



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

January 2020

Dear Camp Koda Parent,

Thank you for choosing the Brandywine Y for your child's preschool camp experience. Please complete and return the enclosed registration forms as soon as possible. Registration is accepted on a first come first serve basis.

**HOW TO REGISTER:**

1. Fill out and return the fact sheet, getting to know you form, swim form, bank draft form, health appraisal form and parent checklist sheet, behavior expectations and procedures, photo, video & audio release, and child protection information forms. Children will not be able to start camp until all required forms, including the health form, are on file.
2. Payments are set up on bank draft using your checking, savings, debit, or credit card accounts. Tuition can be deducted on the 1<sup>st</sup> or the 15<sup>th</sup> of each month. Statement billing is not an option.
3. Registration forms need to be returned to the Member Services Desk of the Y. Registration begins January 31<sup>st</sup>.
4. Camp Counselor requests are not available in our program. We will take a request into consideration, but the camp team and I will decide which classroom will be the best fit for your child.
5. Applications are available for financial assistance at the Member Services Desk of the Y.

The camp staff will contact you by email a few days before the start of camp. This is a great opportunity for staff to introduce themselves, find out more about your child and answer any last minute questions.

In order to provide our camp program to as many members as possible, we would appreciate you letting us know if your plans change and your child will not be attending Camp Koda. If you have questions about the Camp Koda program, please do not hesitate to call me, 478-8591, or e-mail, [boconnor@ymcade.org](mailto:boconnor@ymcade.org). We look forward to seeing you this summer!

Sincerely,

Bridget O'Connor  
Preschool & Family Director



# Brandywine YMCA

## Camp Koda

### 2020

### Camp Koda

A summer camp program for children ages 3 through 5 years held at the Brandywine YMCA, Campers participate in arts and crafts, games, stories, music and fun activities that are age appropriate and centered on a theme. Campers participate in swimming lessons and need to bring a swim suit and towel. Camp Koda is a great opportunity for your child to make new friends and try new things while having summer fun in a safe and caring environment.

#### SUNSHINE BUNCH

1/2 Day Camp 3 days a week (M,W,F)

**AGES:** 3 and 4 year olds (must be 3 by June 1st)

**TIME:** 9 a.m. - 12 noon

\*\*A.M. extended care available 7 - 9 a.m.

\*\*Lunch Bunch available 12 noon - 1 p.m.

**FEES:**

Full Member: \$75/Community \$92

#### KINDER KAPERS

Half Day Camp 5 days a week

**AGES:** 3, 4, 5 year olds (must be 3 by June 1st)

**TIME:** 9 a.m. - 12 noon

**FEES:**

Full Member: \$128/Community \$159

\*\*A.M. extended care available 7 - 9 a.m.

\*\*Lunch Bunch available 12 noon - 1 p.m.

#### LITTLE EXPLORERS

Full day Camp 5 days a week

**AGES:** 4, and 5 years old

**TIME:** 9 a.m. - 4 p.m.

**FEES:**

Full Member: \$222/Community \$274

#### \*\*EXTENDED DAY OPTIONS

**AM care:** 7 - 9 a.m. or **PM care** 4 - 6 p.m.

**AGES:** 3, 4, 5, years

Full Member \$25/week

Community \$50/Week

**\*\*Lunch Bunch:** 12 noon - 1 p.m.

Koda campers only

**AGES:** 3, 4, 5 years

**FEE:** \$5 day

Lunch Bunch Card: \$25 for 6 lunches

Available at the Member Service Desk

**AM & PM Care:** 7 - 9 a.m.; 4 - 6 p.m.

**AGES:** 4, 5 years

Snack will be provided during after care

Full Member \$45/week

Community \$90/Week

#### WEEKLY THEMES

Week 1- June 15-19 Dinosaur Discovery

Week 2- June 22-26 Outer Space;

Week 3- June 29 - July 3 Under the Sea

Water Days

Week 4- July 6-10 Down on the Farm

Week 5-July 13-17 Construction Crew

Week 6- July20 -24 Super Heroes

Week 7- July 27- 31 Color Wars

Week 8- Aug 3 - 7 Earth-Our Only One

Week 9- Aug 10-14 Animal Planet

Week 10-Aug17 -21 Disney Days

Week 11-Aug 24-28 Back to School

**CAMP KODA  
FACT SHEET**

Please complete this sheet and return to the YMCA regarding your child's participation in the Camp Koda program for the 2020 summer.

Child's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Child's Age as of June 1, 2020 \_\_\_\_\_

Home e-mail: \_\_\_\_\_

Mother

Father

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

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

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Business phone: \_\_\_\_\_

Business phone: \_\_\_\_\_

Business e-mail: \_\_\_\_\_

Business e-mail: \_\_\_\_\_

Membership:  Full  Community  Staff

Deposits: Full Day \$40 Half day \$20

Deposits are due at the time of registration and are not refundable but transferable to another camp in 2020.

