or Credit Card

Visa  MasterCard  Am. Exp.  Discover

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

My signature below states my understanding that I have agreed for the Naugatuck YMCA to draft my credit card account for all fees owed for the summer camp program. I understand that I will be responsible for any and all returned payment fees that are accrued in the event that my selected payment method is not accepted.

PARENT/GUARIDAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Fees are due **bi-weekly** on a prepaid basis. Fee is due on the Wednesday prior to the week your child is scheduled to attend the camp session. The tuition is based on the schedule you have chosen regardless of absences. The YMCA does participate in the Care4Kids program. Parents are responsible to make all weekly payments until a certificate is issued from Care4Kids and a parent share fee has been determined. **You will NOT receive a weekly bill or payment reminder unless your account is delinquent.**

PARENT/GUARIDAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### Care 4 Kids

We encourage families who qualify to apply early for Care 4 Kids, which can subsidize the tuition of Summer Camp through the state agency. If interested in financial assistance, please see the attached Care 4 Kids paperwork.

Current Care 4 Kids families are still required to complete a new Parent Provider Application Form for the Summer Camp 2023 to reflect their new childcare schedule.

**All families are responsible for 70% of tuition until approved or denied from Care4Kids.**

Please note that you must apply for Care 4 Kids before applying for YMCA financial assistance. Once you are approved or denied from Care 4 Kids, you can apply for YMCA program financial assistance.



## Tuition Agreement for Summer Camp

**Membership Fee:** Youth (12 & under): \$16 per month  
Teen (13-17): \$19 per month

Should you choose to be a member during summer camp, remember to terminate your summer camp membership; memberships continue to be billed until you terminate.

**Security Deposit:** \$50 non-refundable deposit for each session of summer camp

This deposit must be paid no later than one week prior to the week(s) your child is registered for. This deposit will then be applied to the tuition of the week(s) your child is in attendance.

**Before & After Care:** In addition to the normal camp day, the YMCA offers parents the option to add before care or after care. This is an additional charge with fees listed below.

**Before Care:** 7:00 a.m. – 9:00 a.m.  
5 Days: \$30 per week  
M, W, F: \$21 per week

**After Care:** 4:00 p.m. – 6:00 p.m.  
5 Days: \$30 per week  
M, W, F: \$21 per week

**Camp Hours:** 9:00 a.m. – 4:00 p.m.

Please put a check mark in front of the session(s) & schedule your child will attend.

Session	Full Time M-F (Member)	Full Time M-F (Community Member)	Part Time M, W, F (Member)	Part Time M, W, F (Community Member)	Counselor in Training (Member)	Counselor in Training (Community Member)
<b>Preview Week</b> June 17-June 21* Closed on June 19	\$175 <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	\$245 <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	\$115 <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	\$165 <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	\$115 <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	\$165 <input type="checkbox"/> Before Care <input type="checkbox"/> After Care
<b>Session 1</b> June 24-July 5* Closed on July 4	\$350 <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	\$490 <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	\$230 <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	\$330 <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	\$230 <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	\$330 <input type="checkbox"/> Before Care <input type="checkbox"/> After Care
<b>Session 2</b> July 8-July 19	\$350 <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	\$490 <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	\$230 <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	\$330 <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	\$230 <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	\$330 <input type="checkbox"/> Before Care <input type="checkbox"/> After Care
<b>Session 3</b> July 22-August 2	\$350 <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	\$490 <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	\$230 <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	\$330 <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	\$230 <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	\$330 <input type="checkbox"/> Before Care <input type="checkbox"/> After Care
<b>Session 4</b> August 5-August 16	\$350 <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	\$490 <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	\$230 <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	\$330 <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	\$230 <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	\$330 <input type="checkbox"/> Before Care <input type="checkbox"/> After Care
<b>Farewell Week</b> August 19-August 23	\$175 <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	\$245 <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	\$115 <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	\$165 <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	\$115 <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	\$165 <input type="checkbox"/> Before Care <input type="checkbox"/> After Care

**I understand I am responsible for payments on the above checked dates.**

**Payment Policy:** If changes need to be made to my child's schedule to decrease or increase my child's attendance at the Naugatuck YMCA, I will give a minimum of 2 weeks' notice. I understand I will also be responsible for completing a new tuition agreement form.



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### Permission Authorizations

In the following statements of permission, the phrase "my child" refers to the child listed on the application.

I, the undersigned, give permission for my child to participate in normal program activities in and away from the YMCA facility. I voluntarily agree to hold the YMCA harmless for injuries or accidents resulting in bodily injury or property damage during my child's participation in the YMCA Program. I further waive, release, absolve, and indemnify the Naugatuck YMCA, its directors, volunteers, officers, or employees for injuries or accidents occurring while participating the programs of the YMCA.

PARENT/GUARIDAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I, the undersigned, give the YMCA permission to take/use photographs, slides, or video of the person named on this application for YMCA purposes. I understand that a photo of my child may be kept in my child's file for identification purposes.

PARENT/GUARIDAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I, the undersigned, certify that the information given to the YMCA is accurate. I realize that I am responsible for updating the YMCA staff of any changes to my child's file. I understand that I must have an updated medical form for my child on file at the Naugatuck YMCA before my child starts the program. I have read and understand the parent handbook and have reviewed the Behavior Management Technique and discussed any concerns with staff. Also, I know that **I am responsible for upholding the policies and procedures as stated.**

PARENT/GUARIDAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

In the event of a serious illness or injury to my child, he/she will be taken by ambulance to the nearest medical facility, as decided by emergency personnel. I, the undersigned, give the YMCA staff permission to give immediate first aid and/or secure emergency medical services to my child as necessary.

PARENT/GUARIDAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I, the undersigned, give permission to have my child transported by school bus for field trips. This permission includes any walking field trip for the program. In the unforeseen event of an emergency which would require immediate evacuation of any YMCA program, permission is granted for transportation to a safe location.

PARENT/GUARIDAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I, the undersigned, understand that summer camp programming is outdoors for much of the day with children engaging in outdoor activities, and camp groups will walk along the street between St. Francis Field, the YMCA, and other local destinations to get to certain activities. I confirm that my child will be able to participate safely in accordance with all camp routines.

PARENT/GUARIDAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### Special Information

Any child with special information in either section needs to have an Individual Care Plan form filled out by the parent/guardian. These forms are available at the Naugatuck YMCA and **MUST** be completed before the child starts the program.

Is there any special information concerning your child? I understand if medication is needed, I must supply the medication, as well as medication administration form and the emergency action plan filled out by the physician and signed by the parent.

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

Please use this space to provide detailed information regarding behavioral or parental custody issues that would enable us to provide appropriate services to your child. If relevant, please list any behavioral modification methods or accommodations used at home or at school.

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

PARENT/GUARIDAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



## PARENT HANDBOOK

**GOALS** To help children develop to their fullest potential. To support and strengthen the family unit. To deliver childcare in a safe and positive environment. To teach, model, celebrate, practice, praise, and reinforce the four values of character development: responsibility, respect, caring, and honesty; and confront inconsistencies. To foster health and well-being for all children and families.

### **FORMS NEEDED**

Registration Form	Asthma Action Plan (if needed)
CT Dep. Of Ed. Health Assessment Record	Emergency Action Plan (if needed)
Medication Administration Form (if needed)	Individual Care Plan (if needed)
Medication in original box with prescript label (if needed)	
COVID-19 Vaccination Record Card (if interested)	

**STAFF** Staff working in YMCA licensed childcare programs undergo background checks, fingerprinting, and various trainings prior to working with the children. First Aid and CPR certified staff members are present on site at all times we have children in our care, as well as Medication Administration certified and Epi Pen trained staff for children with the need for care. Certified lifeguards are always on deck when children are swimming.

**CONTACT INFORMATION** Naugatuck YMCA 284 Church Street | Naugatuck CT 06770 | (203) 729-9622

**HOURS OF OPERATION** 9 am-4 pm (Extended Care: 7 am-9 am & 4 pm-6 pm)

Drop off for summer camp is at 9:00 am-9:10 am. Pick up for summer camp is at 3:50-4:00. Only those parents/guardians who have paid for extended care can drop off their child before 9:00 am or pick up after 4:00 pm.

**DROP OFF AND PICK UP POLICY** Drop off and pick up is located at the St. Francis Field on Church Street. In the event of a storm, extreme heat, and/or poor air quality, dismissal may be indoors at the YMCA. Children must be picked up by an adult; parents must sign their child out at the time of pickup. Please list all people allowed to pick up your child on the registration form; please advise them they will need to show ID. If a parent is not allowed to pick up a child, a court order must be attached to registration form.

