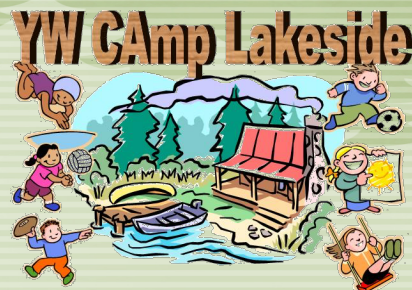


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Fax: (716) 484-1752  
www.ywcaofjamestown.com



## CHECK LIST FOR CAMP ENROLLMENT

- ☐ PREPAYMENT OF ONE WEEK OF CAMP COST
- ☐ COPY OF CHILD'S INSURANCE CARD
- ☐ VOUCHER (IF APPLICABLE) FOR PAYMENT ASSISTANCE, CALL 661-7133
- ☐ CUSTODY PAPERS (IF APPLICABLE)

ALL PAPERWORK (ABOVE AND BELOW) MUST BE COMPLETED AND RETURNED IN SATISFACTORY CONDITION

**\*\*NO EXCEPTIONS\*\***

\_\_\_ CONTRACT

\_\_\_ MINI-BUS PERMISSION FORM

\_\_\_ BLUE CARDS (2-Sided)

\_\_\_ RELEASE FORM

\_\_\_ INCOME ELIGIBILITY APPLICATION

\_\_\_ CAMPER CONTRACT

\_\_\_ FIELD TRIP / TRANSPORTATION PERMISSON SLIP

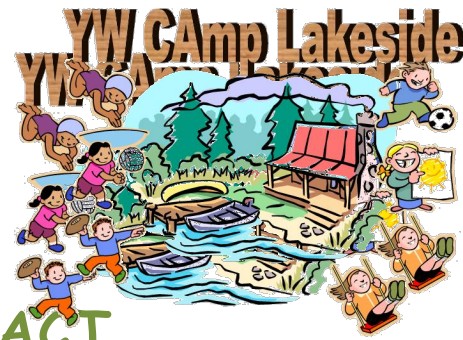
\_\_\_ TOPICAL OINTMENT PERMISSION

\_\_\_ FINANCE AGREEMENT

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## YWCAMP LAKESIDE CONTRACT

Please read this contract carefully before signing. The NYS Department of Health and Human Services requires a signed contract.

Child's Name: \_\_\_\_\_  
Last First DOB Age

My Child Will Attend Camp the Following Weeks:

☐ Wk 1 ☐ Wk 2 ☐ Wk 3 ☐ Wk 4 ☐ Wk 5 ☐ Wk 6 ☐ Wk 7 ☐ Wk 8 ☐ Wk 9

Start Date: \_\_\_\_\_

☐ Full-Time: **M T W TH F** (please circle) during the hours of \_\_\_\_\_  
30 hours or more per week, with a set schedule.

☐ Part-Time: **M T W TH F** (please circle) during the hours of \_\_\_\_\_  
Less than 30 hours per week, with a set schedule. For example, children who attend the same days and times each week

☐ Variable Days and Times:  
For example, children who attend different days and/or different times each week.

Estimated Days: \_\_\_\_\_

Estimated Times: \_\_\_\_\_

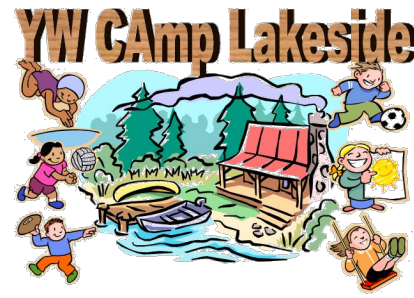
☐ Drop-In (When care is needed, with no specific schedule known.) (24 Hour Notice Required)

☐ If my child has a variable schedule or is a drop-in, I agree to give the Staff my schedule the Wednesday prior to the week of childcare needed. I agree to call and leave a message if the daycare center is closed. If additional care is needed, please feel free to call on the morning care is needed; as there may be availability due to a schedule change or sickness. If a vacancy becomes available, the teacher will call you

**CAMPERS attending YWCamp Lakeside MUST provide their own healthy bagged lunch!**

**\*Please see the included healthy lunch letter in your enrollment packet.**

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Phone: (716) 488 2237  
Fax: (716) 484-1752  
www.ywcaofjamestown.com



**Cost:** The YWCA of Jamestown follows the state market rates for cost of care. The following fees are the current cost of care for the YWCAmp. Most forms of childcare subsidy are accepted. Please fill out the enclosed scholarship request if you feel that you are unable to satisfy these costs.

**Full Tuition Fees are as Follows:**

Membership/Registration fee \$ 20.00  
Camp \$ 145.00 weekly  
Daily \$ 32.00  
Half-day \$ 22.00

**\*\*I am a DHHS Applicant:** ☐ YES ☐ NO

My weekly co-pay is: \$ \_\_\_\_\_

*(Please note that if co-pays are more than two weeks behind, the DHHS will close your case immediately.)*

**\*\*I am a Parent Pay Applicant:** ☐ YES ☐ NO

My weekly contracted payment is: \$ \_\_\_\_\_

**Prepayment:** Payments are due **EVERY** Friday. All payments must be made in the Main Office at the YWCA. Your Child/Children's account **MUST** be prepaid at least a week in advance in order to attend the program. Additionally, every Child must be signed in and out by a parent/adult. **Failure to make timely payments will result in a requirement to sign up for automatic payments.**

☐ *Currently, we are experiencing a high level of enrollment. As a result, we are happy to provide part-time and drop-in care, when enrollment permits. **However, priority is always given to full-time Children.** If your Child is not full-time, and a change in enrollment occurs, we may no longer be able to provide care to your Child. At this point, you would be provided with one-week notice before care is discontinued.*

☐ **Field Trips:** In regards to eligibility to attend Field Trips, based upon enrollment and limited availability for transportation, preference will be given to Campers enrolled on a full-time basis. Once Campers enrolled full-time are accommodated, then part-time Campers will be considered, and then drop-ins.

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**I have read the Parent handbook and I agree to all the *terms discussed*:**

Releasing Child From Our Center (Parent Handbook - page 4)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Admission & Enrollment (Parent Handbook - page 5)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Tuition & Fees (Parent Handbook - page 6)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DHHS Regulations (Parent Handbook - page 8)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Safety (Parent Handbook - page 9)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Illnesses and Emergencies (Parent Handbook - page 10)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Health Care Policy (Parent Handbook - page 10)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Medication Administration (Parent Handbook - page 14)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Lead (Parent Handbook - page 15)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Discipline (Parent Handbook - page 16)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Behavior Problem (Parent Handbook - page 17)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Bus Rules (Parent Handbook - page 18)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Camp Information (Parent Handbook - page 19)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**Miscellaneous - I give permission for my Child to:**

**be transported for field trips:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
**participate in swimming/water activities (ex: water balloons, sprinklers, canoeing, kayaking, paddle boating), both on and off the grounds of the YWCA Lakeside.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
**be photographed (news articles, YWCA website, slide presentations)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Any correspondence or questions concerning the terms of this contract, concerns with billing, childcare, etc., should be directed to:

YWCA Jamestown  
Early Care and Education  
401 North Main Street · Jamestown, NY 14701  
(716) 488-2237  
Daycare Director - ext. 250 or Billing Coordinator - ext. 251

**I have read this contract and the Parent Handbook thoroughly. I understand and agree to abide with all the rules and regulations of the YWCA Early Care and Education Program.**

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

YWCA Representative: \_\_\_\_\_ Date: \_\_\_\_\_

OCFS-LDSS-4433 (Rev. 5/2014) FRONT

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**CHILD IN CARE MEDICAL STATEMENT**

