



Adventure Program Registration Packet Summer 2017

**School Age Child Care at
YWCA at North Street**

**Call or email for more details!
585-343-5808
gdiskin@ywcagenesee.org**

**YWCA of Genesee County, Inc.
Adventure Program Childcare Registration**

Summer 2017

About the child

Child's Full Last Name, First Name

Child's Nickname:	Birthdate (Month/Day/Year)	Child's Age:	Gender:	Child lives with:
	____/____/20____			

Child's Full Address	Primary Phone Number
City	Zip Code

Child's Grade in Fall:	Program Start Date	Program End Date	Are there siblings in the program:
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Medical Information

Children who have special health care needs are those who chronic physical, developmental, behavioral or emotional conditions expected to last 12 months or more and who also require health and related services of a type beyond that required by children generally. If your child does have special health care needs please discuss these with your child-care provider.

Does your child have any Allergies/Medical/Special Health Needs/Medications/Medical Conditions? Circle: YES NO
If YES, please explain and attach helpful information.

I understand and agree, that in case of an emergency, my child will be transported by ambulance to the nearest Hospital and medical care will be given if I cannot be reached.

Circle: YES NO (if no, list alternative plan)

Child's Source of Medical Care/Primary Care Physician	Name of Medical Care Facility/Hospital	Child's Source of Dental Care/Dentist
Name:	Name:	Name:
Phone #:	Phone #:	Phone #:

Billing and Parent/Guardian Information

Name of Person to contact for schedule/absences, if needed:	If separated or divorced, who has legal custody of the child? * _____ Who has visitation rights? * _____	*If it is necessary for us to have legal documentation of the arrangement on file, please provide upon enrollment and indicate here:
Phone Number:		

Name of the Person(s) responsible for payment:	Credit Card Authorization: List who is allowed to sign the invoice:	List who is allowed to make changes to this form:
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Parent/Guardian's Name:	Complete Address (if different from child's):
Relationship to child:	Email Address:

Place of Employment:	Work Phone #:	Cell/Primary Phone #:
Parent/Guardian's Name:	Complete Address (if different from child's):	
Relationship to child:	Email Address:	

Place of Employment:	Work Phone #:	Cell/Primary Phone #:
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Emergency Data/Authorized to pick-up the child

The following people are to be contacted in the following order in case of an emergency and are authorized to pick-up the child. (Individuals MUST be 18 years of age or older and must present Photo I.D. to child care provider) List in order. Attach additional pick-up people if necessary and indicate on this form.

Contact Name	Relationship to Child	Phone number during Child Care hours	Cell/Alternate Phone Number	Emergency Contact and/or Pick Up Authorization
	Guardian/Parent			____ Emergency Contact ____ Pick Up Authorization
	Guardian/Parent			____ Emergency Contact ____ Pick Up Authorization
				____ Emergency Contact ____ Pick Up Authorization
				____ Emergency Contact ____ Pick Up Authorization
				____ Emergency Contact ____ Pick Up Authorization
				____ Emergency Contact ____ Pick Up Authorization

NYS Office of Children and Family Services Agreements

I consent to the enrollment of the child listed above in the YWCA Adventure Program and have been advised of the policies regarding administration of medications, fees, transportation and the services provided by the YWCA and the Office of Children and Family Services regulations under which it operates.

INITIAL

I give consent for my child to take part in neighborhood trips (i.e. library, park, and playground) away from facility under proper supervision. YES NO

In case of accident or injury, I authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised by the physicians, surgeon or hospital (listed above) necessary for the proper health and well-being of my child. YES NO

I have provided information on my child's special needs (Allergies, Diet, Disabilities, and/or Medical Information) to the provider, as may be necessary to assist the facility in properly caring for my child in case of an emergency. YES NO

I agree to review and update this information whenever a change occurs and at least once every six months. YES NO

Media/Photo Release

I RELEASE/DO NOT RELEASE to the YWCA of Genesee County, Inc. Children & Family Services Adventure Program and give my consent for my child to be interviewed, photographed, filmed, videotaped and/or sound-recorded. I understand that these words and/or images may appear in: Fundraising, informational material, community initiatives including distribution to media outlets or training materials of the YWCA of Genesee County, Inc. and/or affiliated organizations including: printed publications, brochures, electronic communications, websites, videos, podcasts. Public media (advertising, news stories, radio, web, television) AND/OR Social media (including Facebook, YouTube, Twitter and other widely accessed and/or public) I understand I am not obligated to participate and this is not a condition to receive services from the YWCA of Genesee County, Inc. I agree that I will not be paid for the use of these words and/or images. These words and/or images may be used for at least five years by the YWCA of Genesee County, Inc. I warrant that the said media is free of any abuse of copyright law. I will not hold the YWCA of Genesee County, Inc. responsible for any liability by virtue of any distortion or alterations unless it can be proven that such distortions were done with malicious intent. I attest that I am the Parent or Legal Guardian of the above named child and have legal authority to sign this release form on his/her behalf. I have read and fully understand the contents of this release, the consent of this release and the consent to the use of the media based on the content thereof. Unless otherwise amended in the notes section below, this signed release and authorization gives the YWCA my permission to use these words and/or images as described above.

Parent/Guardian Signature

Date

Parent/Guardian Service Agreement

___ The information I have provided on all necessary forms is complete and accurate. I must notify the YWCA of Genesee County, Inc. Adventure Program immediately of any changes to any forms and when my child will be absent.

___ I understand the procedure and consequences in the event that my child is not being picked up by the program's 6pm closing time, as stated in the Parent/Guardian Policy Handbook.

___ I give permission for my child to participate in all aspects of the Adventure Program including excursions while under the supervision of YWCA Adventure Program staff and volunteers.

___ I understand that by the Friday 6pm prior to the week of care, payment must be made in full and that any payment made after will result in a \$5 per day late fee.

___ I agree to pay any charges (early drop-off/late pick-up and/or \$10 contract change fee) while attending the YWCA Adventure Program.

By signing this form, I agree that I have read the Parent/Guardian Policy Handbook and completed the YWCA of Genesee County, Inc. Adventure Program paperwork. I understand my responsibilities for my child's participation while enrolled with the YWCA Adventure Program.

Parent/Guardian Signature

Date

Getting to know your child

Hobbies/Interests/Activities:

Fears/Apprehensions that we should know about:

Code of Conduct/Behavior Agreement

1. I will follow the rules of the YWCA of Genesee County, Inc. Adventure Program.
2. I will treat everyone with respect including staff, other children, their property and the building in which the program is in at all times.
3. Negative attitudes are not productive and will not be tolerated.
4. I will do my best to be caring, honest, respectful and responsible person.
5. If I am having difficulty in the program, I will bring it to the attention of the Adventure Program staff.
6. I understand that items I bring from home are my responsibility and not the YWCA's. The YWCA and staff are not responsible for lost, broken, or stolen personal belongings.

I have read and understand these behavioral expectations. I understand that if my behavior is not acceptable that my parent/guardian will be called and removal from the program is possible. I agree to abide by all the above expectations at all times during my time at the Adventure Program.

Child Signature

Date

I have read and understand these behavioral expectations, furthermore I have discussed these expectations with my child and he/she has agreed to abide by them at all times during his/her time at the Adventure Program. I understand that I will be called to pick-up my child if they do not follow the agreements and may result in termination from the program.

Parent/Guardian Signature

Date

I attest that I am the Parent or Legal Guardian of the above named child and have legal authority to sign this registration packet. I have read and fully understand the contents of this registration packet for the YWCA of Genesee County, Inc. Adventure Program. I understand and agree to abide by the YWCA of Genesee County, Inc. Adventure Program policies and procedures.

Parent/Guardian Signature

Relationship to Child

Date

Please indicate your child's T-shirt size below.

T-shirt Sizes	Youth XSmall	Youth Small	Youth Medium	Youth Large	Youth XLarge	Adult XSmall	Adult Small	Adult Medium	Adult Large	Adult XLarge

If you would like any additional t-shirts, the cost is \$8.00 per shirt
Please indicate the size, quantity and total to be paid below.

Size	Quantity	Total Owed

\$5.50/hour Multi-Child or \$6.00/hour single
Maximum \$42/day (7+hours)
Field trip fees are additional

Summer Registration Fee	First Week's Payment/Deposit Fee	Payment Method	YWCA Staff ONLY
\$10/child (includes t-shirt)	\$6.00/Hour (Single Child)	Check # _____	Name:
	_____ hours X \$6.00= _____	Cash (Accepted ONLY during office hours at the YWCA)	
Additional \$10/child if registering the week care starts	\$5.50/Hour/Child (Multiple Child) *separate contracts*	Credit Card	Date:
	_____ hours X \$5.50= _____	Visa MasterCard Flex Spending Other	
	No weekly minimum		
Registration Fee Total (A)	Weekly Fee Total (B)	Total Paid (A+B)	Parent/Guardian Signature
\$	\$	\$	

FOR OFFICE USE ONLY

- _____ Registration Form
- _____ Transportation Consent Form
- _____ Non-Medical Consent Form
- _____ CACFP Income Eligibility Form
- _____ Swimming Consent Form
- _____ Summer Letter



Adventure Program

Summer 2017

Parent/Guardian Policy Handbook

We're so glad that you decided to join the YWCA Summer Adventure Program. YWCA of Genesee County, Inc. is a not-for-profit organization that has been providing affordable, convenient childcare in Genesee County for the last 25 years. We offer Before and After School Child Care for children ages four (4) through twelve (12) in the following school districts: Alexander, Batavia City, LeRoy, Oakfield, Pavilion and York.

If you have any questions, comments or concerns:
Children and Family Services Program Manager

Gabrielle Diskin

gdiskin@ywcagenesee.org

Office: 585-343-5808

MISSION STATEMENT

YWCA of Genesee County, Inc. is dedicated to eliminating racism, empowering women and promoting peace, justice, freedom and dignity for all. The Adventure Program is open to all families regardless of race, gender, religious affiliation, cultural heritage, financial status, political beliefs, national origin, disability, marital status or sexual orientation.

LICENSING

The YWCA of Genesee County, Inc. Adventure Program is a NYS Registered School-Age Program through the New York State Office of Children and Family Services (OCFS) and operates in accordance with the NYS School-Age Child Care (SACC) Regulations.

If you would like to contact OCFS, you may do so at (716) 847-3828 or www.ocfs.state.ny.us.

If you suspect a child has been abused or maltreated, instructions on how to report it is on the above listed website. The Statewide toll free number is 1-800-342-3720.

The NYS OCFS School-Age Child Care regulations can be accessed by the below link or at your child(ren)'s Adventure Program site.

<http://ocfs.ny.gov/main/childcare/regs/414%20SACC%20effective%206.1.15.pdf>

Child Care Complaint Line 1-800-732-5207

STAFFING

As a registered NYS SACC program, the Adventure Program staff are fingerprinted and cleared through the OCFS State Central Registry OCFS and the Staff Exclusion List (SEL) through the NYS Justice Center for the Protection of People with Special Needs database. All childcare staff is required to have had a complete medical exam and TB testing in the year prior to hire date. All staff participates in a minimum of four annual trainings on a variety of topics.

ENROLLMENT and REGISTRATION INFORMATION

Registration is on a first come, first served basis until the program reaches enrollment capacity as dictated by the local and state regulations.

Enrollment is considered complete upon receipt of application/contract/registration fee and is approved by the Children Services Program Director or Children and Family Services Billing Manager.

- A **non-refundable registration fee** of \$10/one child (includes t-shirt) is required upon enrollment.
- The first week's payment is required as a **non-refundable** deposit.
- Your child cannot register for the program if there is a balance on your child's account. The account will need to be paid in full before registering.

Children in the Adventure program will be active. Please provide clothing that is comfortable and appropriate if they are not wearing these items to school. **The YWCA of Genesee County, Inc. is not responsible for lost or damaged clothing or personal belongings.** Dress children appropriately for the current weather conditions. Children must have jackets, hats, boots, mittens and other apparel when appropriate. SOCKS AND SNEAKERS (appropriate play footwear) must be worn daily. Please keep electronics at home.

- We recommend against bring new and/or expensive clothing or other items that may get ruined, lost or stolen.
- All personal belongings must be BOLDLY marked with the child's name. Unclaimed lost and found property will be held for one week and then donated to local charities. Staff is not responsible for lost, stolen or damaged items on field trips and at the YWCA.
- The following items are prohibited from the Summer Adventure Program: candy, soda/pop, cell phones, electronic devices (iPods,iPads,iPhones,tablets,Nooks,Kindles,etc.)

WATER PLAY/SWIMMING

Most days children will have the opportunity to participate in water play. Please send the following items daily. Darien Lake State Park field trip includes swimming in the lake. All children MUST have a signed statement of permission from the parent/guardian to participate in all water activities.

- In a durable bag or backpack that the child will carry please pack towels, lunch, additional clothing to change into, blanket or towel for the beach, sunscreen and either water shoes or an old set of shoes to wear on the beach and in water. (Flip-flops and crocs are not allowed) Children change into swimsuits at the YWCA before leaving for the field trip.
- If your child is not prepared, they will not be able to participate.

PAYMENT POLICY

- Rates per child
 - 1 child: \$6.00 per hour
 - Multiple Child Discount: \$5.50
 - Full Day: \$6/hour or \$42/8 or more hours
 - No hourly payment is split
- Contracts/Invoices and full payment are due by 6pm on the Friday of the week preceding the week of attendance. Once the week is in progress, days of service cannot be added or switched without the **\$10 contract change fee. This policy also applies to care provided at the YWCA North Street for school breaks, vacations, half days, etc.**
- We **DO NOT** provide drop-in care for after school programs/activities.
- Payment is accepted at your child's site location via Check (payable to "YWCA of Genesee County, Inc." or Credit Card Authorization.
- Cash is **ONLY** accepted at the YWCA office at 301 North Street, Batavia, during office hours (8:30am-5pm, Monday through Friday).
- You will **NOT** be credited for days when your child does not attend the program due to illness or early pick-up from school.
- **Billing is done every Friday. Therefore, payment is due every Friday for the following week. Payment is considered late if it is not received by Friday 6pm.**
- If your child is not scheduled for the Adventure Program and attends, a **\$10 contract change fee will be applied to your account in addition to the charges for the hours of attendance.**
- **\$5 LATE FEE PER DAY will be charged to the account for non-payment. The balance due will be reflected on the following week's invoice. After one week of non-payment the child will not be able to attend the program until the account is current. Non-payment may result in losing your child's spot in our program.**

RETURNED CHECK FEE

In the case of a Returned Check, a fee of \$30 will be charged.

CHILD CARE FEE ASSISTANCE PROGRAM (DSS)

- Parent/guardians may contact the program to discuss their child's experience. The Adventure Program has a "No Cell Phone" policy for children. If you would like to briefly speak to your child, please call the site phone during program hours.
- Emergency contacts designated on the Registration form will be called in case of an emergency and if/when the program is relocated to the emergency location site.
- Per NYS Office of Children and Family Services the program must have two Shelter-in-place drills yearly between June 1, 2015 and December 31, 2015. Parents will be notified prior to the drill.

SCHEDULE POLICY/HOLIDAYS/SCHOOL BREAKS

- Payment is required for all days contracted. This includes Intramurals, Church School, Before and After School Activities and any other special events. Contract/Invoice changes are due by 6pm Friday proceeding the week of attendance.
- **If your child is attending Intramurals, Church School, Before and After School Activities or special events during Adventure Program operating hours and needs care after the program/activity, full payment is required for those times. This is to ensure the Adventure Program is in compliance with OCFS Regulations in the event that the program/activity is cancelled. If the program/activity is cancelled, the child will be attending the Adventure Program during his/her scheduled time.**
- When the program is closed due to a holiday, no charges are incurred and no payment is due for the holiday unless you are otherwise contracted for those days.

CLOSINGS

- When the program is closed due to inclement weather, your account will be credited for that day if your child was scheduled to be in care on that day. The maximum credit for any child is one day per month when due to poor weather condition closings.
- If schools close in the morning and children are already in the care of YWCA staff, the YWCA Adventure Program will CLOSE. Parents will be contacted and are expected to be picked up within one hour. When the program is closed due to snow days and emergencies when the program has begun, children who show up will be credited for the time that they were not in attendance.
- The YWCA will be closed for 6 holidays and will not offer childcare, these are: Memorial Day, 4th of July, Labor Day, Thanksgiving Day, Christmas Day and New Year's Day.

LATE PICK-UP

- Parents/guardians MUST notify their child's Adventure Program site if they will be picking up their child 15 minutes past the scheduled time.
- Parents/guardians who pick-up their child 15 minutes past their scheduled time, will be charged a "convenience fee" of an **additional \$2 per hour.**
Example: Scheduled 2:30-3:30, pick-up at 4:15 = an additional \$7.50/one child, \$7.00/multi
- A late fee of \$5 per child will be charged for every 1-5 minutes PAST the Adventure Program's 6:00pm closing time.
- If we are unable to get a hold of **an** emergency contact individual listed on Registration Form in a timely manner after 6:15pm, Child Protective Services (CPS) will be contacted to pick-up the child and late charges will be incurred.

BEHAVIORAL EXPECTATIONS/INCIDENT REPORTS

Children are expected to act as they would during a school day. Following directions, treating others with kindness, respect and fairness and following rules are necessary for a safe program. The Adventure Program is meant to be a fun experience with friends. Our staff uses positive techniques including redirection, anticipation, modeling, natural consequences and the elimination of potential problems. We work with children to resolve conflicts on their own appropriately. Each site adheres to its own set of rules that children are expected to follow. The Adventure Program staff encourages proper behavior and requires the mutual respect of each other's feelings and personal rights. Disrespect is unacceptable. Refunds will not be granted for children who are removed from the program for behavioral reasons.

PHOTO RELEASE AND AUTHORIZATION

Occasionally, pictures or videos may be taken of the child(ren) which may or may not be used for media or advertising purposes. If you do not want your child(ren)'s images used, please indicate on the Registration Form and the media will not be used publicly. Please let your children know that they will not be included in group pictures if the parent/guardian does not allow pictures through the Release Form.

Video Surveillance Cameras

Some locations have video surveillance cameras that are maintained by the school district. The YWCA at North Street has video surveillance for security purposes.

HEALTH/ILLNESS POLICY

- A child's ability to participate in the program due to health reasons will be determined by staff on a case by case basis.
- A child may be sent home as a result of a health issue.
- Children who become ill will be isolated from other children and supervised while a parent or emergency contact will be notified and asked to pick up the child immediately.
- If your child does not attend school, they CANNOT attend the Adventure Program.
- If your child(ren) is too ill to attend school, they CANNOT attend the Adventure Program.
- Medications (over the counter and prescription) WILL NOT be administered by childcare staff. Parents/Guardians are required to make other arrangements if the administration of medicine is necessary during program hours.
- Children with food allergies must be provided with "safe" food, by the parent/guardian, to ensure their safety. ALL allergies must be listed on the Registration/Enrollment Form.

Children with Special Health Needs/Food Allergies:

The program must obtain an individual health plan for any child identified as a child with special health care needs, prior to the child being in attendance at the program including any chronic condition lasting more than 12 months and food allergies. The YWCA of Genesee County, Inc. Adventure Program's license waiver with the NYS Office of Children and Family Services states: "Approval is granted for the administration of the following emergency medications: Epinephrine Auto Injector, Diphenhydramine in combination with Epinephrine Auto Injector, Asthma Inhalers and Nebulizers. All terms, as noted on the waiver request, must be followed."

- The above waiver sites the only medications that we are able to administer at childcare sites with the proper paperwork.
- Emergency medications can only be administered once the licensed authorized prescriber and the parent/guardian complete the required OCFS Written Medication Consent Form (OCFS-LDSS-7002) and the Individual Health Care Plan for a Child With Special Health Needs (OCFS-LDSS-7006), **it is approved by the Children and Family Services Program Director and the parent/guardian trains the child care staff at the site on how to administer the provided medication.**
- It is the parent/guardian responsibility to ensure the paperwork and medications never expire. Parent/Guardian is responsible for transporting medications to sites if the child attends North Street on vacations/breaks. Children who attend the North Street morning program and a different site in the afternoon must have two sets of medications (1 for each site).
- Medications must be clearly labeled with the original prescription and stored in a durable bag for transport as necessary.

Revised 4/2016

See INSTRUCTIONS on reverse.

CHILD CARE CENTER NAME _____

Print the name of the child(ren) enrolled in this child care center

1. _____ 2. _____ 3. _____

DIRECTIONS

Complete SECTION A if anyone in your household

1. Participates in the Supplemental Nutrition Assistance Program (SNAP)
2. Receives Temporary Assistance to Needy Families (TANF)
3. Participates in the Food Distribution Program on Indian Reservations (FDPIR) OR
4. Is a foster child

SECTION A

SNAP Case # _____

TANF # _____

FDPIR # _____

Names of Foster Children _____

An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.

I certify that the above information is true. I understand that the center will get Federal funds based on the information I give.

Signature _____

Date _____

Complete SECTION B if no one in your household participates in SNAP, receives TANF, participates in FDPIR or if none of the children enrolled in the child care center is a foster child.

SECTION B

List all household members below. Include yourself and all adults and children NOT listed above, even if they do not receive income. Then list all income received **last month** in your household in the column to the right. Gross income includes: earnings from work, pensions, retirement, Social Security, child support, foster child's personal income and any other sources of income.

HOUSEHOLD MEMBER NAME	MONTHLY GROSS SALARY
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
7. _____	\$ _____

An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.

I certify that the above information is true and that all income is reported. I understand that the center will get Federal funds based on the information I give.

Signature _____

Print Name _____

LAST FOUR (4) DIGITS OF SOCIAL SECURITY NUMBER

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DATE _____

FOR SPONSOR USE ONLY

CACFP Agreement # _____

Total Number of Household Members _____
(INCLUDING FOSTER CHILDREN, IF APPLICABLE)

Total Household Income \$ _____

Free _____ Reduced _____ Paid _____

Date of Determination _____

Signature of Center Staff _____

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
TRANSPORTATION CONSENT FORM
FAMILY AND GROUP FAMILY DAY CARE

Provider Name: YWCA of Genesee County, Inc.

License/Registration Number: 39574

Program Name: Adventure Program

This form may be used to meet the regulatory requirement to obtain written consent from the parent of a child for any transportation provided or arranged for by a caregiver, and to inform the parent when the person who is providing transportation changes. This form is not the transportation plan.

Parents whose children receive transportation services must receive, at the time of enrollment of their children, a copy of the program's transportation plan. If the plan is amended, parents must receive a copy of the amended plan prior to its start date.

It is recommended that a separate Transportation Consent Form be completed for each child.

I have been informed of, and agree to, the transportation plan of the above child care program.

I give permission for my child (*name*) _____

to be transported by (*caregiver names and/or transportation contractor arranged for by the program*) Student Transportation of America

At the following times (*check all that apply*):

Only as recorded on the posted transportation schedule for my child

Other (*explain*) Field Trips throughout the summer

By signing this form I am giving consent for the above described transportation services.

Parent Printed Name: _____

Parent Signature: **X** _____

Date _____



Swimming Consent/Policy

Child's Name _____

Child's Age _____

My child:

_____ is a non-swimmer

_____ is a swimmer

_____ has successfully completed formal swimming lessons

I give my child, _____, permission to go swimming with the YWCA Summer Adventure Program on the following date(s) June 26th, 2017 – September 1st, 2017.

The program will maintain a minimum staff/child ratio of 1/10 during swimming activities. I agree to hold harmless the YWCA, its agents and employees for all incidents alleging bodily injury or property damage or loss occurring while the person herein described is a participant in a YWCA sponsored activity on or off the YWCA premises. I will not hold harmless the YWCA from any liability arising out of negligence of the YWCA.

To ensure the safety of all children, the YWCA has CPR/First Aid trained staff at all times. During swimming activities at Darien Lake State Park the life guards on duty are provided by the State Park. The YWCA uses a buddy system with the assistance of a lifeguard on duty every 15 minutes. Every child has a partner that either goes in the water at the same time or stays on the beach/pool deck. When the lifeguards or staff members blow a whistle and "buddy up" is called, children need to touch and raise hands up with their buddy. Once all pairs are accounted for, the check is over and the activity resumes.

Children must follow all safety rules to participate, stay within the swimming barriers and only be in the water up to where their arms(armpits) are parallel to the water.

Items that you may provide for your child:

- Towels and Beach Blanket
- Spray sunscreen
- Swimsuit / trunks/change of clothes
- Bagged lunch
- Water bottles

Parent/Guardian signature _____

Date _____

Notes: