

FYC USE ONLY

Date Received: _____ By (initials): _____

FYC Membership: YES/NO 1st Week: YES/NO _____ Initials _____

Missing documents: _____

CIT Application: Y N Interview Date: _____

BCC ACC 1 2 3 4 5 6 7 8 9 10

Subsidy Contract: Y N Co-Pay: \$ _____ Expiration: _____

SUMMER CAMP 2019

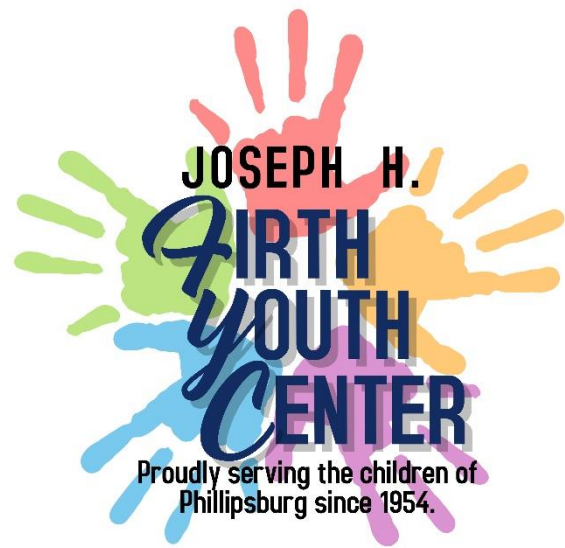
FIRTH YOUTH CENTER
ENROLLMENT PACKET
AGES 6-13

Open Houses at the Firth Youth Center

Tuesday, March 26th 9:00am-12:00pm

Wednesday, March 27th 6:00-8:00pm

JOSEPH H. FIRTH YOUTH CENTER
108 ANDERSON STREET
PHILLIPSBURG, NJ 08865
PHONE: 908-454-7281
EMAIL: SUPERVISOR@FIRTHYOUTHCENTER.COM
WEBSITE: WWW.FIRTHYOUTHCENTER.COM



Thank you for choosing the Firth Youth Center! In order for us to serve your child's needs, we ask that you please complete the following form with information regarding your child's preferences.

Camper's Name: _____ Nickname: _____

Date of Birth: _____ Age: _____ Male Female

Grade Next Fall:

Are there any needs or fears you would like to let us know about your child? Yes No

Is there any other information that we should know that will help your child transition into camp? Yes No

Do you have an IEP, IFSP, Special Needs Assessment, or other documentation? If so, please attach for our records. Please note, we do not have one-on-one care. Yes No

Are there any behaviors you are aware of that your child may need assistance with? If yes, please list. Yes No

Permission for Release of Information: The Firth Youth Center has my permission to obtain records and discuss information pertaining to my child with agencies involved in the care and development of my child.

Parent/Legal Guardian Signature _____ Date _____

ENROLLMENT	BEFORE CAMP CARE	CAMP	AFTER CAMP CARE	TOTAL PER WEEK	Payment Due Date
	7:30AM-8:30AM	8:30AM-4:00PM	4:00PM-6:00PM		
Firth Youth Center Members Only	\$10/week	\$135/week	\$20/week		
#1 June 17-21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	Wednesday, June 12
#2 Jun 24-28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	Wednesday, June 19
#3 July 1-5 *No Camp July 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	Wednesday, June 26
#4 July 8-12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	Wednesday, July 3
#5 July 15-19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	Wednesday, July 10
#6 July 22-26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	Wednesday, July 17
#7 July 29- Aug 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	Wednesday, July 24
#8 Aug 5-9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	Wednesday, July 31
#9 Aug 12-16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	Wednesday, August 7
#10 Aug 19-23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	Wednesday, August 14

- **Deposit:** Initial camp week payment due at time of registration. Payment is non-refundable.
- **Payment Due Date:** Payment for upcoming week is due by Wednesday prior. If not received, child will go on a Wait List and other children will fill vacancy. For example, if you enrolled your child in Week #2 June 24-June 28, you must pay by Wednesday, June 19th. Failure to pay will result in staff filling the vacancy with children on a Wait List on Thursday, June 20th. No exceptions.
- Subsidized child care does not include After Camp Care. If needed, you will be charged this fee separately by the Firth Youth Center.
- **Multiple Child Discount:** There is a \$20/wk. discount per additional sibling enrolled. Only for siblings residing in the same home.
- **Prepayment Discount:** A Discount of \$10/wk. per family applied for full camp payment by June 14. Must be enrolled for 7+ weeks.

Parent/Legal Guardian Signature _____ Date _____

Financial Policy & Procedure – AGREEMENT FORM

- **Session Tuition includes:** Afternoon snack, swimming, field trip admission, and transportation to field trips/swimming.
- **Payment Due Date:** Payment for upcoming week is due by **Wednesday** the week prior. If not received, child will go on a Wait List and other children may fill vacancy. Payments are non-refundable. Campers will be placed on Wait List in the event that payment is not received and/or late.
- **Late Pick Up Fee:** \$20 for the first 15 minutes past program hours selected and \$1.00 each minute thereafter.
- **Absences/Vacation Days/Holidays:** Parent/Guardian is responsible for paying the required tuition amount each week. No credit will be given for days during the session not in attendance. No credit will be given for days registered, but unattended. Children who receive subsidy should see below policy regarding absence/sick days.
- **Outstanding Balances:** If your child has an outstanding balance your child will be declined the ability to attend, register for the school year, transition to a new program, transfer records, or obtain end of year statements until the account balance is current or paid in full.
- **Refunds/Credit Policy:** First week's tuition is nonrefundable. All refund requests must be approved by Director.
- **Lunch/Snack:** A USDA-approved lunch and snack will be provided free-of-charge for every camper. Schedules are posted at the Firth Youth Center and copies can be made available to you upon request. If your child is a picky eater, please pack a lunch/snacks. Substitutions will not be provided, except to accommodate allergies. Please send your child with a water bottle daily.
- I acknowledge that I have received, reviewed and understand the information on the Emergency Operations Plan and Statement of understanding for the Camp at the Firth Youth Center. I understand that persons listed on the Emergency Contact Sheet will be designated custodians for release of my child and will be required to present photo identification.
- In case of an emergency due to illness or accident, when it is thought advisable to have immediate medical attention for my child, I hereby authorize the Joseph H. Firth Youth Center to send my child to the nearest hospital: St. Luke's Warren Campus. I agree to meet the Firth Youth Center staff person at the hospital as soon as possible after being notified. I understand that I must bear all expenses, including those incurred to transport my child to the hospital.
- I understand the Firth Youth Center is not responsible for lost or stolen items. You may bring a lock for your child's locker.
- I have received, understand and agree to follow all procedures and policies stated in Firth Youth Center enrollment packet.

I, the parent/guardian have reviewed and approved this registration information. I have read, understand and agree to comply with the Firth Youth Center's payment procedures and policies. I understand that my child will become ineligible for participation in camp sessions if payment has not been received by the Firth Youth Center prior to or on scheduled due date. I agree to update the emergency contact, parent consent form, agreement form and health appraisal forms information whenever changes occur. I understand that the Firth Youth Center will be observing the holiday on Thursday, July 4, 2019.

Camper's Name: _____ **Date of Birth:** _____ **Age** _____ **Grade Enrolled 2020:** _____

Parent/Guardian Email address: _____ **Daytime Phone:** _____

Parent/Guardian Name (print)

Parent/Guardian Signature

Date

Subsidized Child Care Payment Policy

The following policies are additional for our Subsidized Care E-Child clients:

- I (or my authorized pick up or drop-off person) will SWIPE my child in/out every day on the POS machine. I will continue to sign my child in and out every day and record the time of drop off and pick up on the Sign-out sheets. I will be current with swiping as of 4:00pm on Thursday of each week.
- If I lose my card, I will contact Norwescap immediately. If I do not have my card within 7 days, then my child(ren) cannot participate in the program or I may be charged the full rate.
- If myself or my child(ren) is sick or has a scheduled doctor's appointment, I will swipe or call out my child SICK that day. If my child has an unexcused Absence, I will swipe or call out my child ABSENT that day.
- If I fail to swipe my child(ren)'s attendance for five (5) days, my childcare services will be suspended until all days attendance are swiped and up to date.
- Any day(s) of which the Firth Youth Center is not paid due to missing swipes or swiping incorrectly, I understand that the Firth Youth Center will charge me those unpaid fees.
- All co-pays must be current as of the first of the month.
- Late payment fees may be applied to late co-payments unless prior arrangements are approved by the office in advance. Every effort will be made to work with our clients.
- I understand the Sanction Policy set forth by the State of New Jersey and that if I fail or refuse to swipe, I will be required to attend a training provided by Norwescap within two weeks. If I do not comply with this, the State of New Jersey will suspend my child care subsidy according to their sanction policy.
- I understand the above policy and procedures set by the Firth Youth Center and I will adhere to them.
- I understand all other sections of the Center's Standard Payment Policy apply.
- Failure to follow policies may result in the child being unable to attend the Before and/or After School Program.