Camp	Week 1 6/15-19	Week 2 6/22-26	Week 3 6/29-7/3	Week 4 7/6-10	Week 5 7/13-17	Week 6 7/20-24	Week 7 7/27-31	Week 8 8/3-8/7	Week 9 8/10-14	Week 10 8/17-21	Week 11 8/24-28
Sunshine Bunch											
Kinder Kapers											
Little Explorers											
AM Care											
PM Care											
Deposits											

**Emergency Contacts other than parents:**

Emergency Contact #1: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_

Phone: \_\_\_\_\_

Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Medical Problems/Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

PLEASE LIST ADULTS WHO ARE AUTHORIZED TO PICK UP THIS CHILD. PARENTS SHOULD LIST THEMSELVES ON THE LIST.

Name	Relationship to child	Phone 1	Phone 2
Name	Relationship to child	Phone 1	Phone 2
Name	Relationship to child	Phone 1	Phone 2
Name	Relationship to child	Phone 1	Phone 2

PLEASE LIST ANY ADULTS, THAT ARE NOT AUTHORIZED TO PICK UP THIS CHILD

Name	Relationship to child	Phone 1	Phone 2
Name	Relationship to child	Phone 1	Phone 2

**Treatment/ Emergency care/Transportation** – I hereby give permission to the emergency care physician and/or YMCA director to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event, I cannot be reached in an emergency, I hereby give permission to the physician selected by the YMCA supervisor to secure and administer treatment, including hospitalization, for the person named above.

Signature

**Photo/video release** – I give permission for my child to be photographed and/or interviewed for promotional purposes.

Signature

**Screen Time Usage** – I give permission for my child to use computers and view interactive age-appropriate and educational videos. Screen time will be less than 30 minutes.

Signature

**Receipt of Parent Handbook** – I acknowledge that I have received, read and understand the Parent Handbook.

Signature

**Parents Right to Know Notice**

Under the Delaware Code you are entitled to inspect, at any time, the active record and complaint files of any licensed child care facility. To review a child care facility record contact:

Ellen Linen, Adm. Support Specialist I	OR	Dawn Clarke, Adm. Support Specialist I
Office of Child Care Licensing		Office of Child Care Licensing
3411 Silverside Road		821 Silver Lake Blvd, Suite 102
Concord Plaza, Hagley Building		Dover, DE 19904
Wilmington, DE 19810		302-739-5487
302-892-5800		

I acknowledge that I received the notice of a Parents right to Know as part of the application packet of materials from the YMCA of Delaware, Brandywine Branch.

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

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

**Camp Koda  
2020  
Getting to Know You**

In order for us to get to know your child a little better, please fill out and return with your child's registration forms.

Child's nickname: \_\_\_\_\_

Parents/guardian name: \_\_\_\_\_

Who lives in your house? \_\_\_\_\_

Do you or other guardians serve in the military? \_\_\_\_\_ If yes, do you serve in the guard, reserve, or active duty? \_\_\_\_\_

Does your child have any special needs? \_\_\_IFSP \_\_\_IEP or \_\_\_504 (please attach copy)

What language(s) do you speak with your child? \_\_\_\_\_

Do you require information to be translated? \_\_\_\_\_

What holidays do you celebrate? \_\_\_\_\_

How would you describe your child? \_\_\_\_\_

Does your child have any special needs? \_\_\_\_\_

Does your child have any fears? If so, what are they? \_\_\_\_\_

What are your child's favorite activities? \_\_\_\_\_

\_\_\_\_\_

What are your child's least favorite activities? \_\_\_\_\_

\_\_\_\_\_

What do you hope for your child to accomplish over the summer?

\_\_\_\_\_

Is there anything else you would like to share about you, your child, or your family?

\_\_\_\_\_

Do you have any special talents that you would be willing to share with the class?

\_\_\_\_\_

**CAMP KODA  
SWIM FORM**

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

Parent/ Guardian \_\_\_\_\_

Your child may swim if:

1. Age 3 by June 1, 2020 and enrolled in the 3 year program
2. May swim with swim-diapers if not trained.
3. Sign and return this form

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

**Parent Checklist**

Please initial after each item below and return to the Brandywine YMCA:

1. Requests to change your child's schedule must be made in writing to the camp registrar, 302-510-1178 or email [rkapa@ymcade.org](mailto:rkapa@ymcade.org) no later than one week prior to start of camp. \_\_\_\_\_
2. A physical within the last 12 months that includes lead screening and updated immunizations signed by a doctor and parent must be on file before your child starts camp. All children born after March 1, 1995 must be lead tested. \_\_\_\_\_
3. I have received and read the Camp Koda 2020 parent handbook. \_\_\_\_\_

**STATE OF DELAWARE  
DEPARTMENT OF SERVICES FOR CHILDREN,  
YOUTH AND THEIR FAMILIES  
OFFICE OF CHILD CARE LICENSING**

Family Child Care  
Large Family Child Care Home  
Day Care Center

NAME \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

**CHILD HEALTH APPRAISAL**

**SECTION A: TO BE COMPLETED BY PARENT BEFORE PHYSICAL EXAMINATION**

CHECK IF CHILD HAS PROBLEMS WITH ANY OF THE FOLLOWING: GIVE ADDITIONAL COMMENTS BELOW

<input type="checkbox"/> Allergies (food, medicine, bee sting etc.)	<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Fainting	<input type="checkbox"/> Physical Handicap
<input type="checkbox"/> Constipation/Diarrhea	<input type="checkbox"/> Hearing Difficulty	<input type="checkbox"/> Speech Difficulty	<input type="checkbox"/> Behavior Problem
<input type="checkbox"/> Other _____	<input type="checkbox"/> Seizures	<input type="checkbox"/> Vision Difficulty	<input type="checkbox"/> Asthma

Comments: \_\_\_\_\_

ADDITIONAL INFORMATION ABOUT YOUR CHILD (include serious illness, accidents, operations, medications, etc. with dates):  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION B: TO BE COMPLETED BY EXAMINING PHYSICIAN/PEDIATRIC NURSE PRACTITIONER**

CODE: X - Within Normal Limits      O - See Remarks Below

_____ Scalp, Skin	_____ Heart	_____ Vision	_____ Ear, Nose	_____ Lungs
_____ Hearing	_____ Throat	_____ Abdomen	_____ Blood Pressure	_____ Eyes
_____ Genitalia	_____ Teeth	_____ Extremities	_____ Neck, Glands	_____ Nervous System
_____ Height	_____ Weight			

REMARKS AND RECOMMENDATIONS: \_\_\_\_\_  
\_\_\_\_\_

IS CHILD PROGRESSING NORMALLY FOR AGE GROUP? \_\_\_\_\_

DTP/Hib 1 / /	DTP/Hib 2 / /	DTP/Hib 3 / /	DTP/Hib 4 / /	DTaP/Hib 4 / /
DTP/DTaP 1 / DT / /	DTP/DTaP 2 / DT / /	DTP/DTaP 3 / DT / /	DTP/DTaP 4 / DT / /	DTP/DTaP 5 / DT / /
Td 1 / /	Td 2 / /	Td 3 / /		
OPV/IPV 1 / /	OPV/IPV 2 / /	OPV/IPV 3 / /	OPV/IPV 4 / /	TB Screening 12 mo / /
MMR 1 / /	MMR 2 / /	HepB 1 / /	HepB 2 / /	HepB 3 / /
Hib 1 / /	Hib 2 / /	Hib 3 / /	Hib 4 / /	Hep B/Hib 1 / /
Hep B/Hib 2 / /	Hep B/Hib 3 / /	Varicella 1 / /	Varicella 2 / /	Influenza 1 / /
Influenza 2 / /	Pneumococcal Polysaccharide 1 / /	Pneumococcal Polysaccharide 2 / /	Pneumococcal Conjugate 1 / /	Pneumococcal Conjugate 2 / /
Pneumococcal Conjugate 3 / /	Pneumococcal Conjugate 4 / /	Hep A 1 / /	Hep A 2 / /	Lyme Vax 1 / /
Lyme Vax 2 / /	Lyme Vax 3 / /	Other: / /	Lead Screening 12 mo / /	

Examiner's Signature \_\_\_\_\_  M.D.  P.N.P. Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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# CAMP KODA PAYMENT FORM (FILL OUT THE ENTIRE FORM. TOP AND BOTTOM IN FULL)

**DEPOSIT PAYMENT:** All deposits are non-refundable but are transferable to another camp week in 2020. Full day: \$40 Half day: \$20

Enclosed are my camp deposits for \_\_\_\_ weeks totaling \$ \_\_\_\_\_

- Cash \$ \_\_\_\_\_
- Check number # \_\_\_\_\_
- Credit Card - *Please see membership staff at front desk to enter your credit card number*

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

**PAYING SUMMER CAMP BALANCE:** Camp payments will be set up to come out automatically on the 1st and 15th of each month from a checking account, savings account, debit, or credit card. Statement billing is not an option. If the camp is not paid off before the start of each registered week, your camp week will be cancelled.

If you want to start payments early, circle start date: March April May

**PAYMENT METHOD:**

- Checking account - please attach a voided check
- Savings account - please attach statement with routing and account numbers
- Credit Card - *Please see membership staff at front desk to enter your credit card number*

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

**PARENT COPY – for future use**

**CAMP KODA CHANGE FORM (ONE PER CAMPER)**

A change form is necessary for each child attending camp. Changes in your child's camp schedule must be made at least one week in advance and will depend on availability of openings. Confirmations are not sent. Unless notified, all changes have been completed.

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

Deposits are not refundable, but ARE transferable to another camp in 2020 only.

Please make the following change to my child's camp schedule.

Cancel camp week: 1 2 3 4 5 6 7 8 9 10 11

Canceling AM Care only \_\_\_\_ Canceling PM Care only \_\_\_\_

Do you have a deposit to transfer? \_\_yes \_\_no

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

Add: Session # 1 2 3 4 5 6 7 8 9 10 11

Name of Camp adding \_\_\_\_\_

Adding AM Care \_\_\_\_

Adding PM Care \_\_\_\_

If you are not transferring a deposit and are adding an extra week, please include a  
\$40 - full day camp \$20 -half day camp Check \_\_\_\_ Cash \_\_\_\_

Credit Card # \_\_\_\_\_ Exp. date \_\_\_\_\_

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