



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FIND YOUR FUN. FIND YOUR Y.

2026 Summer Day Camp Registration Packet GREATER SCRANTON YMCA

Children Ages 4-5:

Sunrise Camp, 8:30 a.m. - 4:00 p.m.

Children K-6th (must have completed kindergarten):

8:30 a.m. - 4:00 p.m., with options for a.m. and p.m. care.

GREATER SCRANTON YMCA
706 North Blakely Street
Dunmore, PA 18512
www.greaterscrantonymca.org

EARLY BIRD DEADLINE
IS MARCH 20th, 2026



Tressa Capoccia
Senior Education Director, tcapoccia@gsymca.org
Gabrielle Bartolini, Summer Camp Director, gbartolini@gsymca.org



HOW TO REGISTER

To register, first contact the Education Director, then simply complete the attached registration packet and return to the Greater Scranton YMCA Early Learning Center.

PAYMENT INFORMATION

Tuition payments are due by the Friday of the week prior to the first program day; as per Parent Agreement Form Payment Option selected. Payments not received on time will result in a \$10.00 late payment fee.

Failure to pay can result in disruption of your child's care.

ELECTRONIC FUNDS TRANSFER

The Greater Scranton YMCA will deduct your weekly fee from the account you choose (listed on the agreement form) on the due date.

Cancellation/changes: All cancellations and changes must be made through the ELC office. Changes in account information must be given to the ELC office at least 1 week in advance.

Cards Accepted: VISA, MasterCard, Discover and American Express.

ACCOUNT STATEMENTS

Statements will be e-mailed after transactions have been applied to **account, as per parent's** request.

Tax ID number 24-0795516.

End of year Tax statements will be given upon request for accounts that are current.

The Greater Scranton YMCA's Summer Day Camp Program provides high quality care in a safe environment. Our program meets the needs of working families, is convenient, affordable and designed to provide positive and enriching experiences for students. Our program fosters academic achievement, social and emotional development and physical health and wellbeing through hands on learning and fun activities. Our engagements are guided by the YMCA core values of caring, honesty, respect and responsibility.

2026 Summer Day Camp Agreement Form

Child's Name: _____ **Date of Birth:** _____

Grade entering 2026 School Year: _____

Parent/Guardian Name: _____ Date of Admission: _____

Date of withdrawal: _____

Camp Hours: 8:30 am-4:00 pm- Before and After Care not available for Sunrise

Sunrise Camp *Children ages 4- 5. *Must be fully toilet trained.	EARLY BIRD- ENDS 3/20/2026			REGISTRATION (AFTER 3/20/2026)							
	<input type="checkbox"/> \$245/week (non-members)				<input type="checkbox"/> \$255/week (non-members)						
<input type="checkbox"/> \$225/week (membership)				<input type="checkbox"/> \$235/week (membership)							
Mark the Weeks	1	2	3	4	5	6	7	8	9	10	11
Grade (grade level entering Fall 2026)	Discovery 1 st & 2 nd grade	Pioneer 3 rd & 4 th grade	Explorer 5 th & 6 th grade	Before Care 7:00 - 8:30 am			After Care 4:00- 5:30 pm		Before & After Care 7:00-8:30/ 4:00-5:30		
Early Bird Registration: Due by 3/20/2026	<input type="checkbox"/> \$250/week (non-members)				<input type="checkbox"/> \$27/wk		<input type="checkbox"/> \$27/wk		<input type="checkbox"/> \$49/wk		
	<input type="checkbox"/> \$205/week (membership)				<input type="checkbox"/> \$20/wk		<input type="checkbox"/> \$20/wk		<input type="checkbox"/> \$34/wk		
Registration (after 3/20/2026)	<input type="checkbox"/> \$260/week (non-members)				<input type="checkbox"/> \$30/wk		<input type="checkbox"/> \$30/wk		<input type="checkbox"/> \$55/wk		
	<input type="checkbox"/> \$215/week (membership)				<input type="checkbox"/> \$22/wk		<input type="checkbox"/> \$22/wk		<input type="checkbox"/> \$38/wk		
Week 1: June 15-19											
Week 2: June 22-26											
Week 3: June 29- July 3											
Week 4: July 6-July 10											
Week 5: July 13-17											
Week 6: July 20-24											
Week 7: July 27-31											
Week 8: August 3-7											
Week 9: August 10-14											
Week 10: August 17-21											

Total Weekly Amount Due: \$_____

FINANCIAL POLICY & PROCEDURE

Closed on July 4, 2026

Deposit: A \$30 non-refundable deposit is required for each week of registration.

