



Welcome to YMCA Summer Day Camp 2019! Thank you for enrolling your child. Below is important information for each parent to know.

Parent Meeting

Please make plans to attend the parent meeting. The meeting is your opportunity to receive an overview of the program, ask questions, and meet the Summer Day Camp staff. Children are welcome to come. The counselors will take them outside to play while parents meet. Check your email for updates to camp as well.

Thursday, May 23 6:00 pm

Drop Off/Pick Up During Day Camp

Children must be signed in and out by an authorized parent or guardian. Please bring your photo ID to pick up your child.

Fees

- In order to receive the YMCA member rate for Summer Day Camp, the participant(s) must be a YMCA member for the entire summer.
- The following are due prior to your child starting camp: A one-time \$25 registration, T shirt included, and a \$20 deposit per week, per child to secure each week your child will attend. The \$20 deposit is subtracted from the total balance owed each week. This weekly balance is due the Friday prior to the week(s) your child is attending.
- A \$10 late fee will be charged if the balance is not paid by the due date.
- Other activities may be offered throughout the summer for an additional fee (example: swim lessons, etc).
- A late pick up charge of \$1 per minute will be collected from parents/guardians for each child that has not been picked up by the designated time. This fee is to be paid at the time of the late pick up. Your child(ren) will not be permitted to attend again until this fee is paid.

What Should My Child Wear?

- Appropriate clothes for play. Please take weather into consideration.
- Tennis shoes and socks daily for active play and field trips.
- Bring a swimsuit and towel every day.
- All clothing should be clearly marked with your child's name.
- Sunscreen. The YMCA staff is not allowed to administer it (staff help but cannot physical rub children's back and legs), so we recommend you apply sunscreen before camp each day.

What Should Stay At Home?

- Heelies or shoes with wheels are not allowed.
- Toys, electronic games, radios, headsets, cell phones, iPads, Kindles and money.

Lunch/Snacks

Your child will need to bring a lunch and 2 snacks to Camp daily.

Accidents

The YMCA does not provide health or accident insurance. Parents will be notified if medical attention is recommended.

Health/Illness/ Medication

Please keep your child at home if ill. The YMCA staff can administer over the counter and prescription medications only in their original containers with written parent authorization, a signed medication form, and a note from a doctor. Before any medication can be administered, all necessary forms must be submitted to the program director.

Swim Test

For your child's safety, parental permission and a swim test are necessary in order to swim in the deep end of the pool. The test will be given daily by our YMCA lifeguards.

Thank you again for enrolling your child in Y Summer Day Camp - where campers have fun meeting new friends!

Sincerely, Southwest YMCA Camp Staff



2019 SUMMER DAY CAMP REGISTRATION

Child: First Name _____ MI _____ Last Name _____

YMCA Member Non Member Email _____ Enrollment Date _____

SUMMER DAY CAMPS

CHOOSE YOUR CAMPS & LOCATION:

- Ages 5-12 (must have attended kindergarten)
- Ages 4-5 (Sarpy YMCA ONLY)

- Armbrust YMCA Mills County YMCA
- Downtown YMCA Sarpy YMCA
- Charles E. Lakin YMCA Southwest YMCA
- Maple Street YMCA Twin Rivers YMCA

Member: \$145/week; 2 children: \$275/week; 3 children: \$405/week
 Non member: \$180/week; 2 children: \$345/week; 3 children: \$510/week

CHOOSE YOUR DAY CAMP WEEKS:

Please check all weeks that apply.

- May 27-31 _____ Fun & Fitness
- June 3-7 _____ Going Green
- June 10-14 _____ S.T.E.A.M.
- June 17-21 _____ Space is the Place
- June 24-28 _____ Sports Extravaganza
- July 1-5 (no camp July 4) _____ Stars & Stripes
- July 8-12 _____ Under the Sea
- July 15-19 _____ The Amazing Race
- July 22-26 _____ Tropical Paradise
- July 29-August 2 _____ YMCA County Fair
- August 5-9 _____ Superheroes
- August 12-16 (Iowa only) _____ Fun & Fitness

SPECIALTY CAMPS

CHOOSE YOUR CAMPS & LOCATION:

FULL DAY SPECIALTY CAMP: Member: \$200/week • Non member: \$250/week

HALF DAY SPECIALTY CAMP: Member: \$125/week • Non member: \$150/week

CHOOSE YOUR FULL DAY SPECIALTY CAMPS:

Please check all weeks that apply.