**To Be Completed By Licensed Physician, Physician's Assistant or Nurse Practitioner**

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Examination: \_\_\_\_\_

**Immunizations required for entry into day care**☐ Yes ☐ No

**Medical Exemption** The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s).

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date	4 <sup>th</sup> Date	5 <sup>th</sup> Date
Polio (IPV or OPV)	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date	4 <sup>th</sup> Date	
Haemophilus influenzae type B (Hib)	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date	4 <sup>th</sup> Date <b>OR</b> 1 <sup>st</sup> Date (if given on or after 15 months of age)	
Pneumococcal Conjugate (PCV) for those born on or after 1/1/08)	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date	4 <sup>th</sup> Date	
Hepatitis B	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date		
Measles, Mumps and Rubella (MMR)	1 <sup>st</sup> Date	2 <sup>nd</sup> Date			
Varicella (also known as Chicken Pox)	1 <sup>st</sup> Date	2 <sup>nd</sup> Date			

**Other Immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A**

Type of Immunization:	Date:	Type of Immunization:	Date:
Type of Immunization:	Date:	Type of Immunization:	Date:
Type of Immunization:	Date:	Type of Immunization:	Date:

**Tests**

Tuberculin Test Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Mantoux Results: ☐ Positive ☐ Negative \_\_\_\_ mm  
 TB Tests are at the physician's discretion. Acceptable tests include Mantoux or other federally approved test.  
 If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.

Lead Screening Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Attach lead level statement

**Lead Screening (Include All Dates and Results)**

1 year \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Result: \_\_\_\_\_ mcg/dL ☐ Venous ☐ Capillary  
 2 years \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Result: \_\_\_\_\_ mcg/dL ☐ Venous ☐ Capillary

**Most recent date of lead screening (if different from above):**  
 \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Result: \_\_\_\_\_ mcg/dL ☐ Venous ☐ Capillary

**Per NYS law, a blood lead test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely.**  
 If the child has not been tested for lead, the day care provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the county health department for a lead blood screening test.

*(Continued on reverse side)*

OCFS-LDSS-4433 (Rev.5/2014) REVERSE

**CHILD IN CARE MEDICAL STATEMENT** *(continued)***Health Specifics****Comments**

Are there allergies? (Specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Is medication regularly taken? (Specify drug and condition)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a special diet required? (Specify diet and condition)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any hearing, visual or dental conditions requiring special attention?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any medical or developmental conditions requiring special attention?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Summary of Physical Exam

Include special recommendations to child day care providers

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On the basis of my findings as indicated above and on my knowledge of the named child, I find that: he/she is free from contagious and communicable disease and is able to participate in child day care.

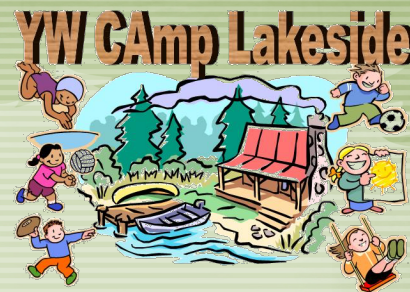
☐ Yes ☐ No

Signature of Examiner	Address	
Please Print Name	City, State, Zip	
Title	(      ) Phone	Date

## Religious Exemptions

Public Health law Section 2164 allows a child to be religiously exempted from immunization. A written and signed statement from a parent, parents or guardian of the child stating that they object of the immunization of their child due to their sincere and genuine religious beliefs should be submitted to the day care owner, operator or administrator who shall determine whether the statement of religious belief is acceptable.





