



# York Community Day Camp 2024

Director: Melissa Stafford

Email: [yccdaycamp@gmail.com](mailto:yccdaycamp@gmail.com)

## General Information

### Registration

Registrations will be processed as they are received, please register early to secure your enrollment, there is a limit on the enrollment. Registrations should be returned by May 31, 2024. There is a registration fee of \$25 per family.

### Camp Details

Camp is for children entering 1st through 6th grade during the 2024-2025 school year.

Camp will run for 4 weeks, July 1st - July 26th, 2024; Monday through Friday, 9am - 4pm. You may register your child(ren) for one or all of the weeks of camp. Note: There is no camp on Thursday, July 4<sup>th</sup>.

The weekly fee is \$50 per week, per camper.

There may be additional fees for field trips or special events, you will be notified of these at least 2 days in advance. The cost per special should not exceed \$15 per camper.

### Payment

The registration fee (\$25 per family) and the first week's camp fee (\$50 per camper) is due with registration. Your registration will not be complete until payment is received. The following weeks' payments are due the Friday prior to that week.

Scholarships are available based on financial need and available funds. Please complete a scholarship application with your registration form if requesting financial assistance. Scholarships will not exceed \$100 per child. All scholarship forms are due by May 31st, 2024.

If a church is providing partial or full scholarship, the pastor or local church camp coordinator's signature must appear on the registration form as well as his/her contact information.

### Next Steps

Complete the registration form in full, including the medical information form and be sure that a parent/guardian has signed the form. Send in the completed forms with the \$25 registration fee plus first week's fee of \$50 per camper. We apologize, but registrations cannot be accepted over the phone.

Please print legible when completing all forms. If submitting payment for more than one camper, please include a summary with the name of all campers, weeks attending and weekly fee per camper.

Providing accurate and complete information will expedite the registration process. If there is incorrect or missing information, this will delay your registration. Registration is NOT complete until all information and payment are received.

Please mail the registration, medical forms, and payment to the below address. Please make checks payable to York Community Day Camp – memo line camper name.

**York Community Day Camp  
Messiah Church of York  
1300 N. Beaver Street  
York, PA 17404**

You will receive confirmation of your registration via email or by mail, if no email has been provided.

### Refund Policy

If a registered camper is unable to attend camp; you must notify the Director immediately in order to get a refund. Refunds are given up to two weeks before the start of camp, subject to forfeiture of the \$25 registration fee and \$10 per additional child processing fee. Cancellations within the two weeks prior to the event are only refunded in cases of documented medical concern or death in the family, which prohibits attendance. In order to receive a refund, the Director must be notified immediately of any accident or illness, followed by a written request with an accompanying doctor's excuse within one week. No refunds will be made for any reason after the start of the camp.

Please reach out to [yccdaycamp@gmail.com](mailto:yccdaycamp@gmail.com) with any questions regarding registration.



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## Registration Form

PLEASE PRINT LEGIBLE WHEN COMPLETING THIS FORM. IF SUBMITTING PAYMENT FOR MORE THAN ONE CAMPER PLEASE INCLUDE A SUMMARY WITH LIST OF CAMPERS, WEEKS ATTENDING, AND REGISTRATION AMOUNT FOR EACH CAMPER. YOUR COOPERATION IN THIS MATTER WILL NOT ONLY EXPEDITE THE REGISTRATION PROCESS BUT IS GREATLY APPRECIATED.

### Camper Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Street Address: \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender (circle one) Male Female

Grade Entering 2024/2025 School Year \_\_\_\_\_ Does your child have a Bible at Home? Yes No

T-Shirt Size (circle one)

Youth Small	Adult Small	Adult XL
Youth Medium	Adult Medium	Adult 2XL
Youth Large	Adult Large	Adult 3XL

### Parent/Guardian Information:

Parent/Guardian #1 \_\_\_\_\_

Address \_\_\_\_\_

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

Parent Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Parent/Guardian #2 \_\_\_\_\_

Address \_\_\_\_\_

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

Parent Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Weeks Attending in July 2024  
(Please check all that apply.)

WEEK 1: July 1st-5th*	WEEK 2: July 8th-12th
WEEK 3: July 15th-19th	WEEK 4: July 22nd-26th**

\$50 x Number of weeks= \$\_\_\_\_\_ total for summer camp.

\*NOTE: No Camp on Thursday, July 4th.

\*\*NOTE: Early Dismissal on July 26th following closing event. Also, there may be separate fees for some off campus activities, not to exceed \$15/event. More information to follow.

PLEASE READ CAREFULLY and circle applicable permissions –

I do/do not give permission for my child's name, address, and phone number to be shared with other campers in his/her group.

I do/do not give permission for still or video pictures of my child to be used for camp promotional purposes.

I hereby give my permission for my child \_\_\_\_\_ to attend the camp session for which he/she is registering.

Parent/Guardian signature \_\_\_\_\_

Parent/Guardian name (please print)\_\_\_\_\_

If your church is providing a scholarship, please complete the below

Church Name \_\_\_\_\_

Church Address \_\_\_\_\_

Amount Individual is paying: \$\_\_\_\_\_

Amount Church is paying \$\_\_\_\_\_

Pastor/Camp Coordinator's Signature \_\_\_\_\_

Pastor/Camp Coordinators name (please print)\_\_\_\_\_

Pastor/Camp Coordinator Contact Phone Number \_\_\_\_\_

FOR OFFICE USE ONLY

Date Received\_\_\_\_\_

Date Processed\_\_\_\_\_

Camper #\_\_\_\_\_

Total Weeks\_\_\_\_\_ Total Fee\_\_\_\_\_ Deposit Amount\_\_\_\_\_

Check #\_\_\_\_\_ Campership\_\_\_\_\_



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## Medical Form

IN PREPARATION FOR YOUR CHILD(REN)'S WEEK(S) AT CAMP, WE ASK THAT YOU PLEASE SEND THE COMPLETED MEDICAL FORM WITH YOUR REGISTRATION. THIS INFORMATION IS ESSENTIAL AND NEEDED BY THE CAMP DIRECTOR. Complete ALL health and insurance information, please do not leave any blanks, either put N.A. (not applicable) or NONE or NONE KNOWN, whatever the case may be.

Return form to: Messiah Church of York  
1300 N. Beaver Street  
York PA, 17404

Camper Name \_\_\_\_\_ Age \_\_\_\_\_

Birthdate \_\_\_\_\_

(CIRCLE) Male Female Grade completed \_\_\_\_\_

**Parent/Guardian #1** \_\_\_\_\_

Address \_\_\_\_\_

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

Parent Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

**Parent/Guardian #2** \_\_\_\_\_

Address \_\_\_\_\_

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

Parent Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

### Alternate Emergency Contact

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

Contact Phone # \_\_\_\_\_

Please list any and all persons the camper may be released to (including parents/guardians)

Name	Relationship

Health Insurance Co. \_\_\_\_\_

ID/Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Name of primary care physician \_\_\_\_\_

Phone # \_\_\_\_\_

Date of last physical \_\_\_\_\_ Current Height \_\_\_\_\_ Current Weight \_\_\_\_\_

Describe if the camper has any special needs (attach paper if needed)

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List any medications the camper is currently taking or has taken in the last year (attach paper if needed)

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List any of those medications that will be administered during camping hours (attach paper if needed)

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List any medications the camper is allergic to

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What kind of allergic reaction?

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Are there any non-prescription medications you DO NOT want your child to receive?

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**Please circle one:**

Has camper had a tetanus shot in the past five years? (Circle) YES NO

Has camper ever had hepatitis? (Circle) YES NO

Has camper ever had a history of behavioral or emotional problems? (Circle) YES NO

If yes, please describe on a separate piece of paper.

**Circle all that apply and explain as necessary**

Allergies	Asthma	Learning Disability
Nose Bleeds	Bleeding/Clotting Disorder	Homesickness
Convulsions/Epilepsy	Ear Infections	Eye/Vision Problem
Braces (other than on teeth)	ADHD	Depression
Ear/Hearing Problem	Fainting	Anxiety
Hear Defect/Disease	Bronchitis	Hypertension
Vegetarian	Reaction to Insect Stings	Diabetes
Swimmer's Ear	Car/Motion Sickness	Other:

Explanation \_\_\_\_\_

Chronic or Recurring  
Illness \_\_\_\_\_

Disabilities \_\_\_\_\_

Limitations or suggestions regarding activities \_\_\_\_\_

Describe campers swimming ability \_\_\_\_\_

Any other condition requiring medication, special care or special diet \_\_\_\_\_

Is there any other information about the camper that we should know about to help make his/her transition into camp easier? (First time away from home, other than with family, etc.?)

If your child/youth has been taken off medications for the summer by you, the parent/guardian, we highly recommend those medications be taken during their time at camp so your child/ren will have a quality experience.

**Parent Authorization: This health history and other information requested are accurate to the best of my knowledge. The child herein described has permission to engage in all prescribed camp activities, except as noted. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child. I have read and fully understand this statement.**

**Parent/Guardian Signature** \_\_\_\_\_

**Printed name** \_\_\_\_\_

**Relationship to Camper** \_\_\_\_\_

**Date Completed** \_\_\_\_\_



# York Community Day Camp 2024

Director: Melissa Stafford

Email: [yccdaycamp@gmail.com](mailto:yccdaycamp@gmail.com)

## Policies and Procedures

### Forms Needed:

The following forms must be completed in full and turned in by the first day of camp:

**Registration Form – Please note, no new registrations allowed after July 14, 2024.**

**Medical Form**

The following form must be turned in the second day of camp:

**Signature Form (last page of Policies and procedures packet)**

**Assumption or Risk & Release of Liability Form**

If there is a child custody issue the camp must have a copy of the court order to keep in the child's file.

A **photo ID** will be required when someone on the list other than yourself picks up your child.

If you need someone to pick up your child who is not on the list, you must call the camp and give the person's name. **ID will be required!**

### Drop off:

Drop off will begin at 8:45am, every morning in the rear of the church. You must come around the back and walk your child into the building.

All children need to be signed in by the person dropping them off at the camp in the morning.