Payment Due Date: Friday prior to the first program day of the week/month; by end of day; as per Parent Agreement Form Payment Option selected.

Absences/ Holidays: Parent/Guardian is responsible for paying the required tuition amount each week. No credit will be given for day/days not in attendance.

Late Payment Fee: \$10.00 fee will be assessed for payment that has not been received by the end of the business day on the first program day of the week/month.

Outstanding Balances: If your child has an outstanding balance your child will be declined the ability to maintain an active status, transition to a new classroom/program, register at another YMCA, transfer records, or obtain end of year statements until the account balance is current or paid in full.

Returned Check/Declined Credit Card: A \$20.00 fee per NSF bank draft/ Credit Card Decline will be assessed.

Late Pick Up Fee: \$20 for the first 15 minutes past program hours selected and \$1.00 each minute thereafter.

Refunds/Credit Policy: No refunds.

Financial Assistance: Available to reduce the costs of childcare to families that qualify. Families must apply for ELRC funding prior to scholarship. Scholarships renewed yearly.

The YMCA reserves the right to modify operating hours or close the center due to unforeseen staffing shortages, power outage, weather, etc.

SUBSIDY PROVIDER INFORMATION (for office use only)

YMCA Financial Assistance ____ %

Start Date: ____ End Date: ____

State Subsidy (Current Agreement Form and/or Confirmation must be on file prior to tuition adjustment.)

Region 12 CCW: _____

Other: _____

CCW Copay: \$ _____

Authorized person(s) to pick up my child

Payment Plan

Weekly

Method of Payment

Credit Card Draft

Bank Draft

Parent Online Payment

Auto Draft Credit/Debit Card:

Authorized Account Holder's name _____

Card Number (credit or debit) _____ Exp. Date _____

Auto Draft Checking/Savings Account

Bank Account Number _____

I, the parent/guardian have reviewed and approved this registration information. I have read, understand and agree to comply with the Greater Scranton YMCA payment procedures and policies. I understand that my child will become ineligible for participation in the child care program if payment has not been received by the YMCA 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 or every six months at a minimum (DHS Standards - 3270.124, 3280.124, 3290.124). I agree to a one-**week written notice to the Education Director prior to my child's last day in the program or to forfeit the last week's tuition. The YMCA will not provide care on holiday days listed above.**

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Email Address: _____

Mailing Address: _____ City: _____ Zip: _____

Director's Signature: _____ **Date:** _____

Original Admission Date: _____

Parent/Guardian Signature: _____ Date: _____
(6 Month Update)



Greater Scranton YMCA Summer Day Camp Program

2026 Authorization for Medical Treatment

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 Greater Scranton YMCA to send my child to the nearest hospital. I agree to meet the staff at the hospital as soon as possible after being notified.

- I understand that I must bear all expenses involved, including those incurred to transport my child to the hospital.
- In the event of a minor injury, I authorize the Greater Scranton YMCA to administer basic First Aid to my child.