Dismissal is no later than 6:00. A late fee of \$5 will be charged for every 5 minutes you are late. If you are unable to be reached at your contact numbers, we will attempt to call emergency contact people. If the child is not picked up by 7:00, we are mandated by the state of Connecticut to contact the Naugatuck Police Department and DCF.

**PAYMENT POLICY** Payments are due the Wednesday before care is given. All accounts must be kept up to date in order to stay active in any of our YMCA programs. Failure to pay will result in a referral to a collection agency. You will be responsible for attorney fees, court costs, and any other cost associated with this debt. There is a \$30 returned charge fee. We do accept Care4Kids. Program Financial Assistance is also available for those who qualify. Families must apply for Care4Kids before financial assistance is given.

Summer Camp requires a \$50 non-refundable deposit for each session registered for. This deposit will hold your child's place and will be applied to the full payment of the camp tuition. Lack of payment or late payment may result in loss of reserved space. Please note a late charge applies to each late payment. All cancellations must be made in writing 30 days prior to the start of the camp session for a full refund. Cancellations received in writing between 15-29 days prior to the start of the session will receive a 50% refund, minus the \$50 non-refundable deposit per session. No refunds will be granted less than 15 days prior to the start of the session. Refunds will not be given for COVID quarantine or illness.





**MEDICATION** Prescribed emergency medication will be the only medication administered by the trained staff in our program. All other medication should be dispensed at home prior to drop off. A trained staff will be on site at all times when a child who may require medication is in our care. Medication must be in the original container with dated current labeling that includes pharmacy and name of prescribing physician. Forms needed include written order of med. administration from an authorized provider with parent signature; emergency health care plan; asthma action plan; individual plan of care; epi-pen administration permission. **All forms are valid for only one year, from the date it is signed.** Emergency and controlled medications are stored in the director's office. Thorough hand washing is expected. Staff will always wear gloves when dispensing or handling medications. If medications are administered, the date, time, dosage, and comments will be recorded on the child's individual administration of medication record. The information will be logged in our medical incident log for review by our consulting physician if necessary.

**ATTENDANCE** Attendance will be taken on a daily basis; please call the YMCA at (203) 729-9622 if your child is going to be absent. We will be expecting your child if we do not receive a call saying otherwise. There are no fee adjustments for missed days.

**HEALTH AND ILLNESS** If your child becomes ill, parents will be called first. If we are unable to reach a parent we will call the emergency contacts (two emergency contacts other than the parents must be listed on your registration form). The child must be picked up within an hour of the call. Sick children will be supervised away from other children and made comfortable while waiting to be picked up. Please keep your sick children home—this will help prevent the spread of infection or illness among children. Children should be kept home if they have experienced any of the following within the past 24 hours: a fever of 101 or more; a runny nose with green or yellow discharge; diarrhea; vomiting or nausea; unidentified rash; any contagious disease or condition including but not limited to conjunctivitis, chicken pox, impetigo, lice, or severe cough/croup.

**Please notify the YMCA if your child has developed a contagious disease.** If a child develops these symptoms while at camp, we will call the parents or authorized pick up person to take the sick child home.

**INJURY AND ACCIDENTS** If your child is injured while at summer camp and more than first aid is required, 911 will be called first. Then, every effort to contact the child's parent or legal guardian will be made. Emergency transportation will be provided by emergency service vehicles only. Treatment will try to be secured at the hospital of choice.

**DISCIPLINE AND BEHAVIOR** The YMCA uses positive discipline techniques for guiding children. Avoiding competition, comparison, and criticism, staff members will deal with children using positive methods of guidance including redirection, anticipation, and elimination of potential problems, as well as positive reinforcement and encouragement. Discipline techniques are to be non-punitive and accompanied by rational explanation of expectations. At no time may the staff use corporal punishment or any other humiliating or frightening discipline techniques. The withholding of food may not be used as a consequence of behavior at any time. The program operates based on clear and consistent rules, which are explained and understood by the children. Difficult behavior is routinely anticipated, activities are redirected, and alternate behaviors are discussed with children. At no time is neglect or abuse of children tolerated. Removal of a child from the group for disciplinary or health reasons will be to a location where at least 2 staff members may maintain visual supervision. Parents can discuss the discipline policy with the staff. The following procedures will take place:

- The child will be given a verbal warning and redirected to another activity.
- If inappropriate behavior continues, the child will be encouraged to talk it out with a staff.