- June 3-7 _____ Mad Scientist (ages 5-12): Armbrust YMCA
- June 10-14 _____ Awesome Animals (ages 5-12): Armbrust YMCA
- June 17-21 _____ Artful Antics (ages 5-12): Armbrust YMCA
- June 24-28 _____ Outdoor Adventure (ages 8-12): Armbrust YMCA
- June 24-28 _____ Dance & Cheer (ages 7-12): Southwest YMCA
- July 8-12 _____ Build It (ages 5-12): Armbrust YMCA
- July 8-12 _____ Amusement Fun (ages 9-12): Southwest YMCA
- July 15-19 _____ MusicMania (ages 5-12): Armbrust YMCA
- July 15-19 _____ Discover Adventure (ages 9-12): Southwest YMCA
- July 22-26 _____ Master Chef (ages 5-12): Armbrust YMCA
- July 22-26 _____ Animal Adventures (ages 7-9): Southwest YMCA
- July 29-Aug. 2 _____ Wacky Water (ages 5-12): Armbrust YMCA
- July 29-Aug. 2 _____ Magnificent Museum (ages 8-10): Southwest YMCA
- August 5-9 _____ End of Summer Bash (ages 5-12): Armbrust YMCA

CHOOSE YOUR HALF DAY SPECIALTY CAMPS:

Please check all weeks that apply.

- June 10-14 (AM) _____ Babysitting Certification (ages 10-14): Armbrust YMCA
- June 17-21 (AM) _____ Babysitting Certification (ages 10-14): Sarpy YMCA
- June 17-21 (AM) _____ Babysitting Certification (ages 10-14): Downtown YMCA
- June 24-28 (PM) _____ Getting Messy (ages 5-8): Armbrust YMCA
- July 8-12 (AM) _____ Dance & Cheer (ages 5-8): Armbrust YMCA
- July 15-19 (AM) _____ Dance & Cheer (ages 9-12): Armbrust YMCA
- July 15-19 (AM) _____ LEGO-mination (ages 8-12): Sarpy YMCA
- July 15-19 (AM) _____ Babysitting Certification (ages 10-14): Downtown YMCA
- July 29-Aug. 2 (AM) _____ Babysitting Certification (ages 10-14): Armbrust YMCA

PAYMENT AGREEMENT

Scheduled Payments: Weekly Payments must be scheduled at time of registration. Payments will be withdrawn automatically 3 days prior to the camp start date.

DEBIT/CREDIT CARD INFORMATION

Card Type (check one): Visa Mastercard American Express Discover

Last 4 of credit card _____ (Card must be presented at time of registration)

Please use the account the YMCA has on file. Last 4 of credit card _____

Please note:

Returned payments will be assessed a \$10 return payment fee and may be electronically collected. Camp Fees not collected will be referred to an outside collection agency.

Child Care Subsidy: Families who receive State Assistance will be responsible for all unpaid fees, copays, or fees if authorization expires. Proof of Authorization must be provided to YMCA before child can be registered for Camp. Copays are due at the beginning of each month.

Attendance: I understand I am responsible for payment of all weeks registered, whether my child attends or not. I also understand that my child cannot attend if payment has not been made. All weeks are filled on a first come, first serve basis.

•The registration fee is a one time \$25 administrative fee.

•A non-refundable \$20 deposit per child/per week is required to secure your child's spot at time of registration. The remaining weekly fee is due 3 days prior to the week of camp your child is attending.

•Registration fee and deposits are non-refundable.

Signature _____ Date _____

SCHOLARSHIP OPPORTUNITIES

Scholarships are available to those in need of financial assistance. Child Care Subsidy is accepted at all locations except for Armbrust YMCA, Southwest YMCA, YMCA Camp Platte and specialty camps. Scholarship is given after Child Care Subsidy options have been denied.

Please complete the financial aid application (available at the Welcome Center) and return with your Child Care Subsidy denial letter. Scholarships are awarded on a first come, first serve basis within the resources of the Y.

I'D LIKE TO SPONSOR A KID WITH A CAMPERSHIP

Many of our campers attend Summer Day Camp each week on scholarships. We could not provide this to these families without help from people like you. Make a difference for a child & family in need.

By checking this box, I give the YMCA permission to add \$ _____ to my payment for a one-time tax deductible contribution to the Strong Communities Campaign.

CHILD INFORMATION & HEALTH FORM

Child: First Name _____ MI _____ Last Name _____

Address _____ Home Phone _____

City _____ State _____ Zip _____ Gender _____

Birthday _____ Age _____ School _____ Grade in the Fall _____

ANY KNOWN ALLERGIES/INTOLERANCES (food, insects, pollens, etc.) _____

Details: _____

ANY KNOWN SPECIAL NEEDS OR HEALTH ISSUES? _____

Medication, if any _____ Possible side effects _____

Will this medication be taken while he/she is at camp? YES NO If yes, please speak with the director.

Any recent operations, accidents, broken bones, vision or hearing conditions, or illnesses we should be aware of? _____

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REGISTRATION INFORMATION

How did you hear about us? _____

Mother's (or guardian) First Name _____ Last Name _____ Mother's DOB _____

Address _____ Home Phone _____

City _____ State _____ Zip _____ Work Phone _____

Employed by _____ Address _____

Father's (or guardian) First Name _____ Last Name _____ Father's DOB _____

Address _____ Home Phone _____

City _____ State _____ Zip _____ Work Phone _____

Employed by _____ Address _____

Name of Family Doctor _____ Phone _____

Address _____ City _____ State _____ Zip _____

Name of Dentist _____ Phone _____

Address _____ City _____ State _____ Zip _____

Family's Annual Income

- 0-\$14,999
- \$15,000-\$24,999
- \$25,000-\$34,999
- \$35,000-\$49,999
- \$50,000-\$74,999
- \$75,000+
- Unknown

Ethnic Background

- Hispanic or Latino
- Not Hispanic
- Unknown

Race

- Native American
- Asian
- Black
- Pacific Islander
- White
- Other
- Unknown

In case of EMERGENCY, we should contact the following person(s)
if parents cannot be reached:

(Please list names in order you would like them to be called)

A. Name _____ Phone _____

Address _____ Relation _____

B. Name _____ Phone _____

Address _____ Relation _____

C. Name _____ Phone _____

Address _____ Relation _____



AUTHORIZED PERSON(S) TO TAKE CHILD FROM SITE:

(You **MUST** list anyone who may pick up your child, including parents, guardians and emergency contacts)

A. Name _____ Relation to child _____

B. Name _____ Relation to child _____

C. Name _____ Relation to child _____

Please list any additional names on an additional sheet of paper.

Please speak with the Director if there is a person that is NOT authorized to pick up or see the child.

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I (we) expect to be notified at once in case of accident or illness to my/our child; I/we will make arrangements for medical care of my/our child with the physician or hospital of my/our choice; If I/we cannot be reached to make the necessary arrangements, I/we hereby authorize the YMCA to contact:

Dr. _____ at _____
PREFERRED HOSPITAL ADDRESS PHONE

or the nearest hospital for emergency medical treatment of _____
CHILD'S NAME

Furthermore, I/we certify that my child is, to my/our knowledge, in good health and free of disabilities that would endanger him/her or other children in the YMCA programs.

Parent's signature _____ Date _____

MEDICATION PERMISSION AND COMPETENCY

I _____ have determined that the YMCA staff is competent to give or apply medication to my child(ren). I understand that YMCA has the responsibility to assess the ability of staff to give or apply medication safely and may give or apply medications to my child.