Permission Form

Child's Name: _____

Parent's Name: _____

I give permission <input checked="" type="checkbox"/>	I do not give permission <input checked="" type="checkbox"/>	Action Item	Parent Signature
		<u>Sunscreen/Lotion:</u> Permission for the staff to apply sunscreen/lotion/Diaper cream to my son/daughter that I will provide.	SIGN HERE
		<u>Picture:</u> Permission to use photographs of my child taken during the program for social media to include but not limited to, the website, Facebook, Twitter, and text.	SIGN HERE
		<u>Picture:</u> Permission to use photographs of my child taken during the program or YMCA events, ONLY within the Greater Scranton YMCA Early Learning Center.	SIGN HERE
		<u>Picture:</u> Permission to use photographs of my child taken during the program or YMCA events, for publication or display (newspapers, news broadcasts, brochures for YMCA and affiliated agencies).	SIGN HERE
		<u>Allergy:</u> Permission to post my child's allergies in their classroom or binders.	SIGN HERE
		<u>Hand Sanitizer:</u> To use the provided hand sanitizer to supplement the hand washing regulations from the PA Department of Child Development and Early Learning (see 55PA.Code 3720.134, 3280.134 and 3290.134, relating to child Hygiene).	SIGN HERE
		<u>Emergency Operations Plan:</u> I agree that I have received, reviewed and understand the information on the Emergency Operations Plan for the Greater Scranton YMCA Early Learning Center. I understand that persons listed on the Emergency Contact Sheet will be designated custodians for release of my child.	SIGN HERE
		<u>Swim:</u> I give permission for my child to be released by the Greater Scranton YMCA Summer Camp program to the YMCA Aquatics staff for the swim program.	SIGN HERE
		<u>Camp Handbook:</u> I have received, understand and agree to follow all procedures and policies stated in the Greater Scranton YMCA Early Learning Center Parent Handbook.	SIGN HERE
		<u>Child Abuse Prevention and Parent Statement of Understanding:</u> I have read and understand the Child Abuse Prevention and Parent Statement of Understanding.	SIGN HERE

PLEASE BE SURE TO SIGN THE BOX FOR EACH ITEM THAT PERMISSION IS BEING ASKED FOR.

2026 EMERGENCY CONTACT / PARENTAL CONSENT FORM

CHILD'S NAME	BIRTH DATE
ADDRESS	
LEGAL GUARDIAN'S NAME	HOME TELEPHONE NUMBER
ADDRESS	CELL NUMBER
BUSINESS NAME	BUSINESS TELEPHONE NUMBER
BUSINESS ADDRESS	
LEGAL GUARDIAN'S NAME	HOME TELEPHONE NUMBER
ADDRESS	CELL NUMBER
BUSINESS NAME	BUSINESS TELEPHONE NUMBER
BUSINESS ADDRESS	
EMERGENCY CONTACT PERSON - NAME (1)	DAYTIME PHONE NUMBER
EMERGENCY CONTACT PERSON - NAME (2)	DAYTIME PHONE NUMBER
EMERGENCY CONTACT PERSON - NAME (3)	DAYTIME PHONE NUMBER
PERSON TO WHOM CHILD MAY BE RELEASED - NAME / ADDRESS (1)	DAYTIME PHONE NUMBER
PERSON TO WHOM CHILD MAY BE RELEASED - NAME / ADDRESS (2)	DAYTIME PHONE NUMBER
PERSON TO WHOM CHILD MAY BE RELEASED - NAME / ADDRESS (3)	DAYTIME PHONE NUMBER
NAME OF CHILD'S PHYSICIAN / MEDICAL CARE PROVIDER	TELEPHONE NUMBER
ADDRESS	
SPECIAL DISABILITIES (IF ANY)	ALLERGIES INCLUDING MEDICATION REACTION
MEDICAL OR DIETARY INFORMATION NEEDED IN AN EMERGENCY	MEDICATION, SPECIAL CONDITIONS
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD	
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS	
POLICY NUMBER (REQUIRED)	
PARENTS SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT	
OBTAINING EMERGENCY MEDICAL CARE <i>SIGN HERE</i>	ADMINISTRATION OF MINOR FIRST - AID PROCEDURES <i>SIGN HERE</i>
WALKS AND TRIPS <i>SIGN HERE</i>	SWIMMING <i>SIGN HERE</i>
TRANSPORTATION BY THE FACILITY <i>SIGN HERE</i>	WADING <i>SIGN HERE</i>

SIGNATURE OF PARENT OR GUARDIAN

DATE

SIGNATURE OF PARENT OR GUARDIAN

(6 MONTH UPDATE)

DATE

Date of Exam:

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH: Greater Scranton YMCA	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME: 570-346-5003	Lackawanna COUNTY:	WORK PHONE:
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child. PARENT'S SIGNATURE:		

DO NOT OMIT ANY INFORMATION

This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):
 NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.
 NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):
 NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.
 NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?