Subsidy Provider Information

- NORWESCAP Assistance
- Case Worker: _____
- NORWESCAP Copay: \$ _____

Parent/Guardian Signature: _____

Date: _____

2018/2019 EMERGENCY CONTACT/PARENTAL CONSENT FORM

CHILD'S NAME	BIRTH DATE:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
--------------	-------------	---

ADDRESS:	GRADE ENTERING FOR 2019/2010:
----------	-------------------------------

PARENT/GUARDIAN #1 NAME:	PHONE:
--------------------------	--------

ADDRESS:

EMAIL ADDRESS TO BE ADDED TO OUR E-NEWSLETTER SYSTEM FOR IMPORTANT UPDATES & ANNOUNCEMENTS:

PARENT/GUARDIAN #2 NAME:	PHONE:
--------------------------	--------

ADDRESS:

Please fill individuals as Emergency Contacts and Alternate Pick-Ups below. For safety, we will not release your child to anyone not on this list, unless you call us in advance. If you need additional space, please write on back. Photo ID will be required upon pick-up. If phone numbers change, it is your responsibility to inform our Office immediately.

EMERGENCY CONTACT/ALTERNATE PICK UP #1:	PHONE:
---	--------

EMERGENCY CONTACT/ALTERNATE PICK UP #2:	PHONE:
---	--------

EMERGENCY CONTACT/ALTERNATE PICK UP #3:	PHONE:
---	--------

NAME OF PRIMARY CARE PHYSICIAN:	PHONE:
---------------------------------	--------

ADDRESS:

SPECIAL NEEDS (IF ANY):	ALLERGIES, INCLUDING MEDICATION REACTION:
-------------------------	---

HEALTH INSURANCE COVERAGE:	POLICY NUMBER (REQUIRED):
----------------------------	------------------------------------

GENERAL PERMISSIONS: By **initialing** below, I indicate my permission for the preferences listed:

YES	NO	
		Use my child's photograph in marketing and publicity pieces. Publicity pieces include but are not limited to news releases, social media, publications and web use. This is a way to help encourage awareness of the programs offered by the Firth Youth Center.
		Permission to post my child's allergies in staff binders and pantry.
		I give staff permission to walk with my child around our local neighborhood.
		I give permission for staff to apply sunscreen/lotion to my son/daughter that I will provide.
		In the event of a minor injury, I authorize the Firth Youth Center Staff to administer basic First Aid to my child.
		I give permission for my child to swim/wading in outdoor and/or indoor pools.
		I give my consent for my child to attend the field trip associated with the week(s) of camp they are enrolled in. I will provide my child with a bag lunch on field trip days (no glass or cans please).
		I give permission for my child to be transported by vehicles contracted by the Firth Youth Center. I understand that the Firth Youth Center will be providing transportation to and from all field trips. I accept full responsibility and release the Firth Youth Center of all liability. I understand that field trip days are subject to change.
		I give permission for my child to walk home at the conclusion of Summer Camp each day.
		I give permission for my child to walk home, but only with verbal parent permission via phone with a Staff Person that day.

By signing below, I willingly agree to comply with the policies, terms and rules put in place by the Joseph H. Firth Youth Center. I, as parent/guardian with legal responsibility for the participant, release and agree to indemnify and hold harmless the Joseph H. Firth Youth Center, employees, officers, officials, and/or other participants from any and all liability incidents to my minor child's involvement or participation in programs, even if arising from the negligence of the releasees, to the fullest extent permitted by law. Additionally, I understand that photographs and/or videos may be taken of my child and used for promotional and marketing of Firth Youth Center programs. I have the right to refuse photographs and/or video to be taken and will attach a letter to this membership with such instructions.

