



Camp Jorn YMCA

## 2025 CJ Sprouts Req. Forms Packet

For more information regarding Day Camp Registration please call 715-543- 8808 or email Office Manager/Registrar Jenn Davis at [jenn@campjornymca.org](mailto:jenn@campjornymca.org) . Please note that all forms are due by May 16<sup>th</sup>, 2025. Failure to complete your forms by this date may Registration will not be considered complete until all required forms are received.

### CJ SPROUTS CHECK LIST

Camper name: \_\_\_\_\_

Allergies: \_\_\_\_\_

HEALTH HISTORY & EMERGENCY CARE PLAN	
CHILDCARE ENROLLMENT FORM	
DAY CARE IMMUNIZATION RECORD	
TRANSPORTATION PERMISSION FORM IF TAKING AVW SHUTTLE	
BULLYING CONTRACT	
AUTHORIZATION TO ADMINISTER MEDICATION – CHILDCARE CENTERS (ONLY IF YOUR CHILD WILL BE TAKING MEDICATION WHILE AT CAMP)	
SCHOLARSHIP APPLICATION IF APPLYING FOR FINANCIAL AID AND NON-REFUNDABLE \$50 DEPOSIT PER CAMPER	

Please mail complete forms to:

Camp Jorn YMCA

ATTN: JENN DAVIS

13591 Zenner Lane

Manitowish Waters, WI 54545

Fax complete forms to:

608-901-0593

Email complete forms to:

[Jenn@campjornymca.org](mailto:Jenn@campjornymca.org)

## CHILD CARE ENROLLMENT

**Use of form:** Use of this form is mandatory for Family Child Care Centers to comply with DCF 250.04(6)(a)1. Failure to comply may result in issuance of a noncompliance statement. This form may also be used by Group Child Care Centers and Day Camps to comply with DCF 251.04(6)(a)1. and DCF 252.41(4)(a)1. respectively. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

**Instructions:** The parent / guardian shall fill out the form completely, sign it and submit it to the center prior to the child's first day of attendance. Information on this form shall be kept current. When enrolling a child under two years of age, a completed *Intake for Child Under 2 Years* form must also be on file prior to the child's first day of attendance.

### CHILD INFORMATION

Name (Last, First, MI)	Birthdate (mm/dd/yyyy)	First Day of Attendance
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**PARENT OR GUARDIAN** – All parents / guardians are permitted to visit during center hours and are allowed to pick up the child unless access is prohibited or restricted by a court order. Attach court order, if any. If the child resides at multiple locations, the department recommends the provider obtain and attach a schedule.

a. Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care
-----------------------------------	-----------------------	--

Home Address (Street, City, State, Zip)	Does child reside at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No	Place of Employment and Work Phone No.
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b. Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care
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Home Address (Street, City, State, Zip)	Does child reside at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No	Place of Employment and Work Phone No.
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**AUTHORIZED PERSONS** – Persons other than parents / guardians who are authorized to pick up the child or accept the child if dropped off. If no one, write "None."

a. Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care	Place of Employment and Work Phone No.
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b. Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care	Place of Employment and Work Phone No.
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**EMERGENCY CONTACT** – The person to be notified in an emergency when parents / guardians cannot be reached.

☐ Yes ☐ No This person is authorized to pick up the child.

Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care	Place of Employment and Work Phone No.
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### PHYSICIAN OR MEDICAL FACILITY

Name	Address (Street, City, State, Zip Code)	Telephone Number
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### AUTHORIZATIONS

- ☐ Yes ☐ No I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.
- ☐ Yes ☐ No I have had an opportunity to review the policies of this child care center and a summary of the Wisconsin Rules for Licensing Child Care Centers.
- ☐ Yes ☐ No I give permission for my child to participate in ☐ Transported ☐ Walking field trips and other activities during operating hours.
- ☐ Yes ☐ No I have been informed of the number of pets in the center and their degree of contact with the enrolled children. Note: If pets are added after a child is enrolled, parents shall be notified in writing prior to the pet's addition to the center.

