

## WHAT IS KINDERGARTEN READINESS DAY CAMP??

Kindergarten Readiness Day Camp is a **FREE** program being offered through a collaboration of the Lockport City School District and the YWCA of the Niagara Frontier. The objective of the program is to provide both classroom and day camp programming to kindergarten eligible children in the district which will help prepare them for the upcoming school year.

The program specifics are as follows:

**- YES, KINDERGARTEN READINESS DAY CAMP IS FREE!**

-The program is for Lockport City School District children who are eligible to attend kindergarten in September of 2022.

-Children must be enrolled within the Lockport City School District to be eligible.

- The program will be held at Charles Upson Elementary School, 28 Harding Avenue

-Transportation to and from the program is NOT provided.

-The program will run for six weeks, Monday July 11<sup>th</sup>- Friday August 19<sup>th</sup>. The program will operate Monday –Friday, 8am-5:00pm. The children will attend Kindergarten Readiness Class from 8am-11:30am. Parents will then have the option to transition their child to Kindergarten Readiness Day Camp from 11:30am-5:00pm. Both the class time and day camp time are free!

-Attendance at the Kindergarten Readiness Class portion is mandatory. Attendance at the Day Camp portion is optional and only open to only those children who attend Kindergarten Readiness Class.

-Children will be provided with breakfast, lunch and snack.

- Registration for the program is done through the YWCA of the Niagara Frontier. Applications can be found online at our website: [ywcaniagarafrontier.org](http://ywcaniagarafrontier.org) and are available at our office at 32 Cottage Street. An application can also be emailed to you by calling the YWCA at (716) 433-6714.

-A copy of your child's current physical and immunization records must be submitted with your application.

- All applications must be complete. Incomplete applications will not be eligible for placement within the program.

- For additional information feel free to contact the YWCA at (716) 433-6714

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

**School Attending Fall 2022** \_\_\_\_\_

## **Kindergarten Readiness Registration Checklist**

\_\_\_\_\_ Completed Lockport City School District Kindergarten Registration for Fall of 2022

\_\_\_\_\_ Kindergarten Readiness Enrollment Application

\_\_\_\_\_ Health History Form

\_\_\_\_\_ Most Recent Immunization Records

\_\_\_\_\_ Current Physical (Not older than 1 year)

\_\_\_\_\_ Written Medication Consent (if needed for on site medications)

\_\_\_\_\_ Copy of Medical Treatment Plan (allergies, chronic health issues, asthma)

\_\_\_\_\_ Copy of Behavioral Plan (if in place)

\_\_\_\_\_ Copy of IEP

**\*\*INCOMPLETE REGISTRATIONS WILL NOT BE ELIGIBLE FOR  
PLACEMENT IN THE KINDERGARTEN READINESS DAY CAMP.**

**Eligible applicants will be notified by the YWCA as to their acceptance status.**

**Date application received** \_\_\_\_\_

**Date application was completed** \_\_\_\_\_

\_\_\_\_\_ **complete**

\_\_\_\_\_ **incomplete**

**Lockport School District/YWCA of the NIAGARA FRONTIER  
2022 SUMMER KINDERGARTEN READINESS DAY CAMP  
ENROLLMENT APPLICATION**

**My child will attend the following weeks:**

**WEEK 1 (7/11-7/15)** \_\_\_\_\_

**WEEK 4 (8/1-8/5)** \_\_\_\_\_

**WEEK 2 (7/18-7/22)** \_\_\_\_\_

**WEEK 5 (8/8-8/12)** \_\_\_\_\_

**WEEK 3 (7/25-7/29)** \_\_\_\_\_

**WEEK 6 (8/15-8/19)** \_\_\_\_\_

**My child will attend the following programs:**

**Kindergarten Readiness Class 8:00am-11:30am (mandatory)** \_\_\_\_\_

**Kindergarten Readiness Day Camp 11:30am-5:00pm (optional)** \_\_\_\_\_

Child's Name \_\_\_\_\_ Nick Name \_\_\_\_\_ Age \_\_\_\_\_

Birth Date \_\_\_\_\_ School in Fall 2022 \_\_\_\_\_ Gender  M  F  Other

Home Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Phone Number -Home \_\_\_\_\_

Parent/Guardian's Address \_\_\_\_\_ Phone Number -Cell \_\_\_\_\_

Parent E-mail Address \_\_\_\_\_

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Parent/ Guardian's Name \_\_\_\_\_ Phone Number Home \_\_\_\_\_

Parent/Guardian's Address \_\_\_\_\_ Phone Number Cell \_\_\_\_\_

Parent E-mail Address \_\_\_\_\_

**CAN CHILD BE PICKED UP BY BOTH PARENTS?**  YES  NO

If not, provide written documentation.

Child lives with  both parent's  mother  father  other \_\_\_\_\_

Custody Restrictions? Please elaborate \_\_\_\_\_

Does your child currently have an IEP, behavioral plan or doctor treatment and care plan in place?  YES  NO

If YES, a copy of the plan must be provided.

