



## YWCA Downriver Outreach

Mailing address: P.O. Box 121 Wyandotte, MI 48192  
25940 Grand River Ave. Redford 48240 Phone  
(734) 284-9030

FAX (313) 537-3334

Northwest Branch (313) 537-8500 (alternative #)



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### Welcome to YWCA Downriver Outreach Spring Break Day Camp

We are so glad you have chosen to be a part of YWCA Day Camp. This letter is a “*refrigerator letter*” as it contains much information that you will need to come to camp. Keep it handy for future reference.

Camp will be held at Brown Elementary School 25485 Middlebelt Road New Boston 48164. You will enter through the main doors at the school and walk straight ahead to Room 119. You must personally walk your child into the gathering room to sign him/her in or out. Camp times are 9 a.m.-4 p.m. Latchkey hours are 7-9 a.m. and 4-6 p.m. and are charged separately from camp and are paid in **cash**.

Lunch/snacks: Please send a lunch and 1 snack with your child each day. We will provide a second snack in the afternoon. Wednesday, we will offer pizza lunch, it is optional. There is a \$3 **cash** charge for lunch.

Each child *must* dress for the weather. This includes: **a jacket, gloves and hat if chilly and boots if wet!** We will go outside for lengthy periods of time each day. Also send **a change of clothing including socks** each day in his/her backpack.

We must have an **information/emergency card** filled out and returned before a child can stay at camp for the first time. **Health appraisal forms** must be no more than 2 years old. Copies can be obtained from your school secretary. Or fill out the enclosed Health Waiver form. Please also fill out the **Picture Release form** allowing us to photograph your child. The YWCA may take pictures of your child for future publications, of which you will be contacted again. Please read the enclosed **2010 Day Camp Guidelines**. Please sign and return one copy; keep the other one for your files. The **Limited Power of Attorney** form allows us to seek medical treatment in an emergency situation. Please fill out completely and return. All forms are due the first day of camp.

**Important people and numbers:** Camp Director: Laura Machlik & Nancy Anger. Camp and latchkey staff: Jan Burkhard, Rebecca Calvo, Keri Dobis, Kathy Sabula, Judy Ellis, and more. If you have any further questions regarding this week of camp please do not hesitate to call our office. (734) 284-9030 or (313) 537-8500, ask to speak with Laura, or email [ywca\\_laura@yahoo.com](mailto:ywca_laura@yahoo.com).



## See you at camp!

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## 2010 YWCA Day Camp Guidelines

Camp families will be expected to pay for the week on Friday. All latchkey fees must be paid in cash. Statements will be mailed the week after camp. Please keep this statement for 2010-tax season. (Requests for a copy of your child's statement will be assessed at a \$15.00 fee next year.)

Late fees will be assessed at the rate of \$10/15 minutes or portion thereof past 6 p.m. E.g., if parent arrives at 6:10 p.m. s/he must pay the caregiver \$10 cash. At 6:18 p.m. the charge is \$20 cash to the caregiver etc.

A 24-hour cancellation notice is required or payment is expected for any day for which you have registered. You may call the above numbers to let staff know of your child's absence.

Health screening forms must be no more than 2 years old. Information/emergency cards must be filled out **every year**.

The behavior standard for all YWCA activities is "be kind to each other." All safety rules must be followed. A parent conference is necessary only if the "be kind" or safety rules are broken. This includes but is not limited to: repeated teasing or "picking on" another child; disrespect of adults and/or other children; disregard or damage to property—either the camp's or another person's; endangering the safety of other children or staff member.

Inability to conform to appropriate behavior could constitute dismissal from the program.

Camper(s)' Name(s) \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Camp Director \_\_\_\_\_ Date \_\_\_\_\_

(Sign and return one copy of "Guidelines." The other is for your files.)

Date of Admission	Allergies
Date of Discharge	

**CHILD INFORMATION RECORD  
STATE OF MICHIGAN**  
Department of Human Services  
Bureau of Children and Adult Licensing

Name of Child (Last, First, Middle Initial)			Address (Number and Street, Building/Apartment Number)		
Child's Date of Birth	Home Phone (     )		City	State	Zip Code
Father/Legal Guardian's Name		Home Phone	Mother/Legal Guardian's Name		Home Phone
Home Address (if not child's address)		Cell Phone	Home Address (if not child's address)		Cell Phone
City	State	Zip Code	City	State	Zip Code
Employer/School Name			Employer/School Name		
Address (Employer/School)			Address (Employer/School)		
City	State	Zip Code	City	State	Zip Code
Employer/School Phone		Daily Work/School Times		Employer/School Phone (     )	
Name(s) of Person other than Parent or Legal Guardian to whom child may be released					

BCAL-3731 (Rev. 3-08) Previous edition may be used.

