

SAFETY AROUND WATER

Teaching children how to be safe around the water is not a luxury; it is a necessity—and who better to teach children about water safety than the Y, America's Favorite Swim Instructor?



Swim Lessons are available during the summer. If you are interested in having your child take summer swim lessons please ask the Welcome Center for lesson dates!

RETENTION PROGRAMMING

Not only do we provide opportunities for our campers to be engaged physically, but also mentally! Summer Learning Loss is real and we, at the Y, want to do everything possible to help our campers "Hop the Gap" with fun and engaging programming:

- Math Maestro Mondays
- Try It Tuesdays (Nature and Science)
- Wacky Wednesdays (word puzzles)
- Throwback Thursday (history/social studies)
- 30 minutes of guided reading time 4 days per week
- weekly STEM projects
- Guest Speakers/Visitors

UPDATED: MAY 16, 2017

RATE INFORMATION

Registration Fee must be paid prior to any weekly or daily registrations.

Must be paid by Friday of the prior week.

Completed Health/Registration Form is due to the Y at time of Registration Fee Payment.

Weekly Rate:

\$79/camper, Y Family or Youth Members
\$99/camper, Non-Members

YMCA Financial Assistance is available
Please allow 5 days to process.



NO ONE IS TURNED AWAY DUE TO AN INABILITY TO PAY!

Our Annual Campaign makes financial assistance available to those who qualify.

CONTACTS

MAQUOKETA AREA FAMILY YMCA

500 East Summit Street
Maquoketa, IA 52060
563 652 6566

Chance Jenkins
Program Director
cjenkins@maqymca.org

Jodi Coakley
Administrative Services Director
jcoakley@maqymca.org



SUMMER CAMP AWAITS



**CHILD CARE, EDUCATION, LEADERSHIP
Summer Day Camp
MAQUOKETA AREA FAMILY YMCA**

SPEND YOUR SUMMER WITH US!

Summer Day Camp at the Maquoketa Area Family YMCA begins at the end of the school year and runs until school resumes, following the appropriate school district calendar.

Who: Campers who have completed K—5th grades

Days/Times:

Monday thru Friday, 7:00am-5:00pm
Your child will enjoy activities like:



- arts & crafts
- swimming
- health, wellness, & fitness activities
- service learning
- retention programming
- weekly field trips



UPDATED: MAY 16, 2017

CHARACTER DEVELOPMENT

Our YMCA Character Development program teaches
CARING
HONESTY
RESPECT
RESPONSIBILITY

We will be emphasizing these four values in all that we do during the summer.

Let's make it a great summer!

WHAT TO BRING

- swim suit
- towel
- sunscreen (at least 30 SPF)
- water bottle
- close-toed shoes & socks
- lunch

Please note: refrigeration and reheating is not available.

Daily afternoon snack and weekly schedules for parents will be provided.

SPONSORED BY THE
MAQUOKETA
OPTIMIST CLUB



SESSION INFORMATION

- **Week 1 (May 30-June 2)**

FIELD TRIP: Rollerskating

NO PROGRAM ON 5/29

- **Week 2 (June 5-9)**

FIELD TRIP: Manchester Hatchery

- **Week 3 (June 12-16)**

FIELD TRIP: Hurstville Interpretive Center

- **Week 4 (June 19-23)**

FIELD TRIP: Maquoketa Caves State Park

- **Week 5 (June 26-30)**

FIELD TRIP: Mississippi River Museum & Aquarium

- **Week 6 (July 3-7)**

FIELD TRIP: Bettendorf Family Museum

NO PROGRAM ON 7/4

- **Week 7 (July 10-14)**

FIELD TRIP: Eden Valley

- **Week 8 (July 17-21)**

FIELD TRIP: DeWitt Aquatic Center

- **Week 9 (July 24-28)**

FIELD TRIP: Bellevue State Park

- **Week 10 (July 31-Aug 4)**

FIELD TRIP: Monticello Aquatic Center

- **Week 11 (Aug 7-11)**

FIELD TRIP: Canoe Maquoketa River

- **Week 12 (Aug 14-18)**

FIELD TRIP: Timber Lanes Bowling





SUMMER AT THE YMCA—2017

Maquoketa Area Family YMCA 500 E. Summit St. Maquoketa, IA 52060

Health History Form

This form must be filled out completely, signed by the camper's parent/guardian, and returned with requested documentation and registration fees to the YMCA.

Please check all weeks you plan on attending.

- Week 1 Week 2 Week 3 Week 4 Week 5 Week 6
 Week 7 Week 8 Week 9 Week 10 Week 11 Week 12

Camper's Name _____ Birthday ____/____/____ Age ____

Mailing Address _____ Grade in Fall 2017 _____

Gender Male Female

Camper Lives With _____ Relationship To Camper _____

Primary Guardian's Name & Email _____

Primary Guardian's Phone # _____ Alternate Phone # _____

Secondary Guardian's Name & Email _____

Secondary Guardian's Phone # _____ Alternate Phone # _____

Emergency Contact Name _____ Relation to Camper _____

Emergency Contact Phone # _____ Alternate Phone # _____



CAMPER MEDICAL INFORMATION:

Name of Family Physician _____ Phone # _____

Name of Family Dentist _____ Phone # _____



IMMUNIZATION HISTORY:

- I hereby verify that my child is current on all immunizations required for school. Please initial _____

If not, please explain _____



GENERAL HEALTH HISTORY

Please check if any of the below apply.

- Recent injury, illness, or infectious disease
- Chronic or recurring illness/condition
- Ever had surgery
- Ever had seizures
- Skin conditions
- Diabetes
- Asthma
- Sleepwalking or night terrors
- History of bedwetting
- Wakes in night to use restroom
- History of being afraid of the dark
- History of noise while sleeping (snores, talks, etc)
- Frequent ear infections
- Heart defect/disease
- Blood disorder (hepatitis, HIV, clotting, etc)
- Nosebleeds
- Hypertension
- Mononucleosis
- Chicken Pox
- Measles/German Measles
- Mumps
- Contact lenses
- Braces, retainers, or other dental items
- Ever had professional help for behavioral or emotional difficulties
- Mental health hospitalization
- Attention Deficit Hyperactivity Disorder
- Anxiety
- Tic Disorder
- Tourette's Syndrome
- Autism Spectrum Disorder
- Behavior Disorder
- Depression
- Obsessive Compulsive Disorder
- Schizophrenia
- Bipolar Disorder
- Pervasive Development Disorder
- Oppositional Defiant Disorder
- Learning Disability
- Have any restrictions to activities (what cannot be done/adaptations/limitations necessary)
- Dietary Restrictions (vegetarian, vegan, gluten, lactose intolerant, etc)
- Additional concerns Camp should be aware of (behavior, physical, emotional health, etc)


Please explain all checked items _____



ALLERGIES Please check if any of the below apply. If checked, please state if the allergy is mild, moderate, or severe AND if the allergy is contact or airborne.

- Horses
- Insect Stings
- Penicillin
- Environmental (Pollen, trees, mold, etc)
- Food _____
- Peanut/Tree Nut
- Other _____

Severity of reaction and action plan for your camper _____

 **MEDICATIONS** Please list **ALL** medications (including over-the-counter and non-prescription) that are taken routinely by the camper. For Camp Abe Lincoln Campers, please bring enough medication to last for the whole week. **ALL** medication must be in its original packaging that identifies prescribing physician (if prescribed), the name of the medication, dosage, and frequency.