**Emergency Contact in Case Parents Cannot Be Contacted**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**List All Persons, Other Than Parents Who Have Permission To Pick Up Your Child**

(Must be over the age of 18 years.)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**PARENT ACKNOWLEDGMENT STATEMENT**

- **Medical Release Consent** - In an emergency concerning my child, (i.e. accident or sudden medical problem), I do authorize the YWCA staff/volunteer to be my agent in obtaining emergency medical treatment. I understand that the 911 Emergency team and emergency department staff at Eastern Niagara Hospital/or nearest hospital will be utilized.
- **Photo Release/Consent** - I understand that any photographs taken of me/my children while at the YWCA will be used for public relations purposes and promotions of YWCA programs and services.
- **Acknowledgement of Parent Responsibility** – I understand that I am responsible to notify the YWCA of any changes in writing of my child's normal schedule.
- **Liability Waiver** - We agree to hold the YWCA and the Program staff harmless with regard to any injuries that may be sustained by our child during the operation of this program. Furthermore, we understand that the YWCA is NOT insured against any such contingencies. I give my permission that this disclosure information relating to my child, such as pictures, name and other pertinent information may be used at the discretion of the YWCA staff.
- **I give my child permission** to use the playground on site.
- **I understand that I am to contact** the Summer Kindergarten Readiness Director at 433-6714 if there are any questions about policies.

**I HAVE READ AND UNDERSTAND THE ABOVE POLICIES.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Health History Form**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Child's Primary Care Physician's Name/Group \_\_\_\_\_ Phone #: \_\_\_\_\_  
Preferred Hospital: \_\_\_\_\_ Phone # \_\_\_\_\_  
Child's Dental Care: \_\_\_\_\_ Phone # \_\_\_\_\_

In case of an emergency, and the *YWCA of Niagara* is unable to reach the parent/guardian, the following individual(s) have permission to make decisions regarding the care of my child/me, including permission to pick up my child/me from the YWCA in case of an emergency or dismissal from the *YWCA of the Niagara Frontier*.

Name \_\_\_\_\_ Relationship to child/staff \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone( \_\_\_\_\_ ) \_\_\_\_\_

**HEALTH HISTORY** – Indicate and explain as necessary.

Autism \_\_\_\_\_ Seizures \_\_\_\_\_ **ALLERGIES:**  
Asperger's \_\_\_\_\_ ADD/ADHD \_\_\_\_\_ Bee Sting \_\_\_\_\_ Dairy \_\_\_\_\_  
ODD \_\_\_\_\_ Hearing \_\_\_\_\_ Lactose Intolerant \_\_\_\_\_ Wheat \_\_\_\_\_  
Asthma \_\_\_\_\_ Vision \_\_\_\_\_ Peanut \_\_\_\_\_ Insect Bites \_\_\_\_\_  
Diabetes \_\_\_\_\_ Motor Delays \_\_\_\_\_ Tree Nuts \_\_\_\_\_ Penicillin \_\_\_\_\_

Child has any special needs/services: Early Intervention/Special Education \_\_\_\_\_ Occupational Therapy \_\_\_\_\_ Speech/Language \_\_\_\_\_ Physical Therapy \_\_\_\_\_

Learning Disability \_\_\_\_\_  
Other diseases or details of above \_\_\_\_\_  
Dates of operations or serious injuries/illness \_\_\_\_\_  
Chronic or recurring illness \_\_\_\_\_

**Is the child currently taking any prescribed medications?** \_\_\_\_\_yes \_\_\_\_\_no. Please be sure to consult with your physician about bringing these medications to the YWCA of the Niagara Frontier along with the **MEDICATION CONSENT FORM.**

**ARE YOU COVERED BY ANY HOSPITALIZATION/MEDICAL CARE POLICY?** YES \_\_\_\_\_ NO \_\_\_\_\_

Name of Primary Insurance Company \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_

Policyholder's Name \_\_\_\_\_ Policyholder's Birthdate: \_\_\_\_\_

Policy # (including 3 letters): \_\_\_\_\_ Is policy through employer? \_\_\_\_\_yes \_\_\_\_\_no

**PARENT/GUARDIAN AUTHORIZATION:** To the best of my knowledge, this health history is correct and the designated child/staff may engage in all YWCA activities (except where noted by the examining physician or myself). I authorize the YWCA staff to supervise self-administration of sunscreen products by my child. In an emergency, I authorize the YWCA Day Camp Director to act for me/my child according to her/his best judgement where medical or surgical treatment is required. I accept responsibility for all medical bills resulting from the illness or injury while I/my child is in the care of the YWCA.

Please initial:

- I consent to emergency medical treatment for my child \_\_\_\_\_
- I provided information on my child's special needs to the program to assist in caring for my child \_\_\_\_\_
- I agree to review and update this information whenever a change occurs and at least once every year \_\_\_\_\_
- A current copy of my child's physical and immunization records has been provided to the program. \_\_\_\_\_

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE