



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# MAKING THE MOST OUT OF SUMMER

TUSCARAWAS COUNTY YMCA  
**SUMMER CAMP**  
**2024**  
INFORMATION GUIDE



TUSCARAWAS COUNTY YMCA  
600 MONROE STREET, DOVER, OHIO 44622 330 364 5511 [WWW.TUSCYMCA.ORG](http://WWW.TUSCYMCA.ORG)

# MAKING MEMORIES

## THAT LAST A LIFETIME!

Summer is an amazing time of year for your child to experience learning in a whole new way. Your kids will be wild about the Y because the Y is wild about kids.

YMCA Summer Day Camp and Junior Camp provide a safe and enriching environment for campers to participate in healthy, developmentally appropriate activities and learning experiences.

Our camps focus on having fun while building self-esteem and social skills through activities and new adventures. Weekly themes keep campers engaged and provide a basis for kids to learn about themselves and the world around them.



**Are your kids ready to say YES to adventure, say YES to fun?**

**WHO:** Campers entering Kindergarten – 8th Grade

**WHERE:** TUSCARAWAS COUNTY YMCA  
600 Monroe Street Dover, Ohio, 44622

**WHEN:** JUNE 3, 2024- AUGUST 16, 2024

**DAYS:** Monday – Friday

**TIME:** 9:00 AM – 4:00 PM  
Extended Care Available  
7:00 AM-9:00 AM and 4:00 PM-6:00 PM

### QUESTIONS/CONCERNS CONTACT:

SARAH DICKSON, TUSCARAWAS COUNTY YMCA CHILD CARE DIRECTOR  
330-365-5511 ext. 309 or SARAH@TUSCYMCA.ORG

**REGISTRATION FEE**  
**\$25**

**CAMP WEEKLY RATES**  
RATES ARE BASED BY  
MEMBERSHIP TYPE

Youth Member  
\$145 per week/per camper

Community Member  
\$155 per week/per camper

**FINANCIAL ASSISTANCE**  
AVAILABLE &  
PUBLICLY FUNDED  
ASSISTANCE ACCEPTED



# SUMMER CAMP

## SUMMER CAMP ESSENTIALS



**Camp Mission:** The Tuscarawas County YMCA Summer Camp is committed to enriching the lives of all participants through playing games, building relationships with others, and giving all children equal opportunity to develop a healthy spirit, mind and body through a program based on the Christian principles and values of caring, honesty, respect, and responsibility.

### Camp Hours

**9:00 AM - 4:00 PM**

Extended Hours Available 7:00 AM - 9:00 AM and 4:00 PM - 6:00 PM

**Note to parents:** Children cannot be dropped off earlier than 7:00 AM. Children must be picked up by 6:00 PM. Payments can be made at the front desk. The YMCA is not responsible for lost, broken, or stolen items.

### Lunch

**11:30 AM - 12:30 PM** (please provide packed lunch)

Afternoon snack is provided to all campers.

### Swimming

**2:30 PM - 3:30 PM**

Campers swim every day. Please bring bathing suit, towel, and snack for after swim.

### What to bring to camp every day:

- Water Bottle
- Sunscreen
- Backpack
- Bathing Suit / Towel
- Tennis Shoes / No flip flops

### What NOT to bring to camp:

- Please do not bring electronics or toys from home. We have plenty of games, crafts, and adventure to keep campers busy. Plus they won't want to miss out on the opportunity to make new friendships and memories.

**IMPORTANT!** State licensing requires all information be completed. 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@tuscymc.org](mailto:sarah@tuscymc.org).



# ROLE CALL

## RULES & REGULATIONS



### **Getting the Day Started Right**

Camp will start in the multipurpose room promptly at 9:00 AM. The pledge will be done each morning before activities. Morning activities will be held in the large gym or outside. We will play games as a group, unless it is decided to split based on age range.

### **Lunchtime**

Lunch will start at 11:30 AM, except on field trip days. After lunch children will engage in independent exploration with their camp counselor.

### **Daily Swimming**

Swimming will be from 2:30 PM - 3:30 PM daily. Please have your camper bring a swim suit and towel to camp every day. Camp appropriate swim attire for girls and boys is: one-piece swimsuit for girls and short-styled swim trunks or board shorts for boys. Locker rooms will be supervised by camp counselors.

