



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

READY SET SUMMER

TUSCARAWAS COUNTY YMCA
KIDDIE CAMP 2024
INFORMATION GUIDE
AGES 3-5



TUSCARAWAS COUNTY YMCA
600 MONROE STREET, DOVER, OHIO 44622 330 364 5511 WWW.TUSCYMCA.ORG

PRESCHOOL SUMMER KIDDIE CAMP

TUSCARAWAS COUNTY YMCA

HOURS:

MONDAY-FRIDAY

8:00 AM-11:30 AM

Children will do crafts, play games, sing songs, dance, enjoy a snack and play with water.

July 8-11	Island Fun
July 15-18	Plants and Nature
July 22-25	S.T.E.M.
July 29-Aug	Water Fun



Questions: Call 330-364-5511
Supervisor: Child Care Director Sarah Dickson
Lead Counselor: Elizabeth Sickinger

- Bring a clearly marked book bag with extra clothes.
- Please apply sunscreen before getting to the Y. Campers must be able to use the bathroom on their own and change their clothes with minimal help.
- Please make sure your camper is picked up at 11:30. Photo ID required for pick up.

IMPORTANT: Your child cannot attend camp until all paperwork is completed and returned. Drop off paperwork before first day of camp at the Y or email to Sarah@tuscymca.org.



WEEKLY RATES

REGISTRATION FEE

\$25

NON-REFUNDABLE

YMCA Member

\$40 per week/per camper

Community Member

\$45 per week/per camper

FINANCIAL ASSISTANCE
AVAILABLE &
PUBLICLY FUNDED
ASSISTANCE ACCEPTED

TUSCARAWAS COUNTY YMCA

600 MONROE STREET, DOVER, OHIO 44622 330-364-5511 WWW.TUSCYMCA.ORG

GETTING STARTED

KIDDIE CAMP ENROLLMENT FORMS

IMPORTANT: ALL paperwork must be completed and returned before the first day of camp. Please read camp handbook and look over camp procedures.

Child's Name: _____

Child's Birth Date: _____

Parent's Name: _____

Phone Number: _____

Parent's Name: _____

Phone Number: _____

Emergency Contacts: Must be an adult (18 or over). Please provide 2 additional contacts.

Name: _____

Name: _____

Relationship to child: _____

Relationship to child: _____

Phone Number: _____

Phone Number: _____

List any special concerns for your child: (IEP's, food allergies, medical conditions, etc.) If any medications must be given during camp hours, authorization paperwork must be completed by parent.

Parent Signature Required: _____ Application Date: _____



TUSCARAWAS COUNTY YMCA KIDDIE CAMP
BACKGROUND INFORMATION

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

Child's Address: _____

PARENT INFORMATION

Parent/Guardian Name: _____ Phone Number: _____

Occupation: _____ Work Number: _____

Email: _____

Parent/Guardian Name: _____ Phone Number: _____

Occupation: _____ Work Number: _____

Email: _____

Parent/Guardian Name: _____ Phone Number: _____

Occupation: _____ Work Number: _____

Email: _____

Parent/Guardian Name: _____ Phone Number: _____

Occupation: _____ Work Number: _____

Email: _____

Is there a court order, judgement entry, or custody paper concerning this child? YES NO
If yes, papers need to be in child's file for his/her protection.

What activities is your child involved in?

What method of behavior modification do you use at home?

Are there special concerns we should know about?

Is there anything that makes your child upset?

What are your expectations from your child's summer experience?



TUSCARAWAS COUNTY YMCA KIDDIE CAMP PICK UP PERMISSION

These people have permission to pick up my child from the Tuscarawas County YMCA Summer Camp Program. I will notify staff who (from the list below) will pick up my child on a daily basis.

For first time pick up, please have Photo ID for verification.

1. Name: _____

2. Name: _____

3. Name: _____

4. Name: _____

5. Name: _____

Parent Name (PRINT): _____

Parent Signature (Required): _____ Date: _____

TUSCARAWAS COUNTY YMCA KIDDIE CAMP CAMP WAIVER

Child's Name: _____ Birth Date: _____

Participant specifically assumes all risk of injury arising out of his/her presence on the premises of the Tuscarawas County YMCA, the use of its equipment or facilities, or participation in activities whether on the premises or at another location. I and my heirs and assigns hereby waive, release and agree to hold free from all claims of damages, the Tuscarawas County YMCA and its officers, directors, members, employees, or agents. I understand the risks and dangers involved in participating in the programs and activities at the YMCA. My child is physically capable of participating in such programs. My child agrees not to participate in any other activity that may injure themselves or others.

Parent Name (PRINT): _____

Parent Signature (Required): _____ Date: _____

TUSCARAWAS COUNTY YMCA KIDDIE CAMP
PHOTO/VIDEO RELEASE

_____ I **DO** give permission to the Tuscarawas County YMCA to use, without limitation or obligation, photographs, film footage, or tape recordings that may include images or voice for purposes of promoting or interpreting Tuscarawas County YMCA programs. This can include, but is not limited to, social media platforms, commercials, or internet websites.

_____ I **DO NOT** give permission to the Tuscarawas County YMCA to use, without limitation or obligation, photographs, film footage, or tape recordings that may include images or voice for purposes of promoting or interpreting Tuscarawas County YMCA programs. This can include, but is not limited to, social media platforms, commercials, or internet websites.

Child's Name: _____

Parent Name (PRINT): _____

Parent Signature (Required): _____ Date: _____

TUSCARAWAS COUNTY YMCA KIDDIE CAMP
POLICY REVIEW STATEMENT

Parents/ Guardians, after reading the handbook, please sign acknowledging that: I have read and received a copy of the parent handbook for the Tuscarawas County YMCA Kiddie Camp Program. I agree to follow all policies within.

Child's Name: _____

Parent Name (PRINT): _____

Parent Signature (Required): _____ Date: _____