Parent/Legal Guardian Signature

Date

Camper's Name: _____

Birth Date: _____



EMERGENCY OPERATIONS PLAN

Joseph H. Firth Youth Center
108 Anderson Street, Phillipsburg, NJ 08865
Phone: 908.454.7281
www.FirthYouthCenter.com

- Depending on the circumstances of the emergency, children may be relocated to a different part of the facility and/or off site to a temporary shelter. Children will remain there until all is clear and/or accommodations for parent pick up have been established. Once children are in a safe location and/or emergency has been cleared parents will be contacted. If not on-site, the Executive Director of the Firth Youth Center is to be contacted immediately at 908-763-3038.
- **Immediate Evacuation:** If there is an immediate evacuation of FYC, children will be evacuated to Walters Park; children at Walters Park will remain there. If there is an emergency at Walters Park, children will be evacuated to FYC; children in the building will remain there. Upon evacuation, the Lead Program Supervisor on staff will be responsible for notifying the State Central Registry at 1-877-652-2873.
- **In-Place Shelter:** Sudden occurrences, weather or hazardous materials related, may dictate that taking cover inside the building is the best response. Day Camp will take cover in the Gym of FYC.
- **Evacuation:** Total evacuation of the facility may become necessary if there is a danger in the area. Day Camp will relocate to Easton Ymca, 1225 W Lafayette Street, Easton, PA 18042, 610-258-6158, as a primary site; Transportation will be provided by Jennings Bus Company or a Y vehicle.
- **Modified Operation:** This may include cancellation/postponement or rescheduling of normal activities. These actions are normally taken in instances of a winter storm or building problems (such as utility disruptions) that make it unsafe for children.
- Please listen to WFMZ-TV Channel 69 for announcements relating to any of the emergencies listed above. You may visit www.wfmz.com for updates.
- We do ask that you refrain from calling during an emergency. This will keep the main telephone line free to make emergency calls. We will call you to let you know if we have taken one of the precautions listed here and/or when it is safe for you to pick up your child at camp or the relocation site.
- If an emergency forces camp to close, please do not attempt to bring your child to the site. The designated persons to pick up your child during an emergency is listed on the Emergency Contact Form included in the registration packet.
- We urge all families to have their own plan in place. Your plan should include a predetermined meeting spot for all family members along with designated family member and/or friend who are able and available to pick up your child in the event of an emergency.
- In order to assure the safety of your camper and our staff, I ask for your understanding and cooperation. Should you have additional questions regarding our Emergency Operations Plan, please contact the Main Office.

STATEMENT OF UNDERSTANDING FOR CHILD SAFETY

The following information is important for the safety and protection of your child. Please read the information, sign the form and return to the Firth Youth Center. A copy will be placed in your child's records.

- I understand that my child will not be allowed to leave with any unauthorized person. All persons authorized to pick up my child, including older siblings or other relatives, must be listed with the Firth Youth Center.
- I understand that should a person arrive to pick up my child who appears or is suspected to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police. Please do not put staff in a position where they have to make this judgment call.
- I understand that the Firth Youth Center is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that Firth Youth Center staff and volunteers are not allowed to babysit or transport children at any time outside the Firth Youth Center programs. Immediate disciplinary action will be taken by the Firth Youth Center toward staff and volunteers if a violation is discovered.

I understand that I am not to leave children unattended. I will wait for Firth Youth Center staff to receive the child.

Date PAID: _____ Staff Initial: _____

Check OR Cash (Annual Youth Membership \$15)

Please consider my child as a scholarship candidate

*Housing Authority residents must complete through
PHA Office and membership fee will be waived.*

FIRTH YOUTH CENTER YOUTH MEMBERSHIP APPLICATION

*****ALL SUMMER CAMP CHILDREN MUST BE FYC MEMBERS*****

Name: _____ Date of Birth: _____

Address: _____ School/Grade: _____

Parent/Guardian 1: _____ Relationship to Member: _____

Phone: _____ Email Address: _____

Address: _____

Parent/Guardian 2: _____ Relationship to Member: _____

Phone: _____ Email Address: _____

Address: _____

With Whom Does Member Live? _____

List any disabilities, allergies, or precautions that should be made known to the Firth Youth Center:

Emergency Contact #1: _____ Phone: _____

Emergency Contact #2: _____ Phone: _____

I hereby give my permission for the above-mentioned youth to become a member of the Firth Youth Center. I understand that all necessary safety precautions will be taken and that as a parent/guardian, I will cooperate in full with the Firth Youth Center regarding responsibility for accident or injury. I understand that my photographs and/or videos of my child may be taken and used for promotional and marketing features. I have the right to refuse photographs of my child to be taken and will attach a letter to this membership with such instructions.

Parent/Legal Guardian Signature

Date

I wish to become a member of the Joseph H. Firth Youth Center. I promise to take care of the Center and its property, to obey staff, and respect the policies and procedures in place.

Youth Signature

Date

UNIVERSAL CHILD HEALTH RECORD

Endorsed by: American Academy of Pediatrics, New Jersey Chapter
New Jersey Academy of Family Physicians
New Jersey Department of Health

SECTION I - TO BE COMPLETED BY PARENT(S)

Child's Name (Last) (First)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Name of Child's Health Insurance Carrier		
Parent/Guardian Name	Home Telephone Number () -	Work Telephone/Cell Phone Number () -	
Parent/Guardian Name	Home Telephone Number () -	Work Telephone/Cell Phone Number () -	
<i>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</i>			
Signature/Date		This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER

Date of Physical Examination:	Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No
Abnormalities Noted:	Weight (must be taken within 30 days for WIC)
	Height (must be taken within 30 days for WIC)
	Head Circumference (if <2 Years)
	Blood Pressure (if ≥3 Years)

IMMUNIZATIONS

- Immunization Record Attached
 Date Next Immunization Due: _____

MEDICAL CONDITIONS

Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Medications/Treatments • List medications/treatments:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Limitations to Physical Activity • List limitations/special considerations:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Equipment Needs • List items necessary for daily activities	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Allergies/Sensitivities • List allergies:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments

PREVENTIVE HEALTH SCREENINGS

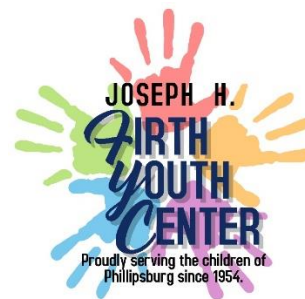
Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		

I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.

Name of Health Care Provider (Print)	Health Care Provider Stamp:
Signature/Date	

FIRTH YOUTH CENTER SUMMER CAMP

DAILY SCHEDULE



SUNNY DAY*

7:30-8:30 Before Camp Care (Additional fee will apply)

8:20-8:40 Sign-In, Meet & Greet

8:40-9:00 Camp-Wide Opening Meeting

	9:00-9:45	9:45-10:30	10:30-11:15	11:15-12:00
AM Team Activity #1 (Park)	Team A	Team D	Team C	Team B
AM Team Activity #2 (Park)	Team B	Team A	Team D	Team C
AM Team Activity #3 (Comp Room)	Team C	Team B	Team A	Team D
AM Team Activity #4 (Gym)	Team D	Team C	Team B	Team A

12:00-12:45 Lunch and Swim Prep

1:00-3:15 Swim

3:15-3:30 Snack & Team Huddles

3:30-4:00 Camp-Wide Closing Meeting ****Pick-up is 3:50-4:10pm***

4:00-6:00 After Camp Care (Additional fee will apply)

GLOOMY DAY*

7:30-8:30 Before Camp Care (Additional fee will apply)

8:20-8:40 Sign-In, Meet & Greet

8:40-9:00 Camp-Wide Opening Meeting

	9:00-9:45	9:45-10:30	10:30-11:15	11:15-12:00
AM Team Activity #1 (Gym)	Team A	Team D	Team C	Team B
AM Team Activity #2 (Gym)	Team B	Team A	Team D	Team C
AM Team Activity #3 (Comp Room)	Team C	Team B	Team A	Team D
AM Team Activity #4 (HW Room)	Team D	Team C	Team B	Team A

12:00-12:30 Lunch

	12:30-1:15	1:15-2:00	2:00-2:45	2:45-3:30
PM Team Activity #1 (Gym)	Team A	Team D	Team C	Team B
PM Team Activity #2 (Gym)	Team B	Team A	Team D	Team C
PM Team Activity #3 (Comp Room)	Team C	Team B	Team A	Team D
PM Team Activity #4 (HW Room)	Team D	Team C	Team B	Team A

3:30-3:45 Snack & Team Huddles

3:45-4:00 Camp-Wide Closing Meeting ****Pick-up is 3:50-4:10pm***

4:00-6:00 After Camp Care (Additional fee will apply)

***Schedule subject to change.**