## YWCA MINIBUS/VAN PERMISSION SLIP

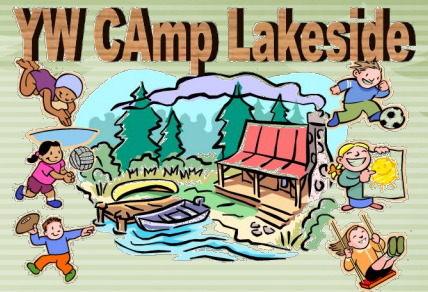
\_\_\_\_\_ has my permission to be transported to  
and from all field trips sponsored by the YWCA of Jamestown.

My Child is \_\_\_\_\_ years of age.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date





## RELEASE OF INFORMATION

I authorize the YWCA Early Care and Education Staff to receive and/or share the following information about my Child or Me, and also authorize the following agencies:

1. \_\_\_\_\_ (Doctor)
2. \_\_\_\_\_ (Dentist)
3. \_\_\_\_\_ (Hospital)
4. \_\_\_\_\_ (School)
5. \_\_\_\_\_ (Lawyer)

☐ Immunizations (State  
Regulations)

☐ School Records

☐ Physical (State Regulations)

☐ Appointment Dates (Future)

☐ Custody Issues

☐ Other

The following Child may have their information released:

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

\_\_\_\_\_  
Date of Birth

This release will expire one year from this date.

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date





## Camper Contract

I have been through the Camper Orientation (that takes place every Monday during the Camp Season) and understand the rules of the YWCA Camp Lakeside.

I will follow all camp rules.

I will listen to the Camp Director, Camp Counselors, Lifeguard, Bus Driver, any visiting Adults (e.g., Special Speakers, Volunteers, etc.) and the Camp Supervisor.

I will follow directions at all times.

I will bring everything I need to Camp every day (or when the Camp Director/Camp Counselors tell me to do so) - water shoes, towel, extra pair of clothes, etc.

I will bring a healthy lunch to Camp every day.

I will NOT bring personal items such as toys, games, hand held video systems, movies, iPods, cell phones, books, etc. from home. If something like this is brought from home, I understand that it will be taken away by the Camp Director, Camp Counselors, Lifeguard, and/or Camp Supervisor. I also understand that if something like this is brought from home and it is lost or stolen, it is NOT the YWCA's responsibility to replace the lost or stolen item.

I will respect other Campers, the Camp Director, Camp Counselors, Lifeguard, Bus Driver, any visiting Adults (e.g., Special Speakers, Volunteers, etc.) and the Camp Supervisor at all times.

I will tell the Camp Director, Camp Counselors, Lifeguard, Bus Driver, and/or the Camp Supervisor if I, or someone else, is sick or hurt.

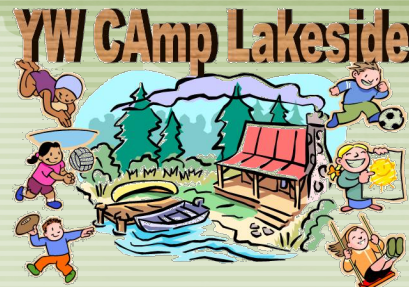
I will respect nature and the environment at Camp, and when we are on Off-Site Field Trips.

I understand that I am representing the YWCA at Camp and when on Off-Site Field Trips, and I will follow all rules while at Camp and when on Off-Site Field Trips.

I understand that failure to adhere to these rules will/could result in disciplinary action, suspension, and/or even removal from the program. Disciplinary action is on a case by case matter, and is decided upon by the Camp Director, Camp Counselors, Lifeguard, and/or Camp Supervisor.

Camper's Name: \_\_\_\_\_

Date: \_\_\_\_\_



## YWCA Camp Lakeside Summer Permission Slip

Off-Site Field Trips, On-Site and Off-Site Water Activities, Transportation  
(EACH camper MUST have this permission slip completed, NO EXEPTIONS!)

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### Off-Site Field Trips

\_\_\_\_\_ Yes, I give permission for my child to attend Off-Site Field Trips.

\_\_\_\_\_ No, I **DO NOT** give permission for my child to attend Off-Site Field Trips.

---

### On-Site and Off-Site Water Activities

\_\_\_\_\_ Yes, I give permission for my Child to participate in all On-Site and Off-Site Water Activities. (A Certified Lifeguard will always be present.)

\_\_\_\_\_ No, I **DO NOT** give permission for my Child to participate in all On-Site and Off-Site Water Activities.

---

### Transportation

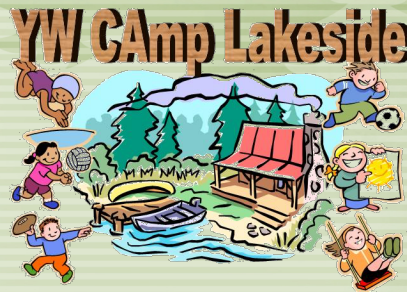
The YWCA maintains a Bus that transports Campers to and from Off-Site Field Trips. Occasionally, there may be times that the bus cannot accommodate all campers. In this case, we have YWCA Staff that will transport Campers in the YWCA Van. We need permission for both YWCA Bus/YWCA Van transportation.

\_\_\_\_\_ Yes, I give permission for my Child to be transported in the YWCA Bus/YWCA Van.

\_\_\_\_\_ No, I **DO NOT** give permission for my Child to be transported in the YWCA bus/YWCA Van.

Camper's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Date: \_\_\_\_\_



## Notification of Program Enrollment

(Child's Name) \_\_\_\_\_

will be enrolled in the following YWCA Program \_\_\_\_\_

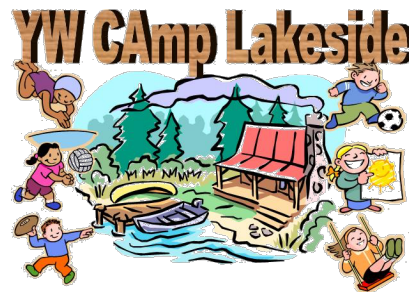
as of \_\_\_\_\_. I acknowledge that this form may be shared with any  
partners

of the YWCA in order to notify their organization of my child's enrollment into the  
program.

(Parent's Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

(Staff Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

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www.ywcaofjamestown.com



## Permission to give topical ointments

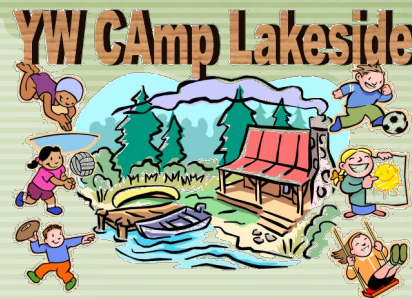
Name of Child: \_\_\_\_\_

DOB: \_\_\_\_\_

☐ I give permission for my child to receive sunscreen on his/her body  
when necessary.

☐ I give permission for my child to receive an **over-the-counter (not  
prescribed)** topical ointment wherever/whenever necessary (example:  
bug bites).

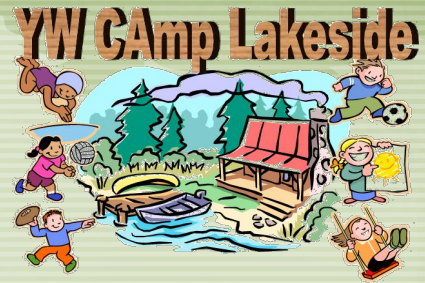
Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



## PAYMENT INFORMATION AND OPTIONS

All daycare payments are due the Friday before care is received. Payments will not be accepted through staff at the camp. The YWCamp is requiring either Online Payments through Tuition Express or automatic withdrawal that our Billing Coordinator would withdraw from the account or credit card you have provided every Friday (if needed, alternative arrangements can be made with the Billing Coordinator prior to your child starting). In order to sign up for either Online Payments or Automatic Payments please complete the corresponding Tuition Express form that is attached and return it with the enrollment paperwork.





We are excited to offer the safety, convenience and ease of Tuition Express Online Payments. You can process on-time tuition and fee payments with your credit card at [www.tuitionexpress.com](http://www.tuitionexpress.com)

**TUITIONEXPRESS.COM REGISTRATION**

As a customer of \_\_\_\_\_ (business name), I (we) wish to register at [www.tuitionexpress.com](http://www.tuitionexpress.com) for the purpose of making Online Payments using a credit card.

**PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER.**

Cardholder Name \_\_\_\_\_ Phone # \_\_\_\_\_

Cardholder Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

Website Registration Code: \_\_\_\_\_ (Please select a 4 digit PIN that will be used when you register at [TuitionExpress.com](http://TuitionExpress.com))  
4 digits

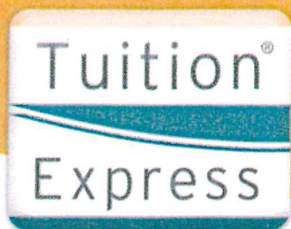
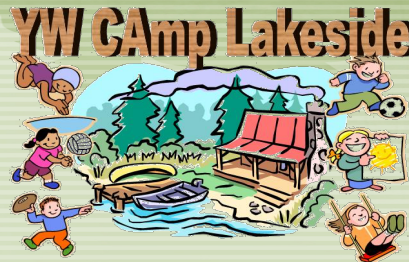
**For Official Use Only**

Copy Received

A service of







## Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express® — a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

### ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) \_\_\_\_\_ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. \_\_\_\_\_ (initial) Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

#### COMPLETE ONE SECTION ONLY

##### SECTION A (Credit Card)

Cardholder Name _____		Phone # _____	
Cardholder Address _____	City _____	State _____	Zip _____
Account Number _____		Expiration Date _____	
Cardholder Signature _____		Date _____	

##### SECTION B (Bank Account)

Your Name _____		Phone # _____	
Address _____	City _____	State _____	Zip _____
Bank or Credit Union Name _____	Bank or Credit Union Address _____	City _____	State _____ Zip _____
Routing Transit Number (see sample below) _____		Account Number (see sample below) _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Authorized Signature _____		Date _____	

#### For Official Use Only

Date Received \_\_\_\_\_

Employee Signature \_\_\_\_\_

John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE WEST 555-555-5555	00226
Pay to the order of: <b>Attach Voided Check Here</b> \$ _____		
Deposit slips not accepted _____ Dollars		
12345678901	1800330*	0226

A service of





## Policy Amendment

November 24, 2014

Dear Daycare Families,

Due to recent events, we have had to revise our policies for the Admission and Enrollment, and Tuition and Fees sections of our parent handbook; **effective December 1, 2014.**

- Families enrolling in our daycare that will be utilizing DHHS childcare subsidy will now be required to have at least a verbal approval from your DHHS caseworker given to the Billing Coordinator before your child can start at the center
- Additionally, when a recertification for your childcare subsidy is due, you will have two weeks after the expiration date to present an approval letter from DHHS or for DHHS to mail one to us. Failure to do so will result in a suspension from the center until an approval letter is provided. Please remember, it is your responsibility to make sure your childcare examiner has received your enrollment/recert packet; and there is nothing missing; and that you will receive the approval letter before your child is suspended (Billing Coordinator can provide phone number).
- Please note: You are responsible for any daycare costs incurred but rejected by your subsidy case. For example: Exceeding absences allotted, care given outside of approved times in your subsidy case, and care given in anticipation of an approval from DHHS but is rejected.
- Payment for daycare services are due the Friday before care is received. Failure to adhere to this policy will result in a suspension from the center until payment is received. Please note that you will continue to accrue charges for any days your child is suspended. These charges must be paid in full before attendance may resume.
- While suspended, your child's spot in his/hers classroom may be reassigned to another child that has their paperwork in and no outstanding balance owed for prior childcare.
- If you are having trouble making your payments please communicate it to the Billing Coordinator before payments are due and suspensions are made. Different payment arrangements may be available. Please call (716) 488-2237 with any questions or concerns.

Name: \_\_\_\_\_ Date: \_\_\_\_\_



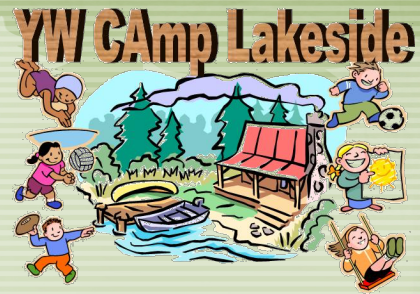
Dear Families,

In order to serve you better, we would like to offer Text Alerts. This feature would allow our center to send you text messages that would alert you to various changes or upcoming events at our center such as notifications of days that the center is closed or special classroom events. It will also allow for our Billing Coordinator to send you your account balance.

Name: \_\_\_\_\_

Primary Cell Phone Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Cell Provider (ie. AT&T, Verizon): \_\_\_\_\_



Dear YWCamp Lakeside Parent(s) and Guardians,

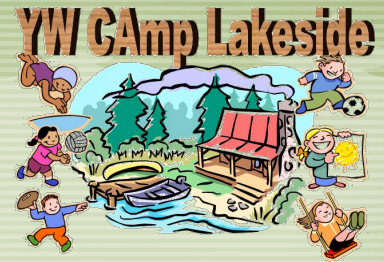
As all Campers are required to bring a healthy lunch and a healthy snack to Camp every day, here are a few things to keep in mind:

- Lunches will be kept either inside refrigerators or coolers throughout the morning.
- There is only ONE microwave at Camp, therefore we do ask you to avoid, or limit the frequency of packing Lunches that may require being warmed/heated.
- Campers will be kept very active throughout the 8 hour day; therefore it is important to pack food items that will provide them with the strength and energy required. Whole wheat wraps, trail-mix, fresh fruit, fresh veggies, yogurt, cottage cheese, cubed cheese and crackers, and dried fruits are just some examples of food items that will help your Camper maintain their energy and strength.
- The following foods are **not permitted** at Camp, and will be sent back home with your Child: **soda and candy**.
- Although water is always available and accessible, we encourage all Campers to bring a water bottle, labeled with their name, to Camp on a daily basis. This will assist us in encouraging Campers to consume enough water throughout the day to maintain hydration.

Should you have any questions or concerns regarding this expectation, or need ideas regarding healthy food items, please feel free to contact me at 716-488-2237, Ext. #250.

Sincerely,  
Tina M. Jones  
ECE Director and Camp Supervisor





### Family Information

Name of Parent/Guardian: \_\_\_\_\_ Name of Child: \_\_\_\_\_  
Number of Family Members in Household: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_

Please indicate how much you would pay per week if request granted: \_\_\_\_\_

**Income:** Please list all sources of income and how often it is paid. **Your most current month's paystubs must be submitted with application.** (paystubs must be included with application)

Source	Type of income	How often	How much

**Expenses:** Please list monthly expenses. Estimate as needed, but be sure to include all expenses. Additional documentation may be requested upon review.

Type	Amount	Additional information
Rent/mortgage	_____	_____
Utilities	_____	_____
Car payment(s)	_____	_____
Car insurance	_____	_____
Groceries	_____	_____
Cable/internet	_____	_____
Cell phone(s)	_____	_____
Fuel	_____	_____
	_____	_____
	_____	_____

Please note, all camperships are given on a case by case basis and funds are limited. Please explain why you feel you need help with the cost of camp based on the care requested in your contract.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mail:** YWCA Jamestown  
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#### OFFICE USE ONLY

Child's Name: \_\_\_\_\_  
Awarded/ No. of weeks/etc. \_\_\_\_\_