



**James Family**  
**Prescott YMCA**  
**Childcare Registration Packet**  
**2026-2027**



CDC/SGH# or name: CDC-1065

**Arizona Department of Health Services  
Bureau of Child Care Licensing  
Emergency, Information and Immunization Record Card**

<b>Child's Name:</b>	<b>Date Enrolled:</b>	<b>Updated:</b>
<b>Home Address (#, Street, City, State, Zip Code):</b>		<b>Date Disenrolled:</b>
<b>Home Phone:</b>	<b>Date of Birth:</b>	<b>Sex:</b> <input type="checkbox"/> male <input type="checkbox"/> female

<b>Parent or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
<b>Cell Phone (optional):</b>	<b>Contact Telephone Number:</b>

<b>Parent or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
<b>Cell Phone (optional):</b>	<b>Contact Telephone Number:</b>

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:  
(Pursuant to R9-5-304.B, at least two contact persons are required.)**

<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>

**If Medical care is necessary, call:**

<b>Health Care Provider*</b>	<b>Name:</b>	<b>Contact Telephone Number:</b>
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**\*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.**

**I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.**

<b>In case of injury or sudden illness, I request that this individual be called first:</b>	
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**The following individual(s) may NOT remove my child from the facility:**

<b>Name(s):</b>
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Custody papers have been provided and are on file at the facility.  yes  no

Telephone Authorization Code (optional): \_\_\_\_\_

**Immunization Information**

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

[www.azdhs.gov/pbs/immun/index.htm](http://www.azdhs.gov/pbs/immun/index.htm) or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

**Medical Information**

Is child allergic to food or other substances?  No  Yes

If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:

Is child usually susceptible to infections and if so, what precautions need to be taken?  No  Yes

If yes, list precautions:

Is child subject to convulsions and what should be our procedure if one occurs?  No  Yes

If yes, specify procedure:

Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)?  No  Yes

If yes, list precautions:

Additional comments:

Other special instructions:

This Emergency Information and Immunization Record Card is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
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## About Me Questionnaire

*This confidential questionnaire is to help your child care provider support the growth and development of your child while creating a safe, stable, and healthy environment for all children. By providing complete information about your child, you will be assisting us in creating a positive experience for your child while in child care. Confidentiality is a vital component in the child care setting. Therefore, only share this questionnaire with the child care director, owner, and the child's primary teacher unless pre-approved by the parent/guardian.*

**Instructions:** A parent/guardian must complete this questionnaire, and it must be on file at the child care facility on or before a child's first day of attendance. Additionally, this questionnaire should be updated when significant changes occur in the child's care or annually. A copy should be shared with the child's teacher to support the care of your child. If additional space is needed, attach a separate sheet of paper.

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Parent/Guardian completing this form:** \_\_\_\_\_

**What is your preferred method of communication? (Email/Phone/Text)** \_\_\_\_\_

**Provider/Center Name:** \_\_\_\_\_

**Has your child previously attended child care?**  Yes  No

If yes, what type of setting(s) was your child in? (Family child care, group care, etc.) \_\_\_\_\_

**What did you like most about your child's previous child care setting?**

\_\_\_\_\_

**What did you like the least?**

\_\_\_\_\_

**What is important to you about your child's care?**

\_\_\_\_\_

**Who is important to your child?**

\_\_\_\_\_

**Does your child prefer to play alone or with other children?**  Alone  Other Children

**Does your child have a favorite toy or comfort object?**  Yes  No

If yes, what? \_\_\_\_\_

**What is your child's current sleep schedule?**

\_\_\_\_\_

**Does your child fall asleep easily?**  Yes  No

**What is your child's mood like upon awakening?**

\_\_\_\_\_

**What does your child like?**

\_\_\_\_\_

**What does your child dislike?**

\_\_\_\_\_

**Special things you say or do to comfort your child are:**

**How do you know when your child is:**

Happy: \_\_\_\_\_

Sad: \_\_\_\_\_

Mad: \_\_\_\_\_

Tired: \_\_\_\_\_

Other: \_\_\_\_\_

**How does your child react when:**

Something unexpected happens:

\_\_\_\_\_

Something happens they don't like:

\_\_\_\_\_

They are scared:

\_\_\_\_\_

Other:

\_\_\_\_\_

**Does your child have any health issues?**  Yes  No

If yes, please explain:

**Has anything happened recently in your child's life that might affect them?**  Yes  No

*Events at home often influence a child's behavior, for example, changes in the family, such as a new sibling, separation or divorce, or moving to a new home. Knowing about these transitional times will allow us to provide the special attention, understanding, and care your child needs.*

If yes, please explain:

**Is there anything else you would like to share about your child to help us create a positive environment and relationship with your child?**

**Is your child in Foster Care?**  Yes  No

If yes, please list the Case Manager's Name and Contact Information:

\_\_\_\_\_

\_\_\_\_\_ (Initial) Parent/Guardian declines to complete this Questionnaire.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Prescott YMCA Childcare Center  
2026-2027**

**Please print all information**

Preschool  Afterschool  Summer Day Camp

School Attending \_\_\_\_\_ Current Grade Level \_\_\_\_\_

Child's Full Legal Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male  Female

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ (M) Cell \_\_\_\_\_ (F) Cell \_\_\_\_\_

Parent 1 email \_\_\_\_\_

Parent 2 email \_\_\_\_\_

Race (for grant purposes) White  Black  American Indian/Alaskan Native

Hawaiian/Pacific Islander  Asian  Two or more races  Hispanic

What is the primary language used in the home regardless of language spoken by students? \_\_\_\_\_

What is the language most often spoken by students? \_\_\_\_\_

What is the language that the student first acquired? \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Place of Employment \_\_\_\_\_

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

Mailing Address (if different) \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_ Place of Employment \_\_\_\_\_

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

Mailing Address (if different) \_\_\_\_\_

Child lives with (mark all that apply) Mother  Father  Foster Parents  Grandparents  Other

Is Parent/Guardian currently in the Military? Yes,  No

Do Parents (if apart) have legal joint custody? Yes,  No  Custody Documents Yes  No  Provided

Visitation arrangements (if applicable) \_\_\_\_\_

Sibling's names and ages \_\_\_\_\_

Family circumstances that the YMCA should be aware of \_\_\_\_\_

Does your child now or in the past have an IEP? Yes,  No  If yes, please provide a copy of IEP

If so, please describe services \_\_\_\_\_

Please indicate the last school your child attended \_\_\_\_\_

Name of School \_\_\_\_\_ Phone \_\_\_\_\_

Dates attended \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

I have received the PARENT HANDBOOK AND THE BEHAVIOR CONTRACT AND I WILL GO OVER IT WITH MY CHILD. Yes , Parent Initial \_\_\_\_\_

**YOU  
BELONG  
HERE**



Participant Name \_\_\_\_\_

**Prescott YMCA of Yavapai County**

**RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

In consideration for being permitted to utilize the facilities, services, and programs of the Prescott Young Men’s Christian Association of Yavapai County (the “YMCA”) for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledge, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilitates or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgment that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as “releases”) from all liability to the undersigned, his personal representatives, assigns heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releaseses or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releaseses and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in an program affiliated with the YMCA whether caused by the negligence of the releaseses or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releaseses or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Arizona and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

**I HAVE READ THIS RELEASE:**

**I HAVE READ THIS RELEASE:**

Participant’s signature

Date

Parent’s or guardian’s signature  
(if participant is legally a minor)

Date

**PHOTO/VIDEO RELEASE**

While participating at the YMCA, the Prescott YMCA has permission to photograph or video me and or my child(ren) for publicity purposes.

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

\_\_\_\_\_  
Date

James Family Prescott YMCA 750 Whipple St.

Prescott, Az 86301

928-445-7221

prescottymca.org



**James Family Prescott YMCA  
Youth Programs  
Parent Statement of Understanding**

Child's Name \_\_\_\_\_ Program Attending \_\_\_\_\_ DOB \_\_\_\_\_

The following information is important for the safety and protection of your child.

I understand that the YMCA staff/volunteers will respect children's rights not to be touched or looked at in ways that make them feel uncomfortable and will not violate personal boundaries.

I understand that YMCA staff/volunteers are not allowed to babysit or transport youth at any time outside of the YMCA.

I understand that YMCA staff/volunteers may not date program participants under the age of 18.

I understand that YMCA staff/volunteers may not have social media contact with or text/call youth program participants.

I understand that YMCA staff/volunteers will not share personal information about any YMCA members/program participants.

I understand that youth should not receive excessive gifts (e.g., TV, video games, jewelry) from YMCA staff/volunteers.

I understand that I am not to leave my child (under 12) at the YMCA unsupervised.

I understand that my child in YMCA licensed childcare will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child, including older siblings, or other relatives, must be listed with the YMCA and must be of age required by state licensing.

I understand that should a person arrive to pick up my child who appears to be under the influence of drugs, or alcohol, for the child's safety, staff/volunteers may contact the authorities necessary.

I understand that the YMCA staff/volunteers are mandated reporters and will report any suspicion of sexual abuse, neglect, or mental/verbal abuse to the appropriate authorities.

I understand that I can help ensure my child's safety by taking an active interest in his or her YMCA experience. I too will monitor staff/volunteer interactions with my child and ask my child specific questions about program activities and will report any suspicions/violations to the YMCA staff.

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Parent/legal guardian PRINTED NAME	Parent/legal guardian signature	Date
	(Legal signature as it appears on driver's license/ID)	Revised 4/19/18



**James Family Prescott YMCA  
Child Care Parent Agreement**

Child's Name \_\_\_\_\_ Program Attending \_\_\_\_\_ Age \_\_\_\_\_

The professional staff of the preschool, school age, and camp program sincerely believe that childcare services are a team effort. You, the parents and the staff work together to provide a caring, safe, and fun environment. This necessitates that registered parents understand and support the following expectations and policies. Please sign below as documentation you have read and understand this document.

I understand that I must completely fill out a registration packet and pay a \$40.00 non-refundable annual registration fee as part of the registration process along with a copy of my child's current immunizations before my child attends.

I understand that I need to enroll my child in the YMCA childcare program in the Preschool Building 8:30 AM –3:30 PM, Monday – Friday. Once your child is enrolled, payments may be made in person or over the phone in Preschool or the main building. No cash payments taken in Preschool. I understand I must Pre-pay by the Friday before my child attends. There will be a \$10 late fee per child per week for all payments received after Friday including adding additional days. I understand there are **NO REFUNDS, TRANSFERS or CREDITS.**

-I understand childcare hours of operation are 6:30 AM – 6:00 PM. I understand that *if I pick up my child after 6:00PM.* A late pick-up fee per child will be charged as follows:

- \$10 if you arrive between 1-10 min. after the end of the program.
- \$20 if you arrive between 11-20 min. after the end of the program.
- \$30 if you arrive between 21-30 min. after the end of the program.
- \$40 if you arrive between 31-40 min. after the end of the program.
- \$50 if you arrive between 41-50 min. after the end of the program.
- \$60 if you arrive between 51-60 min. after the end of the program.

Late pick-up fees must be paid before your child returns to the program. If you are late, we will call your home/cell phone and your place of employment. If we have not heard from you, all emergency contact numbers provided on your child's emergency information card will be contacted. If emergency contacts are unavailable, Dept. of Child Safety or the local authorities will be called.

I understand that if my child cannot attend the School Age Program on a day, we are expecting them, I will call the Child Care Line (928) 445-7221 ext. 224 and leave a message **OR** contact the YMCA using ProCare. Either of these needs to be done no later than 2:00 PM. If I do not call in or use ProCare, I will be charged \$10.

I understand that my child may not be able to attend programs if any of the following incidents occur – failure to pay for services, continued late pick-up of children, extreme behavioral issues involving my child, lack of cooperation regarding policies and procedures, or consistent past due balances.