Parent Signature: _____

Date: _____

Parent/Guardian Permission (check all that apply)

- My child has permission to swim during camp.
- My child has permission to swim in the deep end.
Swimming ability: Non-Swimmer Fair Good
Child must pass a deepwater test prior to being allowed to swim in the deep end EVERY DAY.
- I give my child permission to participate in field trips during camp. **Field Trips will include both walking and bus transportation.**
- I give to the YMCA, its nominees, agents and assigns, unlimited permission to use and publish testimonials, photos, videos, etc. for purposes of advertising and/or education.

Signature _____

TRANSPORTATION RELEASE

Parent or guardian: This form must be completed entirely as a necessary prerequisite for participation in transportation services. The YMCA of Greater Omaha (referred to as the "Association") is funded by public support and operated by the YMCA. The participant listed is participating in a YMCA program operated by the Association. The participant listed is requesting transportation to and from programs. Transportation may be provided by a private provider, a YMCA owned and operated vehicle and/or public transportation systems in the area. I (we) the undersigned understand and authorize the YMCA to transport

my child to and from activities offered by the Association. The signing of this permission slip releases and indemnifies the YMCA Association and its agents and/or employees from all liabilities, damages and any claims made by the child or on behalf of the child, including medical expenses incurred, should serious injury, loss of property, damages or death occur as a result of his/her participation in the transportation program. We fully understand the nature of the transportation services and the risk of serious injury, loss of property, damages or death associated with these services.

THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA Association, 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 therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases 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.

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases 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 Association premises or in any way observing or using any facilities or equipment of the Association or participating in any program affiliated with the Association whether caused by the negligence of the releases or otherwise.

THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releases or otherwise while in, about, or upon the premises of the YMCA Association and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the Association.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State 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 (Parent and/or Guardian)

_____ Printed name of participant
(First, Middle, Last, Suffix (Dr./Sr./II/III))

_____ Signature of parent or guardian

_____ Date of signature

_____ Other names used by parent or guardian
(Maiden/Previous Married/Alias/Nicknames)



Description of Services

The Southwest YMCA strives to give all kids the opportunity to discover who they are and what they can achieve. We offer a variety of enrichment activities that help each participant learn, grow, and thrive. Youth participate in small, age-appropriate groups where they build self-esteem and learn new skills. Our experiences are built on the Y's core values of caring, honesty, respect, and responsibility.

Days/Hours of Operation:

School Year: 7:00 am-6:00 pm

Ages of Children Served: 5-12 years old (must have attended Kindergarten)

Location Information

Southwest YMCA
13010 Atwood Ave.
Omaha, Ne. 68144
402.334-8487

Program Director:	Rachel Lowe
Executive Director:	Jill Schoenherr
CEO/President:	Chris Tointon

The Program Director is your primary contact for all information or any questions you have. We strongly encourage and invite parental participation and communication. All programs have an open door policy and we hope you take an active role in your child's day. If you have any questions concerns or grievances that you feel have not been addressed by the Program Director, please contact the Executive Director.

Special Services Provided

Swimming: We will swim at least 3 days during Summer Day Camp.

Field Trips: We will have walking field trips to places such as the library, park and Splash Pad. We will take buses to field trips as well.

Parents Expectations

Parents are expected to be involved in the quality experience

- Complete needed paperwork and provide up to date immunization records
- Share concerns or comments with program leadership
- Communicate any changes in health, behavior or other areas that might impact the children

Center Policies

Exclusion of Ill Children

Children who are ill may not return until they are symptom free for 24 hours. They must also be fever free for 24 hours, without the use of fever reducers. If your child becomes ill during program hours, you will be notified and requested to pick up your child immediately. Our staff will administer first aid for minor injuries. You will be notified if your child needs prompt medical care.

Fees

Fees must be paid by cash or credit card prior to dropping your child off for the day. You also have the option to keep a credit card on file for payments.