**See Reverse Side**

I give permission to _____, licensed by the Department of Human Services (Provider's Name)			
to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.			
Signature of Parent or Guardian			Date Signed
Name of Child's Physician or Health Clinic		Physician's or Health Clinic's Phone Number (     )	
Address of Child's Physician or Health Clinic		Name of Health Insurance Carrier	
Hospital Preferred for Emergency Treatment		Health Insurance Policy Number	
Special Needs:		Date of Last DTaP (Diphtheria, tetanus, pertussis) Shot	
Name of Local Person to be Notified in an Emergency When Parents Not Available		Local Address of Emergency Person	
Home and/or Cell Phone (     )	Work Number (     )	City, State	Zip code
Special Instructions:			
Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, sexual orientation, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.			AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation Citation.

BCAL-3731 (Rev. 3-08) Previous edition may be used.

As of this date, the YWCA of Metropolitan Detroit Child Care Program agrees to provide child care services for the following named child(ren):

_____	_____
(Print full name of child)	(Date of Birth)
_____	_____
(Print full name of child)	(Date of Birth)
_____	_____
(Print full name of child)	(Date of Birth)

**At this location: *check one***

- Crockett
- DAAS
- Huron Kid's Zone
- Lincoln-King
- Meridian
- Nevada
- Parke Lane
- Taft
- Washington-Parks
- PEC

**Extended Care programs:**

**Spring Break Camp:**

- Northwest  Downriver

**Summer Day Camp:**

- Northwest  Huron Twp.
- Wyandotte  Oakland

**Discipline:** The behavior standard for child care is “be safe and kind to each other”.

Child care staff will use verbal reminders and “time outs” to discipline children. A parent conference is necessary only if the rule is broken. That includes but is not limited to repeated teasing or “picking on” another child; disrespect of adults and/or other children; disregard or damage to property-either the school’s or another person’s, inappropriate language, violence, or possession of a weapon. Inability to conform to appropriate behavior could constitute dismissal from the program.

**Snacks:** Afternoon snacks are not provided (unless organized by individual sites) to participants. Children in morning programs are welcome to bring something for breakfast. If there are any dietary restrictions or allergies, we request that the parent provide the snack.

**Staff Screening:** All child care staff are screened for criminal convictions and abuse or neglect of children and adults. This is done through both Michigan State Police and the Department of Human Services.

**Payment of Fees:** Payment is due the week prior to the week that your child attends (Monthly for pre-school programs) Payments may be made in cash, check, or money order. Make check available to the **YWCA and note your child’s name in the memo.** The YWCA is not responsible for your child until they are signed into the program. You should provide your child’s teacher with their child care schedule. Failure to pay for services rendered, means immediate removal of your child from the program.

If for some reason you are unable to pre-pay your child care payment before the start of the week. You are being asked to contact Office Manager at (313) 537-8500. On site staff will not be authorized to make any financial decisions regarding collection of payment.

**Sibling Discounts:** Children enrolled in YWCA Child Care Programs are eligible for a discount of 10% off the tuition fee for the 2<sup>nd</sup> child and any child thereafter.

**YWCA NSF Policy (Not Sufficient Funds):** If a personal check is returned you are responsible for paying your current balance as well as a \$50.00 NSF charge thereafter payment must be rendered by CASH or MONEY ORDER. No exceptions.

**Late pick up policy:** If a child is not picked up by the 6:00 p.m. end time, you are charged an additional \$10.00 for every 15 minute increment you are late. For example, if you arrive 6:01 p.m. you are charged **an additional \$10.00.** If you arrive at 6:16 p.m. you are charged an additional \$20.00. Charges will continue every 15 minutes until your child is picked up. It is your responsibility to call the YWCA child care program if you are going to be late. Charges will still apply. If you have not called by 6:00 p.m. you will be contacted. If you cannot be reached we will call your emergency contacts. It is important to make sure your emergency contact list is complete and has accurate and working phone numbers to call. If we have been unable to reach you or any of your emergency contacts, the closest police department will be contacted and asked to pick up your child.

**Health Form Waiver:** Pursuant to Licensing Rules for Child Care Centers R400.5305 Health Records

Please check here if...

