



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

DILLION DAY CAMP Ages 6-12

WHERE KIDS THRIVE AND HAVE A SUMMER OF FUN!

Monday-Friday 7am-6pm

June 17 – August 23

Maximum enrollment: 34 children

12-1 ratio of kids & counselors

Breakfast, am/pm snack & lunch provided

Kids will have fun at the Y with supervised Day Camp activities.

- Outdoor/Camp Games and Sports
- Arts & Crafts
- Gym Time
- Spanish
- Swimming - indoor, heated pool (2days/week)
- Weekly Field Trips
- CATCH & STEM curriculum and much more!

Swim Time

Campers must be able to pass deep water or shallow water swim test to participate. Alternate activity will be provided to non-swimmers. Camp staff will be in the pool with children. Certified Lifeguards will be on deck.

Deep water swim test: Swim 75 ft in 3 – 12 ft of water

Shallow water swim test: Swim 25 ft in 3 – 5 ft of water

Any swim stroke, no floatation or touching the bottom.

Member \$28/day (\$140/week)

Non-Members \$33/day (\$165/week)

\$30/family application fee





2024

Hello and welcome! Thank you for choosing Dillon Day Camp for your summertime childcare needs. We appreciate the opportunity to be a part of your child's growth and development. We are eager to get to know all the new campers and their families as well as reunite with returning campers.

Dillon Day Camp offers weekly themes, swimming, field trips, team building opportunities, physical activities, STEM/CATCH activities, arts, crafts and so much more! Dillon Day Camp will be a great place for your child to experience summer!

As we strive to provide a safe and quality summer camp experience for all enrolled, it is in the best interest of all to clarify specific procedures and policies before the camp gets started on June 17th.

- **Dillon Day Camp is a 10-week commitment. Parents/Guardians are responsible for all Dillon Day Camp fees whether your child attends camp or not due to illness, holiday and/or personal vacation time.**
 - **Fees will only be waived when:**
 - **Your child attends a Camp Torenta session.**
 - **Public school starts before the last week of camp.**
 - **Proper withdrawal from the program has occurred.**
- **To receive member rates, the camper must be a member before the camp start date.**
- **Only one subsidy such as Y Financial Assistance or DHHS childcare assistance can be applied to an account.**
 - **A DHHS subsidy decline letter must be on file before Y Financial Assistance can be applied to childcare. DHHS subsidy or Y Financial Assistance must be current before the start of camp.**
 - **Parents/Guardians are responsible for all fees prior to DHHS subsidy or Y Financial Assistance approval.**
- **Nonrefundable \$30.00 application fee per family.**
- **All fees for Dillon Day Camp must be scheduled and paid through EFT or with a credit card.**
 - **This also applies to DHHS paid accounts for final payment.**
- **Weekly fees associated with the camp will be drafted each Monday of the week attending.**

Completely fill out & sign all forms, front and back, and return them to the Early Childhood Director, Debbie Blake no later than June 14th, 2024. All paperwork must be completed and on file prior to the camp start date of June 17th. Questions or concerns can be emailed to the Early Childhood Director at debbieb@cadillacareaymca.org.

We are looking forward to getting to know your child and having a GREAT summer here at the Y!

Respectfully,

Debbie Blake & The DDC staff

Y DILLON DAY CAMP – 2024 APPLICATION

Please complete both sides of application

* REQUIRED Information – 1 Child per application

CHILD INFORMATION:

*Child's full name _____ *Gender: M or F *Date of Birth ___/___/___

School Attending: _____ Grade: _____

*Address _____ *City _____ *State _____ *Zip _____

*Is your child able to swim? YES or NO *Has your child completed the deep-water swim test here at the Y? YES or NO

*Child's shirt size: Yth Sm. _____ Yth Med. _____ Yth Lg. _____ Adult Sm. _____ Adult M. _____ Adult Lg. _____

PARENT/GUARDIAN INFORMATION:

*Mother (first & last name) _____ *Date of Birth ___/___/___

*Address (if different than child) _____

*Cell # _____ Home # _____ Work # _____

*Email Address _____

*Father (first & last name) _____ *Date of Birth ___/___/___

*Address (if different than child) _____

*Cell # _____ Home # _____ Work # _____

*Email Address _____

*Guardian (first & last name) _____ *Date of Birth ___/___/___

*Address (if different than child) _____

*Cell # _____ Home # _____ Work # _____

*Email Address _____

Child lives with: Both Parents Mother Father Guardian Other _____

Who is responsible for payment? Both Parents Mother Father Guardian DHHS

Y DILLON DAY CAMP – 2024 APPLICATION

Slot Request:

Full time _____ (5 days/week)

Part time _____ (4 days or less/week)

Fees:

\$28/day or \$140/week Member

\$33/day or \$165/week Community Member

Please indicate the days your child will be attending by writing the approximate drop-off and pick-up times in the boxes below

	Monday	Tuesday	Wednesday	Thursday	Friday
Drop-off Time					
Pick-up Time					

A **\$30/family application fee** will be charged on the applicants first day of DDC. Acceptance into Dillon Day Camp is on a first come, first served bases for all applicants. As **full-time status takes precedence over part-time status**, part time requests will be determined according to availability. All admission paperwork must be completed and turned into the EC Director, Debbie Blake, no later than June 14, 2024. Once placement has been established, the parents of the applicant will be responsible for all fees associated with DDC until program completion or proper withdrawal procedures have occurred.

All DDC charges will occur whether your child attends or not due to illness, holiday, family vacation, or attending summer camp. Fees will only be waived if attending Camp Torenta or an early fall start date of public school. Fees for Dillon Day Camp will be drafted each Monday of the current week. Financial assistance can only be applied when ineligibility documentation from DHHS has been received. Parents/Guardian of the applicant will be responsible for all remaining balances after DHHS payment or financial assistance has been applied.

I certify that my child has permission and consent to participate in the above YMCA Program. I further stipulate and agree to protect, indemnify, save, and hold harmless said Cadillac Area YMCA employees and YMCA volunteers against any and all claims arising out of my child’s participation in this YMCA Program. I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the participant named above. I certify that my child is normal and healthy and amenable to discipline. During the camp program, I expect him/her to observe all regulations decided upon for the welfare of all. I also certify that the program participant (my child) has been screened medically and that there are no medical conditions or injuries that preclude his/her participation in this program. I give permission for my child to swim during this program under the supervision of YMCA staff and lifeguards. I give my permission for photos/videos to be taken and used for YMCA public relations purposes. I certify that all information provided above is accurate.

* **Parent/Guardian signature** _____ **Date** _____

YMCA DILLON DAY CAMP -2024

CHILD INFORMATION SHEET

* REQUIRED Information

*Child's full name _____ *Gender: M or F *Date of Birth ____/____/____

*Address _____ *City _____ *State _____ *Zip _____

*Mother: _____ Date of Birth ____/____/____

*Home # _____ Cell or Work # _____

*Father: _____ Date of Birth ____/____/____

*Home # _____ Cell or Work # _____

Email Address _____

Additional persons authorized to pick-up your child and/or contacted in the event of an emergency:

Name: _____ Relation: _____ Phone1: _____ Phone2: _____

Name: _____ Relation: _____ Phone1: _____ Phone2: _____

*Childs shirt size: Youth Sm M Lg XLg Adult Sm M Lg

***Is your child able to swim? YES or NO (please see swimming program notes)**

***Medication** must be in its original container with the child's name on the prescription.

Please list medication and dosage instructions: _____

*** Does your child currently or recently have any allergies, illness, infections, communicable disease, ailments, or other condition?**

*** Is your child in good health? YES or NO (circle one) please note any activity restrictions above.**

*** Please provide a copy of your child's immunization record to the Early Childhood Director.**

*Name of family physician _____ Phone _____

Please provide any other information you feel may put us in a better position to understand your child and his/her needs:

I certify that my child has permission and consent to participate in the above YMCA Program. I further stipulate and agree to protect, indemnify, save, and hold harmless said Cadillac Area YMCA employees and YMCA volunteers against any and all claims arising out of my child's participation in this YMCA Program. I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the participant named above. I certify that my child is normal and healthy and amenable to discipline. During the camp program, I expect him/her to observe all regulations decided upon for the welfare of all. I also certify that the program participant (my child) has been screened medically and that there are no medical conditions or injuries that preclude his/her participation in this program. I give the Cadillac Area YMCA permission to transport my child for offsite field trips as necessary. I give permission for my child to swim during this program under the supervision of YMCA staff and lifeguards. I give my permission for photos/ videos to be taken and used for YMCA public relations purposes. I certify that all information provided above is accurate.

* **Parent/Guardian signature** _____ **Date** _____

CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing Bureau

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

For Provider Use Only:		Date of Admission	Date of Discharge	
Name of Child (Last, First, Middle Initial)				Child's Date of Birth
Address (Number and Street, Building/Apartment Number)			City	State
Zip Code				
Parent/Legal Guardian's Name		Primary Phone ()	Parent/Legal Guardian's Name (Optional)	
Primary Phone ()		Primary Phone ()		
Home Address (if not child's address)		2 nd Phone (if applicable) ()	Home Address (if not child's address)	
2 nd Phone (if applicable) ()		2 nd Phone (if applicable) ()		
City	State	Zip Code	City	State
Zip Code		Zip Code		
Email Address (optional)			Email Address (optional)	
Employer Name		Work Phone ()	Employer Name	
Work Phone ()		Work Phone ()		
Name of Child's Physician or Health Clinic			Physician's or Health Clinic's Phone Number ()	
Hospital Preferred for Emergency Treatment (optional)				
Allergies, Special Needs and/or Special Instructions? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain: (Attach additional sheets, if necessary.)				

CCL-3731 (Rev. 3/17/2022) Previous editions 7-18 & 4-21 may be used

See Reverse Side

Emergency Contact & Release of Child: List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)

1.	()	()
2.	()	()
3.	()	()

Release of Child Only: List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)

1.	()	2.	()
3.	()	4.	()

Parent/Legal Guardian Initials:

_____ I give permission to _ **Cadillac Area YMCA** _____, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical treatment for the above named minor child while in care.

I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.

Signature of Parent or Guardian _____ Date Signed _____

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials
LARA is an equal opportunity employer/program.						AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation Citation.	

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PARENT NOTIFICATION OF THE LICENSING NOTEBOOK

Child Care Organizations Act, 1973 Public Act 116

Michigan Department of Licensing and Regulatory Affairs

All child care centers must maintain a licensing notebook which includes all licensing inspection reports, special investigation reports and all related corrective action plans (CAP). The notebook must include all reports issued and CAPs developed on and after May 27, 2010 until the license is closed.

- This center maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans.
- The notebook will be available to parents for review during regular business hours.
- Licensing inspection and special investigation reports from at least the past two years are available on the Bureau of Community and Health Systems website at www.michigan.gov/michildcare.

I have read the above statement issued by Cadillac Area YMCA Dillon Community Center
Name of Child Care Center

Child(ren)'s Name(s) _____

Parent Name _____

Parent Signature _____ Date _____

LARA is an equal opportunity employer/program.



Dillon Day Camp Payment Information

We have planned on and are expecting each family to fulfill their financial obligation for this program based on the information indicated on the program application and this pre-program invoice.

We thank you for your commitment and the enrollment of _____ into
(Child's Name)
the Y's 2024 Dillon Day Camp program.

We expect to have _____ enrolled for _____ weeks, on these days:
(Child's Name)

Monday Tuesday Wednesday Thursday Friday

The daily fee is: \$28/day Member \$33/day Community Member

YOUR WEEKLY PAYMENT WILL BE \$ _____

- Payment options: EFT or Credit Card only
- Payment method must be on file and payments must be scheduled out for the complete program session.
- Weekly payments are due every Monday of the session start date.

Monthly EFT Authorization: Checking _____ Savings _____

Bank: _____

Act. # _____ Routing # _____

Amount to be withdrew each week \$ _____

CREDIT CARD PAYMENT: Name on Card _____

Card Type: VISA MASTER CARD

Card # Expiration Date ___ / ___

Amount to be charged each week \$ _____

Signature: _____



Family/Child Care Food Agreement

The Cadillac Area YMCA will provide a nutritious monthly meal plan for all Early Childhood program participants. All meals served will follow the CACFP, HEPA and GSRP nutrition guidelines.

Please take note of the following ways nutritious meals and snacks will be provided to your child while in care at the Cadillac Area YMCA.

- The Cadillac Area YMCA will provide breakfast, am and pm snacks for all children enrolled year round.
- Lunch will be catered in by the public school systems food vendor Chartwells, September - June.
- Summer Food Program (SFP) offered by CACFP will be catered in by Chartwells, June - August.
- Special dietary requests due to a medical allergy will be accommodated by the Cadillac Area YMCA and/or Chartwells after the completion of CACFP REQUEST FOR SPECIAL MEALS and/or ACCOMMODATIONS form.
- Parents/Guardians will be responsible for supplementing the meals offered when there is a special dietary needs due to an intolerance. Intolerance still needs to be documented on CACFP REQUEST FOR SPECIAL MEALS and/or Accommodations form.
- **Parent's will ONLY be asked to provide a nut free packed lunch for their child on dates that lunch cannot be catered due to school closings/shut downs, holidays, spring break, etc. All other food/meals will be provided by the Cadillac Area YMCA.**
 - Parents will be notified of these dates via written notification, text, or phone call.
- The Cadillac Area YMCA will provide the following lunch if the parent does not.
 - Wow butter & SF jam sandwich on whole grain bread, fruit, vegetable and milk.

I have read the above statement issued by the Cadillac Area YMCA.

Child(ren)'s Name _____

Parent's Name _____

Parent's Signature _____

Date _____

Rule 400.8330 (2) A written agreement shall be kept on file at the center if the parent has agreed to provide formula, milk, or food. The center shall provide an adequate amount of formula, milk, or food if the parent does not.

Disability Definition: The Americans with Disabilities Act Amendment Act defines a "disability," in part, as a physical or mental impairment that substantially limits a major life activity or major bodily function of an individual. (For additional information on the definition of disability, please refer to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act Amendments Act of 2008). More Information regarding the ADA, which expanded the definition of disability, see the Comparison of ADA and ADA Amendments Act sheet (<http://www.law.georgetown.edu/archiveada/documents/ComparisonofADAandADAA.pdf>).

Nondiscrimination Statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) (http://www.ascr.usda.gov/complaint_filing_cust.html) online, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: 202-690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

Participant Enrollment Form

Instructions:

1. List full name of participant enrolled in care
2. Circle the typical days each participant is in care
3. List times each participant is in care
4. Circle the meals and snacks each participant typically receives while in care
5. Select the ethnicity of each participant using the following codes: H = Hispanic or Latino, N = Not Hispanic or Latino*
6. Select one or more racial designations of each participant using the following codes: A/I = American Indian or Alaskan Native, A = Asian, B = Black or African American, H/PI = Native Hawaiian or Pacific Islander, W = White*
7. Sign and date the form and return to your care center

Participant's First and Last Name	Typical Days in Care (circle all that apply)	List Times in Care	Meals/Snacks Received (circle all that apply)	Ethnicity	Race
	Mon Tues Wed Thu Fri Sat Sun		Breakfast AM Snack Lunch PM Snack Supper Evening Snack		
	Mon Tues Wed Thu Fri Sat Sun		Breakfast AM Snack Lunch PM Snack Supper Evening Snack		
	Mon Tues Wed Thu Fri Sat Sun		Breakfast AM Snack Lunch PM Snack Supper Evening Snack		
	Mon Tues Wed Thu Fri Sat Sun		Breakfast AM Snack Lunch PM Snack Supper Evening Snack		

* This information is voluntary. This will assist us in assuring the Child and Adult Care Food Program is administered in a nondiscriminatory manner.

Adult/Parent/Guardian's Address

Adult/Parent/Guardian's Phone Number

Signature of Adult/Parent/Guardian

Date Signed

This institution is an equal opportunity provider.

Non-Discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) (http://www.ascr.usda.gov/complaint_filing_cust.html) online, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: 202-690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

	Monday	Tuesday	Wednesday	Thursday	Friday
7:00-9:00 AM	Free Play - Board games, crafts, etc.	Free Play - Board games, crafts, etc.	Free Play - Board games, crafts, etc.	Free Play - Board games, crafts, etc.	Free Play - Board games, crafts, etc.
8:00-8:30 AM	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
9:00 AM	Library ? Snack	low movement games - playground, etc.	(Field Trip)	Cooking w/Kids/MSU ? Snack	low movement games - playground, etc.
9:30 AM					
10:00		Snack	Snack (Field Trip)		Snack
10:30	Curriculum Activities STEAM	Arts & Crafts	Curriculum Activities STEAM	Arts & Crafts	Arts & Crafts STEAM
11:00 AM					
11:30 AM	Lunch	Lunch	Lunch	Lunch	Lunch
12:00 PM					
12:30 PM	Free Activity/Quiet Time	Prepare to Swim	Free Activity/Quiet Time (Field Trip)	Prepare to Swim	Free Activity/Quiet Time
1:00 PM	Physical Activity - games or sports in gym or outdoors	Swimming	Physical Activity - games or sports in gym or outdoors (Field Trip)	Swimming	Physical Activity - games or sports in gym or outdoors
1:30 PM					
2:00 PM	Library	Arts & Crafts Steam	Free Play (Field Trip)	Arts & Crafts	Arts & Crafts STEAM
2:30 PM					
3:00 PM		Snack	Snack		Snack
3:30 PM	Snack	Snack			
4:00 - 6:00pm	Free Activity - Board games, playground, etc.	Free Activity - Board games, playground, etc.	Free Activity - Board games, playground, etc.	Free Activity - Board games, playground, etc.	Free Activity - Board games, playground, etc.