Attendance and Pick Up

Only the people you authorize in writing may pick up your child from the program. Children must be picked up from the program on time, or late charges will apply. Staff may ask for identification at time of pick up.

Termination of Care

We will make every attempt to work with children and teach appropriate behavior however we will suspend or terminate children as a last resort. We have the right to suspend or expel children from our program if they or their families threaten safety or interfere with the sustainability of a quality program.

Personnel Policies

Staffing is a key to a high-quality child care program. Each staff member goes through an extensive hiring process including a criminal history background check, reference checks, and interviews. We follow the DHHS staff qualification and training guidelines. Staff receive annual training relating to children, health and safety skills and are First Aid and CPR certified. Staff must complete a health physical (no requirement of immunization record).

Staff discipline procedures are outlined in the Employee Handbook/Child Care Center Standards.

Parents will receive a copy of the Parent Information Brochure from DHHS and return the Receipt of Parent Information Brochure.

Received Parent Information Brochure

I have received a copy of the Parent Information Brochure and the Center's Description of Services and Policies.

Parent Signature

Date

Licensed Child Care

You have chosen to use a licensed Child Care provider for the care of your child or children.

According to Nebraska State law (Neb. Rev. Statute 71-1909), the licensing and regulation of Child Care programs exists to protect children and to assist parents in making informed decisions about the enrollment and care of their children in Child Care programs. These licensing and regulatory responsibilities are within the Department of Health and Human Services (DHHS).

Nebraska Law requires anyone providing care to four or more children from different families, for compensation, to be licensed.

The Types of Licensed Child Care in Nebraska are:

Family Child Care Home I
Family Child Care Home II
Preschool
Child Care Center
School-Age Only Center



Roles and Responsibilities of Child Care Licensing

The roles and responsibilities of DHHS Child Care Licensing staff are to ensure that programs are providing proper care for and treatment of the children they serve, and that the care and treatment are consistent with the child's physical well-being, safety, and protection.

Licensed Child Care programs are encouraged to involve you. We urge you to let your Child Care provider's staff know of any concerns. There may be situations where you believe that the program is not responding to your concerns or may not be meeting state licensing standards. This brochure,

which Child Care providers are required to share with you, provides information that might be helpful in those situations. Please complete the receipt section and return it to your Child Care provider. This will be kept with your child's records.

Responsibilities of Licensed Child Care Providers

Licensed Child Care providers should:

Comply with child care regulations for their license type at all times.

Obtain and maintain accurate records for children they have in care, such as Enrollment Forms, Parent Information Brochure Receipts, Immunization Records and Medication Administration records.

Keep accurate and up-to-date records for their license and staff members. Report changes to Child Care Licensing and complete required paperwork to reflect changes.

Allow access to their licensed facility when children are in care at all times to parents, Child Care Licensing representatives and the Fire Marshal.

Develop policies and procedures for their programs.

Communicate with families their needs and concerns for the children in care.

Contact Child Care Licensing with any question or concerns they may have.
800-600-1289
402-471-9278 or
dhhs.ne.gov/publichealth/Pages/crl_childcare_childcareindex.aspx

Expectations of Child Care Consumers

As a consumer of Licensed Child Care you should:

Read thoroughly all the information your provider gives you.

Complete your Child's Record Forms and return to your provider before your child begins care. Review and update these records as needed.

Supply your provider with your child's immunization records and keep them updated as needed.

Sign and date the receipt of this Parent Information Brochure for Licensed Child Care and return it to your provider before your child begins care.

Talk to your Child Care provider regularly to address needs and concerns for your children in care and as a parent.

Be informed of the child care regulations. Make sure you know what your licensed child care provider is regulated to do or not do.

Contact Child Care Licensing with any questions or concerns you may have.
800-600-1289
402-471-9278 or
dhhs.ne.gov/publichealth/Pages/crl_childcare_childcareindex.aspx



Contact Information for Child Care Licensing

The following information may be of help in gathering information about Child Care Licensing and includes a mailing address, phone numbers and websites.

For questions regarding Child Care Licensing:

800-600-1289 (toll free)

Child Care Licensing

Department of Health and Human Services
PO Box 94986

Lincoln, NE 68509-4986

dhhs.ne.gov/publichealth/Pages/crl_childcare_childcareindex.aspx

Review or request a copy of Child Care Licensing Regulations:

dhhs.ne.gov/Pages/reg_t391.aspx

Phone: 800-600-1289

Request copies of Compliance Reviews, the results of Licensing visits to the provider:

Douglas, Sarpy, Washington, Cass

County—402-595-3343

All other counties—800-600-1289

Review Negative Actions:

dhhs.ne.gov/publichealth/Pages/crl_monthlydisciplinereports.aspx

Make a complaint:

dhhs.ne.gov/publichealth/Pages/crl_childcare_complaints.aspx

Phone: 800-600-1289

Review or request a roster of Licensed Child Care Providers:

dhhs.ne.gov/publichealth/Documents/ChildCareRoster.pdf

Phone: 800-600-1289

Additional Resources

These resources may be of additional interest to you.

Child Abuse/Neglect Hotline
800-652-1999

Child and Adult Care Food Program:
800-731-2266

www.education.ne.gov/NS/cacfp/index.html

Child Care Subsidy (ACCESS Nebraska)
accessnebraska.ne.gov

Nebraska Dept of Health and Human Services
dhhs.ne.gov

Nebraska Immunization
dhhs.ne.gov/publichealth/Pages/immunization_index.aspx

State of Nebraska
nebraska.gov

Child Care Licensing
dhhs.ne.gov/publichealth/Pages/crl_childcare_childcareindex.aspx

National Children's Coalition
teenzeen.org

Receipt of Parent Information Brochure

Child Care Program Name: _____

Enrolled Child(ren)'s names: _____

Parent/Guardian Names: _____

Parent/Guardian Signature: _____

Date: _____

Sign, date and return to your Child Care provider before your child(ren) begin care. Your Child Care provider must retain this

Receipt on site for review.



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of Greater Omaha Camper Code of Conduct

Our goal is to provide the highest quality recreational day camp in a safe environment for the campers. Please assist us in maintaining a safe and enjoyable environment by following the camper code of conduct.

- Be respectful of the feelings and properties of others, by treating them the same way that they would want to be treated while treating others with courtesy and consideration.
- Show respect to the staff and cooperate with their instructions and rules.
- Know and follow the rules of camp.
- Communicate with others in an appropriate manner. No use of foul language.
- Refrain from the verbal or physical harm of other participants and/or staff.
- Understand that any form of pushing, kicking, hitting, or fighting is unacceptable and will not be tolerated.
- Use equipment and supplies in an appropriate manner.
- Be fully responsible for his/her action and understand the consequences of any inappropriate actions.

Consequences for misbehaving or breaking camp rules will be:

1st and 2nd offense: The inappropriate behavior will be discussed with the child as well as positive alternatives by their teacher/counselor.

3rd offense: The inappropriate behavior will again be discussed with the child as well as positive alternatives, then a time out will be enforced, 1 minute for every year they are old by their teacher/counselor or the Director.

4th offense: A meeting will be scheduled with the child's teacher/counselor, director and family before the child is allowed back into the program. If the behavior continues and threatens the safety of other children, suspension from the program can be implemented.

Any child who exhibits aggressive, physical behavior towards another child or adult will have his/her parents contacted and the parent may be required to come and pick up their child from the program. Immediate dismissal will result if a child is continuously exhibiting behaviors such as biting, inappropriate language, hitting, spitting, or otherwise harmful behaviors. The Suspension, Expulsion and Reinstatement process will be used. Please see your program director for more information.

I have read and understand the above policy. I assume the responsibility for insuring my child is aware of this policy and the consequences of his/her actions should there be such offense.

Parent/Guardian signature: _____ **Date** _____

Child/Participant signature: _____ **Date** _____

The mission of the YMCA of Greater Omaha is to put Christian principles into practice to provide programs that build healthy spirit, mind and body for all.