<b>SIGNATURE</b> – Parent or Guardian	Date Signed
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## **Camp Jorn YMCA Immunization Policy**

Each year, the American Academy of Pediatrics and the Canadian Pediatric Society publishes a "Recommended Childhood and Adolescent Immunization Schedule." Practicing pediatricians across North America recognize these schedules as the standard of care regarding childhood & adolescent vaccinations. Concurrently, the US Centers for Disease Control & Prevention (CDC) annually publish vaccine standards for adults.

Among our 3 pillars of the YMCA values is the imperative healthy living and social responsibility. We embrace this value specifically by taking preventive measures to protect the public health of our camp community as a whole. Therefore, **Camp Jorn YMCA is requiring that all campers and staff attending camp be immunized as outlined below.**

While parents may choose to defer the vaccination of their children, for Camp Jorn YMCA this is not an issue of individual rights and choice, but an issue of public health and policy. The routine vaccination of all campers and staff is an important public health matter especially in the confined environment of a residential summer camp with round-the-clock communal living where illnesses spread much more easily.

Policy: All those who are attending Camp Jorn YMCA programs are required to have age appropriate vaccines as recommended by the American Academy of Pediatrics (AAP), and the Center for Disease Control (CDC), with the exceptions noted.

- DTaP, DT, Td, or Tdap (Diphtheria, Tetanus and Pertussis)
- Tdap vaccine is now required for children over age 11, booster every 10 years
- IPV (Poliovirus)
- Hib (Haemophilus influenza type b bacteria)
- PCV 13 (Pneumococcal) vaccine
- Hepatitis B
- MMR (Measles, Mumps, Rubella) or serologic evidence of immunity. Adults born before 1957 are assumed to be immune to measles
- Varicella vaccine (Varivax – for Chicken Pox), or serologic or historical evidence of immunity
- Menactra (Meningococcal disease / Meningitis) – required for those age 11 and older

**Policy Exceptions:** We recognize that individuals who have had a documented allergy or severe adverse reaction to a particular vaccine may not be able to complete the immunization schedule outlined above. Additionally, individuals with medical conditions such as congenital immunodeficiency or HIV, cancer and who are receiving chemotherapy, transplant patients, and persons receiving immunosuppressive drugs and chronic steroids also may not be able to receive certain vaccines. In these extremely rare circumstances, current documentation from a Physician (MD or DO), or a Pediatric/Family Practice Advanced Practice Nurse (ARNP or PNP), describing the reason for exemption from immunization must be furnished to Camp Jörn YMCA. We are happy to discuss case by case management of the extremely rare circumstance of medical contraindication to partial or complete vaccination.

This policy will be enforced in accordance with all applicable local, state, and federal laws. In no way should this policy be interpreted to violate the laws of the State of Wisconsin or regulations affecting licensed Residential/Day Camps within the state.

## DEPARTMENT OF HEALTH SERVICES

Division of Public Health  
F-44192 (Rev. 09/08)

## STATE OF WISCONSIN

ss. 252.04, Wis. Stats.

## DAY CARE IMMUNIZATION RECORD

COMPLETE AND RETURN TO DAY CARE CENTER. State law requires all children in day care centers to present evidence of immunization against certain diseases within **30 school days (6 calendar weeks) of admission to the day care center**. These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the day care center. See "Waivers" below. If you have any questions on immunizations or how to complete this form, please contact your child's day care provider or your local health department.