### **Dress for Success! Daily Clothing & Sunscreen**

Campers are required to wear tennis shoes with socks every day. Sandals, crocs, and flip flops are not permitted. Tank tops may be worn. Spaghetti straps or exposed midriffs are not acceptable. Under garments should not be visible. Please apply sunscreen every day before coming to camp!

### **Things Not to Bring to Camp**

Fun activities are already planned for our campers. Leave all electronic items, cell phones, games, cards, and toys at home. We have the fun covered.

### **Behavior**

Good behavior is the key to our success and we want all campers to have a great time! Rules are made to keep everyone safe. Respectful language and behavior is expected at all times. Back talk and being disrespectful will not be tolerated. Inappropriate gestures referring to sex, profanity, or racial slurs (directly or indirectly) will not be tolerated. Repeated offenses will result in dismissal from camp.

### **Camper Code of Conduct and Core Values**

I will be respectful, I will be kind, I will be caring, I will be honest, I will follow the rules, I will do my best and if I fail I will learn from my experience and pledge to do better the next time. I will be a friend and accept the responsibility to be a helper; to make camp a great place to be for all.

# A DAILY SNAP SHOT

## SUMMER CAMP SCHEDULE



7:00-9:00	Extended Care
9:00-9:30	Arrival / Hand Washing / Pledge of Allegiance / Ice Breaker
9:30-10:00	2 Camp Songs/ Yoga/ Zumba
10:00-11:00	Outside Games
11:00-11:30	Restroom Break / Hand Washing / Water Break
11:30-12:30	Lunch
12:30-2:30	Clean Up / Hand Washing / Independent Exploration
2:00-2:30	Boys Swim / Girls Gym
2:30-3:00	Boys Gym / Girls Swim
3:00-3:30	Gym Games
3:30-4:00	Snack / Journal Time / Kindness Kudos
4:00- 6:00	Extended Care

**Daily Schedule is subject to change based on activities that occur throughout the week.**

**Field Trip Days will alter the schedule of events.**

# A LITTLE EXTRA

## FOR THE JUNIOR CAMPER GRADES 6-8

Every week campers will engage in a “strengthen the community” activity. Beautification projects may include weed pulling, trash pickup and cleaning within and outside the Y. Field trips to locations like New Towne Mall, Atwood Lake, Dundee Falls, and Zoar Wetlands are also planned. Lunch will be provided on field trips and campers will be back at the Y by 4:00 PM.

### **QUESTIONS/CONCERNS CONTACT:**

**SARAH DICKSON, TUSCARAWAS COUNTY YMCA CHILD CARE DIRECTOR**  
**330-365-5511 ext. 309 or [SARAH@TUSCYMCA.ORG](mailto:SARAH@TUSCYMCA.ORG)**



# GETTING STARTED

## YMCA SUMMER CAMP ENROLLMENT FORMS

**IMPORTANT:** ALL paperwork must be completed and returned before the first day of camp. Please read camp handbook and check over camp procedures. Please sign all summer camp field trip permissions before the first day.

Date of Admission for Summer Camp 2024 I want my camper to start \_\_\_\_\_

Select Camp: ☐ Day Camp (Grades K-5) ☐ Junior Camp (Grades 6-8)

T-Shirt Size (select one): Youth Sizes ☐ XS (2-4) ☐ YS (6-8) ☐ YM (10-12) ☐ YL (14-16)  
Adult Sizes ☐ SMALL ☐ MEDIUM ☐ LARGE ☐ XL ☐ 2X

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 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.

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If you have any questions please contact

Child Care Director Sarah Dickson at [sarah@tuscymca.org](mailto:sarah@tuscymca.org) or 330-364-5511 ext 309

Parent Signature Required: \_\_\_\_\_ Application Date: \_\_\_\_\_



# TUSCARAWAS COUNTY YMCA SUMMER CAMP

## BACKGROUND INFORMATION

Child's Name: \_\_\_\_\_ Child's Birth Date: \_\_\_\_\_

Child's Address: \_\_\_\_\_

### PARENT INFORMATION

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent/Guardian Occupation: \_\_\_\_\_ Work Number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent/Guardian Occupation: \_\_\_\_\_ Work Number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent/Guardian Occupation: \_\_\_\_\_ Work Number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent/Guardian Occupation: \_\_\_\_\_ Work Number: \_\_\_\_\_

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?

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What method of behavior modification do you use at home?

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Are there special concerns we should know about?

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Is there anything that makes your child upset?

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

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## TUSCARAWAS COUNTY YMCA SUMMER 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: \_\_\_\_\_

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## TUSCARAWAS COUNTY YMCA SUMMER CAMP SWIMMING ACTIVITY PERMISSION

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

I permit my child to participate in swimming/water activities during summer camp. A deep-end test will be given. Swimming will take place at the Tuscarawas County YMCA, 600 Monroe Street, Dover, Ohio, 44622.

Check one:

My child is: \_\_\_\_\_ a swimmer (deep end) \_\_\_\_\_ non swimmer (shallow end).

The YMCA will always have two lifeguards on duty during camp swim time. At least two additional camp staff (which will be over the licensing ratio requirement) will also be on duty.

Parent Name (PRINT): \_\_\_\_\_

Parent Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

# TUSCARAWAS COUNTY YMCA SUMMER CAMP

## FIELD TRIP PERMISSION

Child's Name: \_\_\_\_\_ Child's Birth Date: \_\_\_\_\_

Date	Field Trip Location	Time	Parent Initials
6/14/24	Tuscora Park	10:00 AM-3:00PM	
6/21/24	Walking Field Trip Boulevard Lanes	10:00 AM-3:00PM	
6/28/24	Walking Field Trip Wedny's 1412 4th St. NW New Phila, Ohio 44663	10:00 AM-3:00PM	
7/5/24	Walking Field Trip Boulevard Lanes	10:00 AM-3:00PM	
7/12/24	Dennison Depot Museum 400 Center St. Dennison, Ohio 44621	10:00 AM-3:00PM	
7/19/24	Tuscora Park* Swimming	10:00 AM-3:00PM	
7/26/24	McKinley Museum 800 McKinley Monument Dr. NW, Canton Ohio 44683	10:00 AM-3:00PM	
8/2/24	Uhrichsville Water Park * 401 E 12th St. Uhrichsville, Ohio, 44683	10:00 AM-3:00PM	
8/9/24	Tuscora Park Pizza Party	10:00 AM-3:00PM	

### WALKING FIELD TRIP

I give permission for my child to walk outside of the Tuscarawas County YMCA building to the following locations on a daily basis from June 3, 2023 through August 16, 2024:

Boulevard Lanes

833 Boulevard St, Dover, Ohio, 44622

Tuscora Park \*

161 Tuscora Ave NW, New Philadelphia, Ohio, 44663

Dover South Elementary

280 E. Shafer Ave, Dover, Ohio 44622

Every Monday- Weather permitting from 9:30-11:30 AM

Parent Name (PRINT): \_\_\_\_\_

Parent Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

\* Note: More than 6 inches of Water Present on Field Trip



## TUSCARAWAS COUNTY YMCA SUMMER CAMP CAMP WAIVER

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.

Child's Name: \_\_\_\_\_

Parent Name (PRINT): \_\_\_\_\_

Parent Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

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## TUSCARAWAS COUNTY YMCA SUMMER CAMP PARENT RELEASE FOR MOVIE DAYS

We show movies at camp during free time. By signing below, you are giving permission for your child to see a "G" or "PG" rated movie. The "PG" rated movie will be approved by the Child Care Director.

Child's Name: \_\_\_\_\_

Parent Name (PRINT): \_\_\_\_\_

Parent Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

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## TUSCARAWAS COUNTY YMCA SUMMER 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 SUMMER CAMP AUTOMATIC PAYMENT ENROLLMENT FORM

## Participant Information:

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Membership Status: ☐ Family Membership ☐ Youth Member ☐ Non-Member/Community Member  
Program: Tuscarawas County YMCA Summer Camp

## Responsible Parent/Guardian Information:

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ 2nd Phone: \_\_\_\_\_  
Are you responsible for entire tuition payment? YES NO  
(If "no" please explain below)  
\_\_\_\_\_

## Ohio Department of Jobs & Family Services Assistance:

Are you receiving assistance through Ohio Jobs and Family Services? ☐ YES ☐ NO

If yes, please specify copay amount: \_\_\_\_\_

\*Please see ODJFS policy document from your Child Care Director for all responsibilities for approved cases.

## PAYMENT OPTIONS:

1. Bank Draft (Please include a voided check) Account Type: ☐ Checking ☐ Savings  
☐ Weekly ☐ Bi-Weekly  
Bank \_\_\_\_\_  
Transit & Routing # \_\_\_\_\_  
Account # \_\_\_\_\_
2. Credit Card Draft Account Type: ☐ Credit Card ☐ Debit Card  
☐ Weekly ☐ Bi-Weekly  
Credit Card Type: ☐ MasterCard ☐ VISA ☐ Discover ☐ American Express  
Issuing Bank Name \_\_\_\_\_  
Name on Card \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Account # \_\_\_\_\_

**Draft Authorization:** I authorize automatic payments for my child care fees for the program my child attends in the amount of the agreed upon weekly payment rate. Drafts will occur automatically until care is terminated in writing or the program ends. A minimum of 10 business days notice is required to stop or edit drafts.

Parent Name (PRINT): \_\_\_\_\_

Parent Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

# TUSCARAWAS COUNTY YMCA SUMMER CAMP

## CAMP SCHEDULE AND PAYMENT AGREEMENT POLICIES

Child's Name: \_\_\_\_\_ Child's Birth Date: \_\_\_\_\_

Camp Weeks	Week 1 June 3 to June 7	Week 2 June 10 to June 14	Week 3 June 17 to June 21	Week 4 June 24 to June 28	Week 5 July 1 to July 5	Week 6 July 8 to July 12	Week 7 July 15 to July 19	Week 8 July 22 to July 26	Week 9 July 29 to Aug 2	Week 10 Aug 5 to Aug 9	Week 11 Aug 12 to Aug 16
Weekly Themes	Camp Olympics	Explores	When I Grow Up	Camping	Stars and Stripes	Y's Got Talent	A Very Potter Summer	Splash Splash Summer	Community Helpers	Soak Up Summer	STEM Summer
Check box for each week attending											
Membership Type											
Youth Mem	\$145	\$145	\$145	\$145	\$145	\$145	\$145	\$145	\$145	\$145	\$145
Comm Mem	\$155	\$155	\$155	\$155	\$155	\$155	\$155	\$155	\$155	\$155	\$155

### Please initial each of the following:

- \_\_\_\_\_ I understand I will be charged for the program and rate for which I signed up my child.
- \_\_\_\_\_ A change in schedule must be submitted to the Child Care Director at least two weeks in advance, otherwise the account will be charged based on the schedule for which camper was signed up.
- \_\_\_\_\_ Program payment is drafted in advance of attendance per your agreed upon draft schedule.
- \_\_\_\_\_ Accounts with a balance of 2 weeks or more will be considered delinquent. The responsible parent will be contacted to reconcile the balance and keep the account current. If a payment agreement is not reached or payment is not made, child care services may be suspended.
- \_\_\_\_\_ Payments/Refunds will be applied to any outstanding Y balances first, then to current program fees.
- \_\_\_\_\_ The Tuscarawas YMCA Summer Camp closes at 6:00 PM. A \$1 per minute per child late fee is charged after 6:00 PM. All late fees will be added to the next week's draft payment. If late pick up occurs more than five times during the summer program, your camp placement may be in jeopardy.
- \_\_\_\_\_ I understand that weekly tuition is not adjusted for days missed due to illness, unless the child is hospitalized, and the parent/guardian notifies the Child Care Director at 330-364-5511 ext. 309.
- \_\_\_\_\_ A \$30 fee will be assessed for NSF drafts. Should my bank, for any reason, not honor any debit, I am responsible for the payment and the NSF fee. The payment and fee may be collected electronically by a third party.
- \_\_\_\_\_ Failure to communicate any draft issues within 5 business days may result in termination of services.

I will be paying by: \_\_\_\_\_ Bank Draft \_\_\_\_\_ Credit Card Draft

**Draft Authorization:** I authorize automatic payments for my child care fees, for the program my child attends, in the amount of the agreed upon weekly payment rate. Drafts will occur automatically until care is terminated in writing or the program ends. A minimum of 10 business days notice is required to stop or edit drafts.

Parent Name (PRINT): \_\_\_\_\_

Parent Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_