



Held at our **East Side Branch**, the Camp Ulbrich Distance Learning Co-Op for Middle School runs from **7:00AM-6:00PM** and is open to all students in **grades 6-8**. Your child will enjoy fun-filled days that include small group activities, supervised distance learning, active play & the magic of Camp Ulbrich.

### Co-Op FAQ

We know that you probably have questions about the changes that have been implemented due to the Coronavirus pandemic. **Financial assistance is available and we accept Care4Kids**. For more information, contact Tammi Mastroianni at [tmastroianni@wallingfordymca.org](mailto:tmastroianni@wallingfordymca.org). If you have additional questions that are not answered here, please contact Eric Skinner at [eskinner@wallingfordymca.org](mailto:eskinner@wallingfordymca.org).

### WHAT SHOULD MY CHILD BRING WITH THEM?

Each day, your child should bring snacks & a **non-perishable** lunch, water bottle, a book to read, and their school-issued Chromebook & a pair of headphones for distance learning. Groups may swim, so make sure to pack a bathing suit and towel as well. Lunches must be self-contained and kept in each student's bag and will NOT be refrigerated or heated up. They should NOT bring any toys or electronics other than their Chromebook.

### HOW WILL YOU KEEP CAMPERS SAFE?

Children & staff must wear masks and will be washing or sanitizing their hands before & after each period. Groups will have a maximum of 16 children to maintain OEC guidelines and staff are trained in our enhanced cleaning procedures. Each group will have their own designated "Homebase" where their stuff will stay and they will eat lunch. Students will be pre-sorted in groups separated by grade and school to the best of our ability. As a result of this, there will be **no drop ins allowed**. Parents will NOT be allowed in the building for drop off & pick up. Staff will escort children to their groups in the morning and to their parents in the afternoon. **If your child or anyone in your household has been asked to quarantine, isolate, has COVID-like symptoms or is waiting on COVID-19 test results, your child CANNOT attend program.** If your child is not permitted into the program for these reasons, you will be credited for that day of care.

### HOW WILL YOU MAINTAIN NEW CLEANING PROCEDURES?

We will be abiding by all CDC guidelines as related to cleaning and sanitizing spaces & equipment. Staff will be on hand to clean each area after group use. All high touch surfaces including doorknobs & program equipment will be wiped down multiple times per day. Drinking fountains are shut off and water bottles will be refilled by staff at designated sinks.

### HOW WILL MY CHILD DISTANCE LEARN?

Children will have access to their Chromebooks during their scheduled distance learning time. Our staff will be there to help with any work and questions that they have. Students will need to have their fully-charged Chromebooks and a pair of headphones brought with them each day.

Completed forms should be emailed to [tmastroianni@wallingfordymca.org](mailto:tmastroianni@wallingfordymca.org). Registration will be accepted up to 24 hours before the chosen date. Fees will be drafted weekly on the Friday before that week of care. Draft modifications or program cancellations must be received 48 hours before the draft date. The Co-Op needs a minimum number of participants to run. If this number is not reached, the program will be cancelled and you will be refunded.

STUDENT	NAME		BIRTHDAY	AGE	<input type="checkbox"/> M <input type="checkbox"/> F
	ADDRESS			CITY/ST/ZIP	
	SCHOOL	GRADE	TEACHER		
	<input type="checkbox"/> I give the Wallingford Family YMCA permission to access my child's Google Classroom account for Virtual Learning purposes.				
FAMILY DATA	<input type="checkbox"/> <b>FULL TIME (4/5 DAYS)</b> Members: \$250 (\$50/day) Program Members: \$325 (\$65/day)		<b>PAYMENT OPTIONS</b> <input type="checkbox"/> <b>AUTOMATIC DRAFT</b> You will be drafted the <b>FRIDAY</b> before each week. <input type="checkbox"/> Use account on file: Last 4 Digits of Card/Account: _____ Signature: _____		
	<input type="checkbox"/> <b>PART TIME (3 DAYS)</b> Members: \$180 (\$60/day) Program Members: \$255 (\$85/day)		<input type="checkbox"/> <b>BILL ME</b> Payment is due the <b>WEDNESDAY</b> before each week.		
	Days Attending <b>M T W R F</b> Prices are WEEKLY and are adjusted for school holidays. <b>ELMS participants receive a 20% discount.</b>				
MEDICAL	<b>DOES YOUR CHILD HAVE ANY ALLERGIES, DRUG SENSITIVITIES, MEDICAL CONDITIONS OR MEDICATIONS?</b>				
	If your child has an inhaler, is it a rescue inhaler that may need to be used at camp? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>PLEASE NOTE: If your child has any medication that may be needed during the day (i.e. Epi-Pen, inhaler), you MUST submit an "Authorization to Administer Medication" form and bring the medication to camp on your child's first day</b>				
	PHYSICIAN NAME		PHYSICIAN PHONE		
	<input type="checkbox"/> My child is enrolled in the ELMS program <input type="checkbox"/> My child came to Camp Ulbrich in 2020 and has a physical on file <input type="checkbox"/> I will provide a copy of my child's latest physical at registration		<b>All paperwork must be on file before child can attend.</b>		
	<input type="checkbox"/> I understand that if my child or anyone in my household has been asked to quarantine, isolate, has COVID-like symptoms or is waiting on COVID-19 test results, my child <b>CANNOT ATTEND</b>				
	<b>PERSONS TO WHOM CHILD MAY BE RELEASED TO (OTHER THAN PARENTS/GUARDIANS)</b>				
EMERGENCY	NAME	PHONE 1	PHONE 2	RELATIONSHIP	
	NAME	PHONE 1	PHONE 2	RELATIONSHIP	
	<b>PERSONS TO WHOM CHILD MAY NOT BE RELEASED (MUST PROVIDE DOCUMENTATION)</b>				
	NAME	RELATIONSHIP			

**PLEASE READ CAREFULLY BEFORE SIGNING. SIGNATURE IS REQUIRED FOR APPLICATION.**

- I understand that the Wallingford Family YMCA ("YMCA") does not cover participants with health or accident insurance. I specifically assume all risk of injury arising out of the participant's presence on the premises of the YMCA, use of its equipment or facilities and participation in its activities, whether on its premises or at another location, and for myself and my heirs and assigns hereby waive, release and agree to hold free from claims arising out of damages for the YMCA and its officers, directors, members, employees or agents. I understand the risk and dangers involved in participating in such programs and it is my opinion my child's health will allow him/her to safely participate in activities. I also give my permission for certified staff and or licensed medical staff to treat my child through hospitalization, injection, anesthesia or surgery.
- I give permission to the program to use without limitation or obligation my child's photograph, film footage or tape recordings which may include images or voice recordings in YMCA promotional materials.
- I agree that the participant will uphold and abide by the rules and regulations adopted by the YMCA and I recognize that they reserve the right to dismiss or suspend the participant at any time if, in the judgment of the Camp Director, such action is in the best interest of the program.
- I give permission for my child to attend field trips to Doolittle Park, the Rotary YMCA Teen Center, the YMCA KinderHouse and the Wallingford Family YMCA for camp activities. I understand that my child will walk to and from each activity.

PRINTED NAME

SIGNATURE

DATE