## PERSONAL DATA

## PLEASE PRINT

STEP 1	Child's Name (Last, First, Middle Initial)	Date of Birth (Month/Day/Year)	Area Code/Telephone Number
	Name of Parent/Guardian/Legal Custodian (Last, First, Middle Initial)	Address (Street, Apartment number, City, State, Zip)	

## IMMUNIZATION HISTORY

STEP 2	List the MONTH, DAY AND YEAR the child received each of the following immunizations. DO NOT USE A (4) OR (X) except to indicate whether the child has had chickenpox. If you do not have an immunization record for this child, contact your doctor or local public health department to obtain the records.					
	TYPE OF VACCINE	First Dose Month/Day/Year	Second Dose Month/Day/Year	Third Dose Month/Day/Year	Fourth Dose Month/Day/Year	Fifth Dose Month/Day/Year
	Diphtheria-Tetanus-Pertussis (Specify DTP, DTaP, or DT)					
	Polio					
	Hib (Haemophilus <i>Influenzae</i> Type B)					
	Pneumococcal Conjugate Vaccine (PCV)					
	Hepatitis B					
	Measles-Mumps-Rubella (MMR)					
	Varicella (chickenpox) vaccine Vaccine is required only if the child has not had chickenpox disease.					
	<b>Has the child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known.</b> <input type="checkbox"/> Yes year _____ (Vaccine is not required) <input type="checkbox"/> No or Unsure (Vaccine is required)					

## REQUIREMENTS

STEP 3	The following are the minimum <b>required</b> immunizations for the child's age/grade at entry. All children within the range must meet these requirements at day care entrance. Children who reach a new age/grade level while attending this day care must have their records updated with dates of additional required doses.							
	AGE LEVELS	NUMBER OF DOSES						
	5 months through 15 months	2 DTP/DTaP/DT	2 Polio	2 Hib	2 PCV	2 Hep B		
	16 months through 23 months	3 DTP/DTaP/DT	2 Polio	3 Hib <sup>1</sup>	3 PCV <sup>2</sup>	2 Hep B	1 MMR <sup>3</sup>	
	2 years through 4 years	4 DTP/DTaP/DT	3 Polio	3 Hib <sup>1</sup>	3 PCV <sup>2</sup>	3 Hep B	1 MMR <sup>3</sup>	1 Varicella
	At Kindergarten entrance	4 DTP/DTaP/DT <sup>4</sup>	4 Polio			3 Hep B	2 MMR <sup>3</sup>	2 Varicella
<sup>1</sup> If the child began the Hib series at 12-14 months of age, only 2 doses are required. If the child received one dose of Hib at 15 months of age or after, no additional doses are required. Minimum of one dose must be received after 12 months of age (Note: a dose 4 days or less before the first birthday is also acceptable). <sup>2</sup> If the child began the PCV series at 12-23 months of age, only 2 doses are required. If the child received the first dose of PCV at 24 months of age or after, no additional doses are required. <sup>3</sup> MMR vaccine must have been received on or after the first birthday (Note: a dose 4 days or less before the 1 <sup>st</sup> birthday is also acceptable). <sup>4</sup> Children entering kindergarten must have received one dose after the 4 <sup>th</sup> birthday (either the 3 <sup>rd</sup> , 4 <sup>th</sup> or 5 <sup>th</sup> ) to be compliant (Note: a dose 4 days or less before the 4 <sup>th</sup> birthday is also acceptable).								

## COMPLIANCE DATA AND WAIVERS

STEP 4	<b>IF THE CHILD MEETS ALL REQUIREMENTS (sign at STEP 5 and return this form to the day care center), OR</b>	
	IF THE CHILD <b>DOES NOT</b> MEET ALL REQUIREMENTS (check the appropriate box below, sign and return this form to day care center).	
	<input type="checkbox"/> Although the child has not received all required doses of vaccine for his or her age group, at least the first dose of each vaccine has been received. I understand that it is my responsibility to obtain the remaining required doses of vaccines for this child <b>WITHIN ONE YEAR</b> and to notify the day care center in writing as each dose is received.	
	<b>NOTE: Failure to stay on schedule or report immunizations to the day care center may result in court action against the parents and a fine of up to \$25.00 per day of violation.</b>	
	For health reasons this child should not receive the following immunizations _____ (List in STEP 2 any immunizations already received) <input type="checkbox"/> _____ Physician's Signature Required _____ For religious reasons this child should not be immunized. (List in STEP 2 any immunizations already received) <input type="checkbox"/> _____ For personal conviction reasons this child should not be immunized. (List in STEP 2 any immunizations already received): <input type="checkbox"/> _____	

## SIGNATURE

STEP 5	To the best of my knowledge this form is complete and accurate.	
	SIGNATURE - Parent, Guardian or Legal Custodian	Date Signed

## HEALTH HISTORY AND EMERGENCY CARE PLAN

**Use of form:** This form is required for family and group child care centers and day camps to comply with DCF 250.04(6)(a)1. and 250.07(6)(L)5., DCF 251.04(6)(a)6. and 251.07(6)(k)5., and DCF 252.44(6)(g) of the Wisconsin Administrative Codes. Failure to comply may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

**Instructions:** The parent / guardian should complete this form for placement in the child's file prior to the child's first day of attendance. Information contained on the form shall be shared with any person caring for the child. The department recommends that parents / guardians and center staff periodically review and update the information provided on this form.

### CHILD INFORMATION

Name (Last, First, MI)	Address – Home (Street, City, State, Zip Code)	
Telephone Number	Birthdate (mm/dd/yyyy)	Date – First Day of Attendance (mm/dd/yyyy)

### PARENT / GUARDIAN INFORMATION Provide information where the parent(s) / guardian(s) may be reached while the child is in care.

Name	Telephone Number – Home	Telephone Number – Work	Telephone Number – Cellular
Name	Telephone Number – Home	Telephone Number – Work	Telephone Number – Cellular

### PHYSICIAN / MEDICAL FACILITY INFORMATION

Name – Physician	Address – Medical Facility	Telephone Number
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**SUNSCREEN / INSECT REPELLENT AUTHORIZATION** If provided by the parent, the sunscreen or insect repellent shall be labeled with the child's name. Per DCF 251.07(6)(f)2., authorizations shall be reviewed every 6 months and updated as necessary. Per DCF 250.07(6)(f)2.a., Authorizations shall be reviewed periodically and updated as necessary.

<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply sunscreen to my child.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply sunscreen.		
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply repellent to my child.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply repellent.		

### HEALTH HISTORY AND EMERGENCY CARE PLAN If available, attach any health care plan information from the child's physician, therapist, etc.

1. Check any special medical condition that your child may have.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> No specific medical condition                        | <input type="checkbox"/> Diabetes                    | <input type="checkbox"/> Gastrointestinal or feeding concerns including special diet and supplements |
| <input type="checkbox"/> Asthma   | <input type="checkbox"/> Epilepsy / seizure disorder | <input type="checkbox"/> Any disorder including Cognitively Disabled, LD, ADD, ADHD, or Autism       |
| <input type="checkbox"/> Cerebral palsy / motor disorder                      |  |  |
| <input type="checkbox"/> Other condition(s) requiring special care – Specify. |  |  |

- ☐ Milk allergy. If a child is allergic to milk, attach a statement from the medical professional indicating the acceptable alternative.
- ☐ Food allergies – Specify food(s).
- ☐ Non-food allergies – Specify.

2. Triggers that may cause problems –Specify.

3. Signs or symptoms to watch for – Specify.

4. Steps the child care provider should follow. If prescription or non-prescription medications are necessary, a copy of the form *Authorization to Administer Medication* should be attached to this form. Note: group child care centers and day camps may use their own form.

5. Identify any child care staff to whom you have given specialized training / instructions to help treat symptoms.

a.

b.

c.

6. When to call parents regarding symptoms or failure to respond to treatment.

7. When to consider that the condition requires emergency medical care or reassessment.

8. Additional information that may be helpful to the child care provider.

**SIGNATURE** – Parent or Guardian

Date Signed (mm/dd/yyyy)

**Review dates:** \_\_\_\_\_

## Transportation Permission – Child Care Centers

**Use of form:** Use of this form is voluntary. However, completion of this form will help ensure compliance with portions of DCF 250.08, DCF 251.08 and DCF 252.09 of the Wisconsin Administrative Codes regarding regularly scheduled, center-provided / center-contracted transportation of children in care to and from the center. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

**Instructions:** The parent / guardian should complete this form for placement in the child's file at the center and update the information as needed. The center shall maintain the completed form in the child's file for the duration of the child's enrollment. Note: A copy of this form shall be carried in the vehicle when transporting the child. If the child has special health care needs, also include a copy of CFS-2345, Health History – Child Care Centers.