Breakfast will start no later than 9:05am. Children need to arrive by 9:20am in order to be fed breakfast.

If we are planning a field trip, we may be leaving early from the church on the bus. We will remind you through newsletters, emails, and signs at pick up time. If your child is late, they will miss the trip.

### Pick up:

Pick up will begin at 3:45pm.

All children need to be signed out by the person picking them up from camp.

Pick up time will be strictly enforced. All children need to be picked up by 4:00pm. Failure to do so will result in a fee.

**FEE STRUCTURE:** \$1.00 per minute will be added to your tuition due. All late fees must be paid with the next week's tuition or your child(ren) will **NOT** be able to attend camp the following week. (There will be a one time "grace" for this, but afterward will begin to charge)

### Tuition:

Tuition is due prior to the following week and must be paid in full by that Friday at 4pm. If your tuition is not paid by Friday, your child will **NOT** be able to attend camp the following week.

### Discipline:

Children will receive a warning for inappropriate behavior. The 2nd warning will result in a time out.

If the behavior is aggressive/assaultive towards another person, a parent will be called and the child will be required to have a resolution meeting with the other person before continuing in the camp.

If the behavior of a child continues to be a problem the Director will request a meeting with the parents or guardian of the child.

If the behavior continues after meeting with the parents/guardian, the Board of Directors reserves the right to decide if the child will be allowed to continue attending the camp.

**What to bring to Camp:**

Water bottle - will be provided with one on the 1<sup>st</sup> day, they may keep it at camp during the week, but bring it home on Friday to wash  
Suntan lotion  
Camper may need to bring other items in for special activities or field trips, you will be notified in advance if something special is needed (example, bathing suit, beach towel, etc.)

**What NOT to bring to Camp:**

Campers should not bring any electronics to camp.  
No food/drink should be brought to camp, unless previously approved by the Director.  
The camp will not be held responsible for any lost or broken items.

**Grievances:**

If a parent or guardian has an issue with an employee or a volunteer, a meeting can be requested with the Director. If there is not a satisfactory resolution a meeting will then be scheduled with the Board of Directors to resolve any issues.

**Illness:**

Because we care about every child in our care, we ask that you do not bring your child to camp when he or she is sick. Children will not be allowed to attend camp if either of the following applies:  
Fever of 100.4 or higher (child must be fever free for 24 hours before returning to camp).  
Vomiting (children may return 24 hours after the last time he/she vomited).

**COVID-19:**

York Community Day Camp follows all local, state, and federal orders regarding COVID-19 protocols in addition to regularly updating our operating procedures based on CDC recommendations. Please see separate COVID-19 policy for additional details.

**Medication:**

If your child needs to be given medication during camp hours a form must be completed, and the medicine needs to be in a correctly labeled bottle. The medication must be given to the Director, the camper cannot keep the medication during camp.

**Emergency:**

If your child becomes ill or is injured during camp hours, the Director will contact the parents/guardian first. If we are unable to reach you we will refer to the emergency list.

**Non-discrimination**

At York Community Day Camp, we value all campers, employees, and volunteers as unique individuals, and we welcome the variety of experiences they bring to our organization. As such, we have a strict non-discrimination policy. We believe everyone should be treated equally regardless of race, sex, gender identification, sexual orientation, national origin, native language, religion, age, disability, marital status, citizenship, genetic information, pregnancy, or any other characteristics protected by law.

**Please notify the camp if your child will be absent or late, Melissa Stafford 717-586-0679**

**Please keep this document for easy reference.**





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## Policies and Procedures Acknowledgement

Please sign and return this page by the 2nd day of your child attending camp.

I have read and understand the policies and procedures of the York Community Day Camp, including the COVID-19 Policy. I agree to adhere to all of the policies and procedures.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# York Community Day Camp 2024

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## Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

**NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right and the named minor's right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of the named minor's participation in Messiah Church of York or York Community Day Camp Programs, now or any time in the future.**

### Acknowledgment of Risk

I, in my legal capacity as the parent/guardian of the minor named below, do hereby acknowledge and agree that participation in York Community Day Camp activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with York Community Day Camp participation, including but in no way limited to: (1) slips, trips, and falls, (2) encounters with nature including toxic plants and animals, (3) aquatic injuries, and (4) athletic injuries (5) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with York Community Day Camp participation and that said list in no way limits the operation of this Agreement.

### Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in the Program of accessing Messiah Church of York facilities could increase the risk of contracting COVID-19.** Messiah Church of York and/or York Community Day Camp in no way warrants that COVID-19 infection will not occur through participation in York Community Day Camp programs or accessing Messiah Church of York facilities.

### Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of \_\_\_\_\_'s participation in York Community Day Camp, I, \_\_\_\_\_, the parent/guardian of the minor named above, agree to release and on behalf of myself and the minor named above, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE Messiah Church of York and/or York Community Day Camp, its officers, agents, and employees from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the named minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against Messiah Church of York and/or York Community Day Camp on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of Messiah Church of York and/or York Community Day Camp facilities/equipment or participation in York Community Day Camp programs whether that participation is supervised or unsupervised,