YES NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG)
 YES NO

NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.

VISION (subjective until age 3)

HEARING (subjective until age 4)

LEAD

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						
MEDICAL CARE PROVIDER:						SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:						TITLE:
	PHONE:					LICENSE NUMBER: DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.

Rules, Regulations, and Goals

Dear Parents and or Guardians,

It is the goal of our YMCA to provide a healthy, safe and secure environment for all day camp participants. The YMCA teaches us core values of caring, honesty, respect and responsibility. Children who attend the program are expected to follow the behavior guidelines and to interact appropriately in a group setting.

The goal of the Greater Scranton YMCA's programs is to build strong kids, strong families and strong communities. Our Summer Day Camp Program reflects these values and is designed to help our campers grow mentally, physically and spiritually within a fun camp environment. Our trained camp staff leads campers in challenging activities that help your child grow and learn.

The goals and principles of the Summer Day Camp Program are firmly based on the specific objectives from which our programs operate. We work on developing these principles within each child and in how they interact and develop relationships with others. The principles of Summer Camp are:

- The achievement of personal growth in spirit, mind and body.
- The formation and practice of socially constructive habits and attitudes.
- The development of an appreciation of nature and a love of the outdoor environment.
- The strengthening of family relationships through parent/guardian participation.
- To continue educational development through our Summer Learning Program, QUEST.

Character Development: At the Greater Scranton YMCA, character development and values are part of who we are. The YMCA is committed to embracing and demonstrating character through our four core values: caring, honesty, respect and responsibility. Our goal is to challenge the children and staff to believe in and act on these positive values.

Caring: to love others; to be sensitive to the well-being of others, to help others.

Honesty: To tell the truth; to act in such a way that you are worthy of trust; to have integrity; making sure your choices match your values.

Respect: To treat others as you would have them treat you; to value the worth of every person, including yourself

Responsibility: To do what is right; what you ought to do; to be accountable for your behaviors and obligations.

By signing this form, I acknowledge that I have read and understood the goals, rules and regulations and discussed them with my child.

Medication Policy

If your child requires medication, over the counter or prescription, the following guidelines must be followed:

- A medication log must be completed by parent/guardian
- **Medication cannot be stored in a child's backpack; it must be handed to a staff member** by the parent/guardian
- Prescription: must be in prescription bottle and all information must be accurate and be clearly **printed on the label (name, date, dosage and physician's name)**.
- Over the Counter: must have doctor note which states what is being given, dosage and times. Medication brought in must be in original packing and have dosage appropriate for the child.
- Medication for emergencies only (asthma, Epi-pen, etc.) must have a full action plan completed by the doctor prior to starting.

Parents/Guardians who arrive at the Y in an incapacitated condition (i.e. drugs, alcohol) present a risk to their child. The staff in charge will advise the parent/guardian of their options regarding the transportation of their child to their home. Options include: Calling the other parent/guardian; call one of the emergency contacts; call taxi/Uber. If a reasonable conclusion cannot be reached, the parent/guardian will be advised that either Child Protective Services or the police will be called.

Toys, Money, and Electronics: Toys, money and electronic devices (tablets, computers, phones, and games) are not permitted at the program. The GSY cannot credit or compensate for lost, damaged or stolen items. Any electronic item seen or being used will be removed from **the child's possession and** held by the Education Director until the parent/guardian comes to pick up. If there are extenuating circumstances regarding use of a device, this must be discussed prior to the start with the Education Director.

Special Needs: The Greater Scranton YMCA strives to provide programs that include campers of different abilities. Our goal is to provide high quality programs and highly qualified staff to enable your camper to have fun, successful, enjoyable learning, and social experience. However, the Greater Scranton YMCA is not a disability advocacy agency and its staff and personnel are not experienced in managing special needs for medical, physical, behavioral, or instinctual abilities and challenges. If your camper has an IEP or behavioral plan the YMCA welcome the opportunity to discuss a care plan for your camper before Day Camp can be started (we will also need a copy of their IEP or behavior plan). This can include the need for families to provide additional services (TSS, PCA, and aide) if you **or the YMCA feel that they are necessary to ensure your camper's experience in the program will be** fun and rewarding. If your camper requires the assistance of and aide during the school year, the YMCA requires that and aide is present for Day Camp when your camper attends. When a TSS or PCA, they are to remain with your camper at all times to provide the necessary support to make your **camper's experience successful. We reserve the right to call the parent/ guardian to pick up any** camper for the day if the campers TSS or PCA worker fails to report and If the staff is unable to provide adequate care for the camper/group in the TSS/PCA's absence.

2026 Summer Camp Behavior Guidelines

PROHIBITED ITEMS:

The following is a list of items which are strictly prohibited at the Greater Scranton YMCA. This list may be amended during Camp at the discretion of the administration. Penalties in camp for violation of this section may range from a phone to the parent/guardian to possible expulsion. Depending on the item, legal action may be taken as well:

- Weapons of any type
- Active Cellular phones
- Active Smart Watches
- Drug/alcohol related paraphernalia
- Cigarettes/tobacco products
- Cameras/MP3 Players/Video Games
- Large and/or expensive toys
- Lighters/matches
- iPads

When a prohibited item is confiscated, it will not be returned to the camper. A parent/guardian may pick it up (unless it is a weapon or tobacco product) during normal camp hours. Campers are prohibited from bringing toys or personal items from home into camp such as Pokémon cards, dolls, cars, trucks, slime, etc. The YMCA has a supply of toys for students to utilize during recess. If a student chooses to bring in personal items from home, the school is not responsible for its replacement if lost or stolen.

DISCIPLINARY INFRACTIONS:

Tier 1 Infractions are general infractions primarily handled by the Counselors.

Tier 1 Infractions are defined as minor misbehavior on the part of the camper which impedes orderly YMCA procedures or interferes with the orderly operation of the camp. These behaviors are primarily handled by staff members before administration would be involved.

Campers' Tier 1 infractions are managed and recorded through the use of the Tier 1 Infraction form and age group management system which will be sent home to the parent/guardian to be signed. Examples include:

- Yelling at inappropriate times
- Inappropriate bathroom behavior
- Minor verbal disrespect to other campers or staff
- Lying/Cheating

- Name calling
- Non-direct and excessive profanity
- Throwing small objects
- Minor electronic device violation
- Unwanted physical contact with other campers or staff.

Tier 2 Infractions Immediate referral to administration

Tier 2 infractions are defined as misbehavior whose seriousness tends to disrupt the climate of the **camp, interferes with the campers' educational, social, or personal growth. Misbehavior directed** against persons or property whose consequence is a serious and definite threat to the individual, to others, or to the facility. These acts may be considered criminal, self-destructive or seemingly irrationally motivated. Misbehavior at this level may require the removal and or isolation of the student. The nature of these misbehaviors is more serious than those of a Tier 1, and immediately **involves administration. Camper's Tier 2 infractions are to be documented by the Camp Director.**

Examples include:

- Direct/Inappropriate language/gestures
- Fighting/physical aggression to cause harm
- Spitting, biting, throwing/turning over objects
- Overt defiance (refusal to follow directions of adult). Major verbal or physical disrespect to campers or staff
- Property destruction/misuse
- Reference in conversation, writing or drawing pictures of weapons of acts of violence
- Lying/Cheating (second offense)
- Drug Use/ Possession
- Weapon Possession
- Extreme threat to harm
- Physical/verbal assault

One or more violations of tier 2 infractions will result in disciplinary action at the discretion of the Camp Director.

*Overly Violent and Sexual acts specifically will result in a minimum of a one-day suspension from camp activities and in extreme/repeated cases, may result in permanent expulsion from all camp activities.

Tressa Capoccia
Senior Education Director
tcapoccia@gsymca.org

YMCA OF THE USA

Child Abuse Prevention Training and Parent Statement of Understanding

The following information is important for the safety and protection of your child.

I understand that YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside the YMCA program. The YMCA will take immediate disciplinary action toward staff and volunteers if a violation is discovered.

I understand that I am not to leave my young child or children at the YMCA or program site unless a **YMCA staff or volunteer is there to receive and supervise my child.** ***Note: Most YMCA's have a policy** that defines the specific age.

I understand children should not receive excessive gifts (e.g., TV, video games, jewelry) from YMCA staff or volunteers, and I should report this to a supervisor, if they do.

I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child including older siblings or other relatives must be listed with the YMCA and must be of the age required by this YMCA. Any other arrangements must be made by calling the YMCA office to inform them of a change.

I understand that should a person arrive to pick up my child who appears 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 I can help ensure my child's safety by taking an active interest in his or her YMCA experience. I, too, will monitor volunteer and staff interactions with my child and ask my child specific questions about program activities and volunteer or staff relationships with my child.

I understand that the YMCA is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

Emergency Operations Plan

The YMCA recognizes safety as our first priority for all children attending Y programs. With this in mind The YMCA has developed a comprehensive Emergency Operations Plan (EOP) that provides for response to all types of emergencies. The specifics of the plan are located at each child care facility and can be viewed at any time.

Depending on the circumstance of the emergency, the children may be relocated to a different part of the facility and/or offsite at a temporary shelter. Children will remain there until all is clear and/or accommodations for parent pick up have been established. Once the children are in a safe location and/or emergency has been cleared parents will be contacted.

Immediate evacuation - Emergency in the Main Building, children will be evacuated to the exterior of the building.

In-place sheltering - Sudden occurrences, weather or hazardous materials related, may dictate that taking cover inside the building is the best immediate response.

- Each classroom has a specific area within the building as referenced in the EOP.

Evacuation - Total evacuation of the facility may become necessary if there is a danger in the area.

Modified Operation - May include cancellation/postponement or rescheduling of normal activities. These actions are normally taken in case of a winter storm or building problems (such as utility disruptions) that make it unsafe for students but may be necessary in a variety of situations.

Please visit the stations listed below for announcements relating to any of the emergency actions listed above.

Facebook and SimpleTexting. To enroll in SimpleTexting, please text GSYMCA to (877) 379-5281

We ask that you not call during the emergency. This will keep the main line telephone free to make emergency calls and relay information. We will call you to let you know that we have taken one of these protective actions. We will also call you when we have resolved the situation and it is safe for you to pick up your child either at the YMCA or at our relocation facility.

If an emergency forces school to close, please do not attempt to take your child to the YMCA.

The designated persons to pick up your child during an emergency are listed on the Emergency Contact Form included with the Registration Packet.

We urge all families to have their own emergency plan in place. Your plan should include a predetermined meeting spot for all family members along with designated family and friends who are able and available to pick up your child should in the event you are unavailable.

In order to assure the safety of your children and our staff, I ask your understanding and cooperation. Should you have additional questions regarding our emergency operating procedures, please contact the Education Director.

Sincerely,

Tressa Capoccia

Tressa Capoccia, Senior Education Director, Greater Scranton YMCA

Greater Scranton YMCA Swim Waiver

Parent or Guardian:

In order for your child to swim and wade at the Greater Scranton YMCA, we need your consent and involvement in helping your child have a productive and safe experience. Please carefully read and sign this parental consent form.

Name of child: _____

Birth Date: _____

Parent/ Guardian Name: _____

Relationship to Child: _____

In connection with and consideration of my child (named above) swimming and related activities, I, on behalf of my child and myself, hereby represent and agree as follows:

- I understand that my child will be checked out of the Greater Scranton **YMCA's Summer Camp program and supervised by the GSYMCA's Aquatics Department** (Lifeguards, Swim Instructors, etc.) I hereby give permission for him/her to swim based on their abilities.
- While in the Aquatic Area all swimmers must have safe and responsible behavior. He/she will be expected to meet all requirements and adherence to all swimming policies and procedures.



CAMPER SUPPLY LIST

PLEASE LABEL EVERYTHING! IT IS HARD TO KNOW WHAT ITEM BELONGS TO WHICH CAMPER. THIS HELPS STAFF GET THE ITEMS BACK TO THE CORRECT CHILD.

Please remember that children will be highly active so please do not send them in anything that cannot get dirty/messy.

CHECK OFF	ITEM NEEDED
	Water Bottle: Refillable, labeled
	Appropriate Clothing: T-shirt, shorts, socks, sneakers Not Permitted: Halter tops, tube tops, short shorts, sandals, flip flops.
	Bathing Suit: Please be sure it is a suit that your child can change in and out of with minimal assistance. Please, no suits that have to be tied.
	Sunscreen: This can be left at the YMCA and MUST be labeled and handed to the staff. Children are not permitted to carry around sunscreen, as stated in the Department of Human Services (DHS) regulation for care.
	Backpack: To carry all their items in.
	Spare Clothing: Can be kept in the child's bag.

Parent or Guardian:

In order for your child to swim and wade at the Greater Scranton YMCA, we need your consent and involvement in helping your child have a productive and safe experience. Please carefully read and sign this parental consent form.

Name of child: _____ Birth Date: _____

Name _____

Relationship to Child _____

In connection with and consideration of my child (named above) swimming and related activities, I, on behalf of my child and myself, hereby represent and agree as follows:

- I understand that my child will **be checked out of the Greater Scranton YMCA's Childcare program and supervised by the GSYMCA's Aquatics Department (Lifeguards, Swim Instructors, etc.)** I hereby give permission for him/her to swim based on their abilities.
- While in the Aquatic Area all swimmers must have safe and responsible behavior. He/she will be expected to meet all requirements and adherence to all swimming policies and procedures.

Parent/Guardian Signature: _____ Date: _____

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 Greater Scranton YMCA 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 Greater Scranton YMCA activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with participation at the Greater Scranton YMCA, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) 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 participation at the Greater Scranton YMCA 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 [insert organization] programs or accessing Greater Scranton YMCA facilities could increase the risk of contracting COVID-19.** Greater Scranton YMCA in no way warrants that COVID-19 infection will not occur through participation in Greater Scranton YMCA programs of accessing [insert organization] facilities.

Initial _____

WAIVER, RELEASE, INDEMNIFICATION & COVENANT NOT TO SUE

In consideration of _____'s participation at the Greater Scranton YMCA, 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 Greater Scranton YMCA, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") 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 Greater Scranton YMCA 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 Greater Scranton YMCA facilities/equipment or participation in Greater Scranton YMCA programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In consideration of the named minor's participation in Greater Scranton YMCA, I, the undersigned parent/guardian of the named minor, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to the named minor's Greater Scranton YMCA participation.

Initial _____

I hereby certify on behalf of myself and the named minor that I have full knowledge of the nature and extent of the risks inherent in participation at the Greater Scranton YMCA and that I, on behalf of myself and the named minor, am voluntarily assuming said risks. I understand that I and the named minor will be solely responsible for any loss or damage, including personal injury, property damage, or death, the named minor sustains while participating at the Greater Scranton YMCA and that by signing this agreement I, on behalf of myself and the named minor, HEREBY RELEASE Releasees of all liability for such loss, damage, or death. I further certify that the named minor is in good health and has no conditions or impairments which would preclude his/her safe participation at the Greater Scranton YMCA.

I further certify that my date of birth is _____ (MM/DD/YYYY), that my present age is _____, that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and that I have legal capacity to act as the parent/guardian of the named minor. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

Participant Name (Print Clearly)

Date

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)

BrightWheel App

BrightWheel is our all-inclusive system for tracking child information, parent/teacher communication, paperless daily sheets and contactless check in and out. By completing the form below, we can quickly set up your account for your access.

Child's Name _____

Parent/Guardian #1 information:

Name: _____
Phone: _____

Email: _____

Parent/Guardian #2 information

Name: _____
Phone: _____
Email: _____

Other: Anyone that would be coming to pick up your child

Relationship (please circle one): Family Approved Pick-up Emergency

Name: _____
Phone: _____

Email: _____

Relationship (please circle one): Family Approved Pick-up Emergency

Name: _____
Phone: _____

Email: _____