### A. CHILD INFORMATION

Name	Address – Home (Street, City, State, Zip Code)
<input type="checkbox"/> Yes <input type="checkbox"/> No Does the child have any special health care needs? If "Yes", attach the department form, "Health History – Child Care Centers."	

### B. PARENT / GUARDIAN INFORMATION Provide information where the parent / guardian may be reached while the child is in care.

1. Name	Telephone Number – Home	Telephone Number – Work	Telephone Number – Cellular
Address (Street, City, State, Zip Code)			
2. Name	Telephone Number – Home	Telephone Number – Work	Telephone Number – Cellular
Address (Street, City, State, Zip Code)			

### C. EMERGENCY CONTACT INFORMATION Provide information on the person to contact if the parent / guardian cannot be reached.

Name	Address (Street, City, State, Zip)	Telephone Number
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### D. AUTHORIZED DESTINATIONS / PERSONS INFORMATION

Address Child Transported From (Street, City)	Address Child Transported To (Street, City)	Person Authorized to Receive Child
1.		
2.		
3.		
4.		

Procedure to follow when parent / guardian or authorized adult is not at destination to receive child – Specify.

### E. CHILD'S HEALTH CARE PROVIDER INFORMATION

Name – Physician	Address (Street, City, State, Zip Code)	Telephone Number
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### F. AUTHORIZATION

1. <input type="checkbox"/> Yes <input type="checkbox"/> No I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.	
2. <input type="checkbox"/> Yes <input type="checkbox"/> No I hereby give permission for my school-aged child to enter a building unescorted.	
<b>SIGNATURE</b> – Parent / Guardian	Date Signed



## **AUTHORIZATION TO ADMINISTER MEDICATION – CHILD CARE CENTERS INSTRUCTIONS FOR USE**

**Use of form:** This form is mandatory for family child care centers to comply with DCF 250.07(6)(f)1.a. Failure to comply may result in issuance of a noncompliance statement. This form is voluntary for group child care centers, day camps and certified providers; however, completion of this form meets the requirements of DCF 251.07(6)(f)1.a., DCF 252.44(6)(e)1.a. and DCF 202.08(4)(f) and 202.09(5)(c)., Wis. Admin. Codes. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

**Instructions:** When a parent is requesting that the provider administer prescription or non-prescription medication to a child in care, this form shall be completed and signed by the parent or guardian before any medication is administered. A separate form shall be used for each medication. Place the form in child's file when medication is no longer required / authorized. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

### **CERTIFIED CHILD CARE CENTERS:**

This form is voluntary for certified providers; however, completion of Page 1 *Medication Information and Authorization* and Page 2 *Documentation of Medication Administration – Certified Child Care Providers* meets the requirements of DCF 202.08(4)(f) and 202.09(5)(c)., Wis. Admin. Codes.

Have the child's parent or guardian complete and sign Page 1 *Medication Information and Authorization*. Record administration of the authorized medication in the spaces provided on Page 2 *Documentation of Medication Administration – Certified Child Care Providers*. Lines should not be skipped.

### **LICENSED FAMILY CHILD CARE CENTERS:**

Page 1 *Medication Information and Authorization* is mandatory for family child care centers to comply with DCF 250.07(6)(f)1.a. Failure to comply may result in issuance of a noncompliance statement.

Have the child's parent or guardian complete and sign Page 1 *Medication Information and Authorization*.

Page 2 *Documentation of Medication Administration – Certified Child Care Providers*, is only for use by certified child care providers. It is not used by Family Child Care Centers because medication administration must be documented in the center medical log book on the day that the medication is administered.

Log the dates and times medication was administered in the center medical log book. Blanket authorizations that exceed the length of time specified on the label are prohibited; no medication intended for use by a child in the care of the center may be kept at the center without a current medication administration authorization from the parent. For more information, see the document *Directions for Use of Center Medication & Injury Log or Logs* available from the Child Care Information Center website as part of the Appendix J Resource List.

### **LICENSED GROUP CHILD CARE AND DAY CAMPS:**

Page 1 *Medication Information and Authorization* is voluntary for group child care centers and day camps; however, completion of this form meets the requirements of DCF 251.07(6)(f)1.a. and DCF 252.44(6)(e)1.a., Wis. Admin. Codes.

Have the child's parent or guardian complete and sign Page 1 *Medication Information and Authorization*.

Page 2 *Documentation of Medication Administration – Certified Child Care Providers*, is only for use by certified child care providers. It is not used by Group Child Care Centers because medication administration must be documented in the center medical log book on the day that the medication is administered.

Log the dates and times medication was administered in the center medical log book. Blanket authorizations that exceed the length of time specified on the label are prohibited; no medication intended for use by a child in the care of the center may be kept at the center without a current medication administration authorization from the parent. For more information, see the document *Directions for Use of Center Medication & Injury Log or Logs* available from the Child Care Information Center website as part of the Appendix J Resource List.

**AUTHORIZATION TO ADMINISTER MEDICATION – CHILD CARE CENTERS**  
**MEDICATION INFORMATION AND AUTHORIZATION**

**A. FACILITY AND CHILD INFORMATION**

Name – Child Care Center

Name – Child

Birthdate (mm/dd/yyyy)

**B. MEDICATION INFORMATION:** Medication shall be in the original container and labeled with the child's name. The label shall include dosage and directions for administration.

Name – Medication	Dosage	Time(s) of Day to be Administered	How to be Administered	Dates – Medication Time Period	
				From	To
		<input type="checkbox"/> AM <input type="checkbox"/> PM			
		<input type="checkbox"/> AM <input type="checkbox"/> PM			
		<input type="checkbox"/> AM <input type="checkbox"/> PM			
		<input type="checkbox"/> AM <input type="checkbox"/> PM			

☐ Yes ☐ No **Does the over-the-counter (OTC) medication label indicate the child's physician should be consulted?** If "Yes" I have consulted with my child's physician, and I am authorizing a dosage consistent with the physician's recommendation.

Name – OTC Medication

Parent Initials

Additional information / special instructions / contraindications – Specify.

**C. AUTHORIZATION**

I hereby authorize administration of the above medication to my child by staff of the child care center listed above.

**SIGNATURE** – Parent or Guardian

Date Signed

**AUTHORIZATION TO ADMINISTER MEDICATION – CHILD CARE CENTERS  
DOCUMENTATION OF MEDICATION ADMINISTRATION – CERTIFIED CHILD CARE PROVIDERS**

**Instructions:** This section is to be completed only by **certified child care providers** to document the actual administration of the medication. Lines should not be skipped.

	Date Administered	Time Administered	Dosage	Signature / Initials of Person Who Administered the Medication
1.				
2.				
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## **A LETTER FROM OUR CEO**

Dear Camp Jorn Family and Friends,

Thank you for considering a Camp Nonexperience! Together at Camp Jorn YMCA, we make a positive difference for our community through our childcare, day camp and resident camp programs. We are committed to making each one of these programs accessible to all who would like to participate.

Camp Jorn counts on the generosity of our alumni, fellow community members and volunteers to raise funds to help us keep our fees affordable! We know sometimes, families do need extra help, and we plan for that as well.

Our Y provides quality, affordable childcare to more than 25 children, giving them a safe and enriching start to learning while mom and dad are at work. We provide a safe environment for children to learn, grow and develop social-emotional, cognitive, and physical skills, so that parents can go to work knowing your kids are with trained professionals who care about their development and well-being.

Through our summer day and resident camps, we also provide a fun and safe community for children and teens to explore new environments, build confidence through accomplishments, make lasting friends and memories, so they can grow as individuals and leaders.

We hope that you join us and if needed, please use the funds that we have raised, to help to make these life-changing experiences affordable. We are committed to making sure each person and family feels welcome and supported!

Warmly,  
Katy Bost  
CEO

## **CAMP JORN YMCA SCHOLARSHIP GUIDELINES AND APPLICATION**

Camper scholarships are available to assist families who need financial help. A scholarship provides funding for camp fees for campers with a proven need.

Camp Jorn YMCA is committed to making our camping experience available and affordable to all children and families without regard to sex, ethnic origin, religious affiliation, or socio-economic level. Scholarship dollars are received through many sources. We are grateful for the generosity of all our sponsors.

### **GUIDELINES:**

For **Res Camp**, scholarships range between 10 & 50% of the base rate of one session only. For **Day Camp & CJ Sprouts** scholarships are assessed for the duration of care up to 30% off the base rate. Busing may also be covered by scholarships.

- Please submit this application with a registration form, along with the nonrefundable \$50 deposit.
- Please make sure to complete all sections.
- Confidentiality will always be maintained.
- Upon receipt of both forms, your application will be reviewed, and you **will** be notified of your allocation via phone or email.
- It is the responsibility of the parent/guardian to pay all costs in excess of the benefits available from the scholarship before the session starts.
- If you have any questions or concerns, please contact the camp office at 715-543-8808 or [Jenn@campjornymca.org](mailto:Jenn@campjornymca.org)
- We do require parents to assist their camper in writing a thank you letter to our sponsors upon return from camp. A few lines of how they enjoyed camp, what activities they did and what it means to them will be greatly appreciated. The letters are forwarded to the sponsors.

Please be aware that your Scholarship Application cannot be reviewed until you have submitted a Camp Application along with a non-refundable deposit of \$50 for each camper. This deposit will be processed at the time you submit your application.

# Camp Jorn YMCA Scholarship 2025 Application

(Only one form per family is needed)

Campers Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(Last Name, First Name)

List Additional Siblings: \_\_\_\_\_

List Additional Siblings: \_\_\_\_\_

(Please mark an asterisk\* by any sibling planning on attending camp)

Parent/Guarding Applying: \_\_\_\_\_

(Last Name, First Name)

Email Address: \_\_\_\_\_

Spouse/Partners Name: \_\_\_\_\_ I

am applying for: ☐ Child Care ☐ Day Camp ☐ Resident Camp

ESTIMATED 2024 FAMILY INCOME (Check One)  
(Include a/J unearned Income. Examples: SSDI,  
SSP, Foodstamps Child support, student loans, WIC,  
Pensions, TANF, Soc. Sec, Unemployment)

<input type="checkbox"/>	\$0-\$14,999
<input type="checkbox"/>	\$15,000 - \$19,999
<input type="checkbox"/>	\$20,000 - \$29,999
<input type="checkbox"/>	\$30,000 - \$39,999
<input type="checkbox"/>	\$40,000 - \$49,999
<input type="checkbox"/>	\$50,000 - \$69,999
<input type="checkbox"/>	\$70,000 +

Financial Statement:

Last year's gross family income before taxes: \_\_\_\_\_

What is your family's monthly income? \_\_\_\_\_

What is your family's total monthly expenses? \_\_\_\_\_

Is your camper a participant in their schools free or reduced lunch  
program? ☐ Yes ☐ No

If you selected YES, please attach copy of lunch letter.