- your child is in good health
- has no activity restrictions
- has no allergies
- immunizations are up to date
- the appropriate health appraisal document is on file at the child’s school

If not please note here: \_\_\_\_\_

**Photographic/Verbal Quotations Release:** I the parent or legal guardian, hereby consent to the use of the name and/or likeness and/or photo(s), or other media(s), statements and/or quotations of my child(ren) by the YWCA of Metropolitan Detroit using good judgment for any promotional, educational, informational, or other purpose, without limitation.

**Playground Equipment Waiver:** The YWCA taken an exemption from the State of Michigan Licensing Departments requirement to have the playground equipment inspected at your child's school. The equipment may not be in compliance with the Public Playground Safety Department's requirements, PUB No. 352. As stated in the licensing rules for child care centers: R:400.5117 Outdoor Play Area.

**Limited Power of Attorney:** I hereby grant any staff member of the YWCA Metropolitan Detroit Child Care and/or Day Camp, the **Limited Power of Attorney** to act for me if I cannot be reached and to give the required consents and authorizations for the delivery of necessary medical care, diagnoses, and treatment to the above-named child(ren) and to do all other necessary things as I might or could do if personally present. This Limited Power of Attorney is given pursuant to the provision of State of Michigan P.A. 1978 No. 742, Section 405 of the Probate Code and is effective for a period of no more than 12 months beginning on the date I sign this agreement. I agree to accept responsibility for all expenses incurred for medical treatment for the above named child(ren).

**Waiver of Liability/Participation:** In consideration of your acceptance of my/my child's registration in this program, I do hereby, for myself, my child, my heirs and personal representatives, waiver, release and forever discharge any and all municipalities, school districts, individual schools or sites, the YWCA of Metropolitan Detroit, and properties throughout which the program will be held on its or their respective officers, instructors, administrators, successors, and/or assigns for any and all damages which may be sustained or suffered by me/my child in connection with said association with this program and my/my child's participation therein.

**Upon signing this agreement, the parent, legal guardian or responsible adult and the child care facility agree to abide by all of the above provisions contained in this contract:**

**Parent, Legal Guardian or Responsible Adult:**

\_\_\_\_\_ (Signature) \_\_\_\_\_ (Relationship to child(ren)) \_\_\_\_\_ (Date)

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**YWCA Participant Survey -** The following information is requested by the YWCA to provide statistics to funding agency's including the United Way. Thank you for your participation and understanding. All information is confidential.

<p><b>County of Residence:</b></p> <input type="checkbox"/> Wayne <i>(excluding Detroit)</i> <input type="checkbox"/> Detroit <input type="checkbox"/> Macomb <input type="checkbox"/> Oakland <input type="checkbox"/> Other: _____	<p><b>Marital Status of Parent(s):</b></p> <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Step parent <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried	<p><b>Relationship to Child:</b></p> <input type="checkbox"/> Biological parent(s) <input type="checkbox"/> Adoptive parent(s) <input type="checkbox"/> Legal guardian(s) <input type="checkbox"/> Other _____	<p><b>Employment Status of Parent(s):</b></p> <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Military <input type="checkbox"/> Not in Labor Force	<p><b>Household Income:</b></p> <input type="checkbox"/> Under \$10,000 <input type="checkbox"/> \$10,000-19,000 <input type="checkbox"/> \$20,000-49,000 <input type="checkbox"/> \$50,000 & over
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**Please check boxes below for each child participating...**

<p><b>Disability:</b></p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cognitive Impairment (CI) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Autism <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Learning disability (LI) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hearing Impaired (HI) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Visually Impaired (VI) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Behavioral (ADD/ADHD) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> English as a second language <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Primary language: _____	<p><b>Race/Oriigin/Descent:</b></p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> White (Non-Hispanic) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> African American <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Arab <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Chaldean <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Asian <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Native American <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other _____	<p><b>Age:</b></p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Under 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5-14 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 15-19	
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YWCA Spring Break Families:

We look forward to a fun-filled week with your child(ren). Below is a list of items that we ask you to send with your child(ren) for the week, if you have them!

Thank you!

- Small shoe boxes (infant/toddler size)
- Wine corks
- Water bottles-small
- Cereal boxes
- Milk cartons/juice cartons
- Margarine/yogurt containers
- Empty toilet or paper towel rolls
- Newspaper
- Foam trays
- Plastic 35mm film canisters
- Small cardboard boxes
- Round lids

For Pajama Day (Friday) ONLY:

- Favorite book
- Favorite stuffed animal (if they haven't grown out of it yet!)
- Pillow
- Plain white pillow case
- And of course-wear your Pajamas!