- This camper does not take any medication**
- This camper takes routine medication (including vitamins) as follows:**

Medication	Dosage	Times Taken	Reasons for taking

AUTHORIZED PICK UP LIST (INCLUDE PARENTS IF AUTHORIZED TO PICK UP)

Name _____ Relationship: _____

Phone # _____ Alternate Phone # _____

Name _____ Relationship: _____

Phone # _____ Alternate Phone # _____

Name _____ Relationship: _____

Phone # _____ Alternate Phone # _____

Name _____ Relationship: _____

Phone # _____ Alternate Phone # _____

Name _____ Relationship: _____

Phone # _____ Alternate Phone # _____

**THE FOLLOWING SECTION SHOULD BE FILLED OUT FOR
SUMMER ADVENTURES CAMPERS ONLY:**



SHIRT SIZE Please circle your child's t-shirt size. On field trip days, your child will be issued a shirt. Shirts are returned after the field trip and washed for the following week.

Youth: XS S M L
 Adult: S M L



SWIMMING ABILITY Please mark the swimming ability of the camper. Participant will still be required to pass a swim test to utilize deep ends (up to 6ft) and/or waterslides (3.5ft depth). The YMCA will provide USCG Lifejackets for daily use.

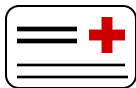
_____ Must wear USCG Lifejacket for entire swim session, regardless of depth.
 _____ Can swim with no assistance, does not need USCG Lifejacket.



**THE FOLLOWING SECTION SHOULD BE FILLED OUT FOR
CAMP ABE LINCOLN CAMPERS ONLY:**

The following medications may be dispensed by our Health Administrators. Please cross out any medications which your camper **SHOULD NOT** be given:

Acetaminophen (Tylenol)	Day/Nigh Cold & Flu	Tums	Omeprazole Acid Reducer	Rubbing Alcohol
Kid's Liquid or Chewable Acetaminophen	Cough Drops	Pepto	Chewable Stomach Relief	Aloe Vera Lotion or Spray
Ibuprofen	Cough Syrup	Imodium A-D	Chewable Antacid	Sterile Eye Drops
Kid's Liquid or Chewable Ibuprofen	Nasal Decongestant (Phenylephrine HCL)	Milk of Magnesia	ChlorTabs (Allergy Relief)	Vapor Rub
Latex Band aids	Diphenhydramine HCL (Benadryl)	Hydrocortisone Cream	Loratadine (Allergy Relief)	Epsom Salt
Anti-Itch Cream or Spray	Suphedrine HCL	A & D Skin Protectant	Kid's Liquid Allergy Relief	Hydrogen Peroxide



CAMPER HEALTH INSURANCE INFORMATION:

A photocopy of **BOTH** sides of your health insurance, Medicaid, or Title XIX card must be attached to this form. If you do not have health insurance, please initial here: _____

FOR CAMP USE ONLY

Is all the information current? YES NO Explain _____

Does the camper have medications? NO YES Logged on health book _____

Does the camper have allergies? NO YES Informed Kitchen _____ Counselors _____

Head checked and cleared? YES Date _____

**THE FOLLOWING SECTION SHOULD BE FILLED OUT FOR
ALL SCOTT COUNTY FAMILY Y CAMPERS:**

ADDITIONAL CAMPER INFORMATION Please provide any additional information that you feel our staff should know to make this camp experience successful for your child.

PARENT'S AUTHORIZATION

This health history is correct and accurately reflects the health status of (camper to whom it pertains) _____. S/he has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child.

I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

The Scott County Family Y (hereinafter referred to as "Y") is not obligated to furnish any insurance under the Y program referred to below although it may do so without any obligation as to the adequacy of any insurance it may furnish. I, the parent/legal guardian of the program participant, agree that they and all individuals participating in Y programs in any capacity, will not be liable for any causes of actions, claims and injuries arising out of the participation of the applicant in the Y programs, and hereby release all said individuals from such claims and liabilities. The undersigned acknowledges that in all camp activities there are certain risks of physical injuries and all participants participate at their own risk. I, as parent/legal guardian of a program participant under the age of 18, consent to the participation of the applicant in Y programs listed on the registration from under the above mentioned conditions.

I DO _____ DO NOT _____ give consent to be photographed, videotaped and/or filmed while participating in any YMCA activities and for the resulting photos, etc. to be used by the YMCA for educational and promotional purposes. I have read and understand above.

Primary Guardian Signature

Date