Proof of your current financial situation- Please check all items that you  
are supplying. You must include copies for your application to be  
processed. Please provide one item from the list below to prove  
income:

☐ Copy of your 2024 Federal Tax Form ☐ Two recent paystubs

☐ Copy of Medicaid Card (front & back copy) ☐ Copy of free/reduced  
lunch letter

☐ Other: Please describe: \_\_\_\_\_

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

**Have you ever received a Camp Jorn YMCA scholarship previously?**

☐ Yes ☐ No

**If yes, in what years? How did you hear about your scholarship program?**

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**Please list all financial circumstances that you would like to have considered as a basis for awarding this scholarship:**

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**Is there anything else you would like us to know?**

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**\*\*\*\*Attach pages or write on back if you need more space to write your answers.**

**Estimate amount that you can contribute.**

**I can contribute approximately \$ \_\_\_\_\_ towards my capers total balance. (Please do not leave this blank. We need to know how much you can afford to contribute.)**

**VERIFICATION STATEMENT: I certify that all information provided to Camp Jorn YMCA on this camper scholarship application is true. I understand that providing false information will make me ineligible for participation in Camp Jorn YMCA programs at a reduced fee. The YMCA reserves the right to refuse assistance to any applicant.**

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**Signature of parent/guardian**

**Date**

## **Camp Jorn YMCA Bullying Contract**

Dear Day Camp Participants,

Please read the anti-bullying contract below and **review it with your child**. This form **MUST** be signed by each participant's parent/guardian and returned to the director. **We take bullying very seriously at Camp Jorn and will not tolerate bully-like behavior. Thanks for your support.**

Camp staff is trained in behavior management techniques, including positive guidance, redirection, and the setting of clear limits and expectations. Our intent is for your camper to have a very positive experience at camp. With your support, we will ensure that everyone has a great summer. Behavior that disrupts programming, endangers self or others, disrespects property or individuals, or requires repeated one-to-one attention may result in the camper being suspended and/or expelled from Camp Jorn. Any disciplinary action taken will relate directly to the child's action, not personality and will be handled in a timely manner. No physical punishment, humiliation, scare tactics, or controlling measures will be used by our staff.

### **Discipline Policy:**

- Every Camp Jorn participant shall be responsible for conducting themselves in such a way as to follow the Y's core values of RESPECT, RESPONSIBILITY, CARING, and HONESTY. All while respecting the rights of others and assisting in the creation of a bully-free environment.

### **Definition of Bullying:**

#### **Physical Bullying:**

- Hitting, kicking, punching someone, or any unwanted physical contact OR threatening to do so
- Stealing, hiding, or destruction of other's property
- Making someone do things they do not want to do

#### **Verbal Bullying:**

- Name calling or use of demeaning words
- Teasing/Taunting
- Insulting of any kind, including but not limited to: discrimination, racial slurs, abusive or offensive remarks, slander (i.e., regarding weight, appearance, race, gender, homophobia, etc.)

#### **Relationship Bullying:**

- Refusing to talk to someone
- Intentionally excluding others
- Spreading lies/rumors

Bullying means any intentional electronic, written, verbal, or physical act directed at a child or group of children. This act of bullying is severe, persistent and pervasive or is enough to make someone feel uncomfortable at any time. This behavior is such that it affects any of the following:

- Substantially interferes with a child enjoying the full benefit of the program, including



affecting a child's confidence or insecurities or causing undue stress, anxiety, fear, etc.

- Creates a threatening or unsafe environment
- Disrupts the operation of a program or the Y facility.

**If a child exhibits one or more of these behaviors, the following consequences may occur:**

- Verbal warning given to child and parents/guardians.
- Behavior Report filled out that must be signed by parent/guardian
- After receiving three written reports, or anytime a behavior infraction is deemed severe enough, the child may be suspended from the program for one day up to the remainder of that session
- Permanent removal from the program can occur for severe infractions, or continued infractions without improvement. After a previous suspension there is a no tolerance policy evoked, and will call for removal for the remainder of the summer

I HAVE READ AND DISCUSSED THE DISCIPLINE/ANTI BULLYING CONTRACT

WITH MY CHILD PARENT/GUARDIAN SIGNATURE & DATE: \_\_\_\_\_

CHILD'S SIGNATURE & DATE: \_\_\_\_\_