- Whenever there is a serious concern about a behavior or discipline problem, the staff will inform the parents. The staff and family will meet to develop plans to resolve the behavior and communication will be offered daily.
- In the event that a recommendation is made for the child to receive an assessment from local health education or mental health services, the parent agrees to provide the results of the assessments to the center. (Any costs relating to these services are the responsibility of the parent).
- If the above actions have not resulted in improved behavior from the child, written notice will be given to the parent/guardian to remove the child from the program for a determined period of time. During this period, the YMCA staff will continue to work with the parent/guardian and child on behavior modifications.
- The YMCA reserves the right to remove any child who may pose a danger to themselves or other children in our setting. Efforts will be made to recommend an appropriate placement for the child.

**WITHDRAWALS** Two (2) weeks advance notice must be given when withdrawing a child from the program. All families failing to provide this notice will be responsible for 2 weeks payment following the withdrawal.

If the program is canceled due to weather, there will not be a refund for the closing.

Summer camp requires a \$50 non-refundable deposit for each session registered for. This deposit will hold your child's place and will be applied to the full payment of the camp tuition. Lack of payment or late payment may result in loss of reserved space. Please note a late charge of \$15 applies to each late payment. All cancellations must be made in writing at least 30 days prior to the start of the camp session. All cancellations received in writing between 15-29 days prior to the start of the camp session for a 50% refund, minus the \$50 non-refundable deposit per session. No refunds will be granted less than 15 days prior to the start of the session.

**SAMPLE SCHEDULE**

7:00-9:00: Before Care  
9:00-9:30: Drop Off & Attendance  
9:30-9:45: Opening Ceremony  
9:45-11:45: Rotating Activities (Swim, Group Games, STEM, Art, etc.)  
11:45-12:45: Bathrooms, Handwashing, Lunch  
12:45-3:45: Rotating Activities  
3:45-4:00: Snack  
4:00: Dismissal  
4:00-6:00: After Care



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**SNACKS AND LUNCHES** Campers must bring a water bottle daily, labelled with their name. Summer camp lunches are **not** provided; campers are responsible for bringing their own lunch that follows our healthy eating guidelines (sugar content 8 grams or lower; no trans-fat; no fried or pre-fried foods). We do not have access to heating or refrigerating lunches. **Peanut butter and nuts are not allowed due to allergies.** Campers may receive lunches through the Summer Food Service Program (SFSP) if desired—please note that SFSP does not run the entire duration of our camp program. *For more information, please visit [ctsummerfood.org](http://ctsummerfood.org).* Afternoon snacks are provided and consist of a fruit or vegetable and a whole grain food.

**SUMMER CAMP FIELD TRIPS** Camp field trips are scheduled for every Thursday. 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 follow in compliance with state regulations. Transportation will be contracted to school vendors. Permission is on the registration forms.

Be sure to have your child at camp on time. If a parent/guardian wishes to provide their child with spending money (optional) that is a parent’s choice. Children are solely responsible for their money.

**COUNSELOR IN TRAINING PROGRAM** Campers ages 14 & 15 participate in the Counselor in Training (CIT) program. At the start of each session, CITs work with the CIT Director to go over what it is like to be a counselor one day. CITs are then paired with a camp group and work closely with the counselor to help lead games and engage with the younger campers. Please note: CITs are still campers and must stay with a staff at all times.

**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. Children are to wear sneakers. Flip flops and sandals are not allowed except for on the pool deck.

**SCREEN TIME POLICY** Digital devices are to be used for programs that engage children in physical activity. No cell phones are allowed during programming.

I \_\_\_\_\_, parent of \_\_\_\_\_,  
understand that the contract between the Naugatuck YMCA can end at any time on either the family or provider’s behalf. I/we have read, received, and understand all information in the Naugatuck YMCA’s handbook. I/we feel comfortable with all the information that I/we have learned and understand that I/we may ask questions at any time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**QUESTIONS AND CONCERNS**

Contact Monica Vitzoski at (203) 729-9622 or [mvitzoski@naugatuckymca.org](mailto:mvitzoski@naugatuckymca.org)