I understand my child will only be released to individuals approved on the "Emergency Information and Immunization Record Card (Blue Card). If I need someone to pick up my child who is not on the list, I will inform the Director of the individual's name, dates, and times. The individual picking up my child will be asked to provide a photo ID before my child is released to them. I will keep the YMCA updated with changes in my address, phone numbers, or employment for effective contact in the event of an emergency.

I understand that if I permit my child to sign him/herself out of the program, I will provide a notarized permission slip including dates and times.

I understand the licensing regulations require me to sign my child in and out of the program daily. I will print the exact time legibly and sign using my legal signature as it appears on my driver's license, and I will use it only.

\_\_\_\_\_  
Parent/Legal Guardian Name (Print)

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

(Legal signature as it appears on driver's license ID)



James Family Prescott YMCA – Child Care  
**DES Parent Agreement**

Child's Name \_\_\_\_\_ Program Attending \_\_\_\_\_ Age \_\_\_\_\_

Arizona's Department of Economic Security Child Care Administration has specific policies and procedures that both the YMCA and the parent need to follow. We want DES to pay for your child and not you, the parent. This necessitates that registered parents understand and support the following expectations and policies regarding DES Child Care. Please sign and date below as documentation that you have read and understand this agreement.

I understand that I need to sign a "DES Provider/Parent Agreement for Child Care Charges" and that this is a DES requirement.

I understand that if the YMCA does not receive authorization from DES I will make the full payment for days my child attends.

I understand the licensing regulations require me to sign my child in and out of the program daily in ProCare, I will sign using my legal signature as it appears on my driver's license.

I understand that if I have zero co-pay and do not owe any money for my child's attendance, I still need to register my child by the Friday before my child attends.

I understand that if I go over my authorized number of days during a month, I will be responsible for the full payment of those days.

I understand the DES only covers 5 missed days during a month. If my child misses more than 5 days, DES Child Care will not pay the YMCA and I will be responsible for the full payment.

I understand I must Pre-Pay by Friday before my child attends. There will be a \$10 late fee per child per week for all payments received after Friday including adding additional days.

NO REFUNDS, TRANSFERS, OR CREDITS.

\_\_\_\_\_  
Parent/Legal Guardian Name (PRINT)      Parent/Legal Guardian Signature      Date  
(legal signature as it appears on driver's license/ID)





James Family Prescott YMCA – Child Care  
**Behavior Contract**

Child's Name \_\_\_\_\_ Program Attending \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Parent/Guardian Phone # \_\_\_\_\_

At the YMCA, we strive to create a safe, fun environment for all students and staff. By signing this contract, the parent(s)/guardian(s) agrees to have *their child and themselves* uphold the following expectations.

Student Expectations-

- Show respect to other students, staff, and ALL property at all times.
- Listen to and follow directions from teachers and staff.
- Use kind words and keep hands and feet to myself.
- Stay with my group and participate in activities safely (at no time may a child run away from the group).
- Help make our Childcare Center (Preschool, Afterschool Program, & Summer Camp) a positive and welcoming place for everyone.
- Speak up if I feel unsafe or see someone else being mistreated.

We understand that-

- If your child makes a poor choice, there will be consequences, which may include a break from activities, a call home or message on ProCare, or being sent home for the day or even the remainder of the year (depending on the behavior).
- Bullying, violence, destruction of property, or repeated defiance may result in dismissal from the Prescott YMCA Childcare Center (Preschool, Afterschool Program, or Summer Camp), without refund.

Parent/Guardian Agreement-

I agree to:

- Support YMCA staff in upholding behavior expectations.
- Talk with my child about the importance of being respectful, kind, and safe.
- Be available to pick up my child if a behavior issue requires early dismissal.
- Reinforce at home the importance of making good choices and being a positive member of the YMCA Childcare Community (Preschool, Afterschool Program, or Summer Camp).

I understand that:

- The YMCA has a responsibility to ensure the safety and well-being of all participants.
- If my child is dismissed from the Prescott YMCA Childcare Center (Preschool, Afterschool, or Summer Camp) due to behavior – NO REFUND will be issued.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for partnering with us to make the Prescott YMCA a safe and joyful experience for all.



**2026 Summer Day Camp**

Camper Name \_\_\_\_\_ Age \_\_\_\_\_  
 School attending in the Fall \_\_\_\_\_  
 Grade in the Fall \_\_\_\_\_

Child's Approximate Arrival Time	A.M.
Child's Approximate Departure Time	P.M.

Please check off each of the weeks your child is planning to attend the Summer Day Camp. Circle the days of the week your child is planning on attending. This will help with our staffing schedule. Thank you.

May 26- May 29	OFF	Tuesday	Wed.	Thursday	Friday
June 1 - June 5	Monday	Tuesday	Wed.	Thursday	Friday
June 8 - June 12	Monday	Tuesday	Wed.	Thursday	Friday
June 15 - June 19	Monday	Tuesday	Wed.	Thursday	Friday
June 22 - June 26	Monday	Tuesday	Wed.	Thursday	Friday
June 29 - July 2	Monday	Tuesday	Wed.	Thursday	OFF
July 6 - July 10	Monday	Tuesday	Wed.	Thursday	Friday
July 13 - July 17	Monday	Tuesday	Wed.	Thursday	Friday
July 20 - July 24	Monday	Tuesday	Wed.	Thursday	Friday
July 27 - July 31	Monday	Tuesday	Wed.	Thursday	Friday
Aug. 3 - Aug 5	Monday	Tuesday	Wed.	OFF	OFF



**James Family Prescott YMCA – Child Care**  
**Child Illness Policy**

Child's Name \_\_\_\_\_ Program Attending \_\_\_\_\_ Age \_\_\_\_\_

Our Child Illness Policy is based on the Model Health Care Policies developed by the American Academy of Pediatrics.

Prescott YMCA understands that it is difficult for a parent/guardian to leave or miss work; therefore, it is suggested that alternative arrangements be made for occasions when children must remain at home or be picked up due to illness. Exclusion from the center is sometimes necessary to reduce the transmission of illness or because the center cannot adequately meet the needs of the child. Mild illnesses are common among children and infections are often spread before the onset of any symptoms. In these cases, we try to keep the children comfortable throughout the day but will find it necessary to exclude them from the childcare setting for the following reasons (this list covers most common illnesses but is not inclusive of all reasons for exclusion).

**Child's Exclusion Due to Illness**

- COVID-19 symptoms
- Illness that prevents the child from participating comfortably in program activities.
- Illness that results in a greater need for care than our staff can provide without compromising the health and safety of other children.
- Illness that poses a risk of spread of harmful disease to others.
- Fever (100 axillary (armpit), 101 orally, 102 aural/ear)\* and behavior change or other signs and symptoms, e.g., sore throat, rash, vomiting, diarrhea, lethargy, irritability, constant crying, difficulty breathing.
- Diarrhea- more watery stools or decreased form of stool that is not associated with change of diet.
- Blood or mucus in the stools not explained by dietary change, medication, or hard stools, and/or uncontrolled, unformed stools that cannot be contained in a diaper/underwear or toilet. Special circumstances that require specific exclusion criteria include the following:
- Toxin-producing E coli or Shigella infection, until the diarrhea resolves and the test results of 2 stool cultures are negative for these organisms.
- Salmonella serotype Typhi infection, until diarrhea resolves. In children younger than 5 years with Salmonella serotype Typhi, 3 negative stool cultures are required.
- Vomiting in the previous 24 hours unless vomiting is determined to be caused by a non-communicable disease.
- Purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow eye discharge) until on antibiotics for 24 hours.
- Impetigo until 24 hours after treatment has started.
- Strep throat (or other streptococcal infection) until 24 hours after treatment has started.
- Head lice until after treatment and all nits are removed.
- Rubella, until 6 days after the rash appears.
- Scabies until 24 hours after treatment has started.
- Chickenpox, until all lesions have dried or crusted (usually 6 days after onset of rash).
- Pertussis (Whooping cough) until 5 days of appropriate antibiotics.
- Mumps, until 5 days after onset of parotid gland swelling.
- Measles, until 4 days after onset of rash.
- Hepatitis A virus until 1 week after onset of illness or jaundice or as directed by the Health Department (if the child's symptoms are mild).

- Tuberculosis, until the child's medical provider or local health department states the child is on appropriate treatment and can return.
- Any child determined by the local health department to be contributing to the transmission of illness during an outbreak.

\*Any child with a fever of 104 will be excluded and should receive medical attention as soon as possible. We ask that for your child's comfort and to reduce the risk of contagion, children be picked up within 30 minutes of notification. Until then, your child will be kept comfortable and will continue to be observed for symptoms. Children need to remain home for 24 hours without symptoms before returning to the program, i.e., the child needs to remain out of the center for the remainder of the day he/she is sent home and the following day (if a child is sent home Friday, he/she may return Monday), unless the center receives a note from the child's medical provider stating that the child is not contagious and may return to the center. In the case of a (suspected) contagious disease, rash or continuing symptoms, a doctor's note may be required before returning.

We care Health and Safety \_Health Care US page 2 of 3 updated 7/2012

### **Required Conditions for a Child to Return to the Center**

Children who have been excluded may return when:

- They are free of fever, vomiting, and diarrhea, without medication for 24 hours.
- They have been treated with an antibiotic for a full 24 hours, if antibiotic is prescribed.
- They have been treated for head lice and free of all nits.
- They can participate comfortably in all usual program activities, including outdoor time.
- They are free of open, oozing skin conditions and drooling (not related to teething) unless: 1) The child's health-care provider signs a note stating that the child's condition is not contagious, and 2) The involved areas can be covered by a bandage without seepage or drainage through the bandage.

If a child has been out of the center due to any of the reasons above or any other reason deemed necessary by the child's medical provider, please let the center know. It may be beneficial to share this information with families in the center. If so, your family information will remain confidential; however, this will help staff and families observe the other children for symptoms and could assist their medical provider in making a diagnosis.

If a child is excluded because of a reportable communicable disease, a doctor's note stating that the child is no longer contagious and may return is required.

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Parent/Legal Guardian Name (Print)

---

Parent/Legal Guardian Signature

---

Date



# YMCA Summer Camp

JAMES FAMILY YMCA  
750 WHIPPLE PRESCOTT AZ 86301  
928-445-7221

MANY Field Trips TBA

**Welcome!**

week 1  
WELCOME TO SUMMER CAMP  
TUESDAY  
MAY 26 -MAY 29

week 2  
**CARNIVAL**  
  
JUNE 1 - JUNE 5

week 3  
ADVENTURE ISLAND  
  
JUNE 8-JUNE 12

week 4  
**UNDER THE SEA**  
JUNE 15-JUNE 19

week 5  
DINO DISCOVERY  
  
JUNE 22-JUNE 26

week 6  
COLOR EXPLOSION  
  
JUNE 29- JULY 3

week 7  
HEROS IN TRAINING  
  
JULY 6- JULY 10

week 8  
AROUND THE WORLD  
  
JULY 13 -JULY 17

week 9  
MISSION TO MARS  
  
JULY 20- JULY 24

week 10  
WILD WONDERS  
  
JULY 27- JULY 31

week 11  
**The End!**  
  
August 3 - August 5

Campers must bring a minimum of 3 snacks with a lunch and a labeled water bottle daily.

\*Closed-toe shoes are required at all times for safety\*

Summer Camp Begins May 26, 2026 and Ends August 5, 2026.

Daily Rate: \$38(YMCA member)/\$44(Non-Member)

\*Must currently be in Kindergarten up to 12 years old\*

Camp hours are between 6:30am – 6:00pm. Programming Begins Promptly at 9:00am and campers must be dropped off no later then 8:45am for check in.

