

YMCA SOUTHCOAST SUMMER CAMPS 2009 REGISTRATION FORM

CAMP FREDERICK DOUGLASS

LAST NAME	FIRST NAME	() MALE () FEMALE	D.O.B. / /	AGE AT CAMP	GRADE
MAILING ADDRESS		CITY	STATE	ZIP	
HOME PHONE	CELL PHONE	RECEIVE NEWSLETTERS! *EMAIL*			
SUMMER ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP	
SUMMER PHONE		SECOND EMAIL			
PARENT'S FULL NAME		WORK PHONE	CELL PHONE		
PARENT'S FULL NAME		WORK PHONE	CELL PHONE		
GUARDIAN'S NAME (IF DIFFERENT)		WORK PHONE	CELL PHONE		
DO BOTH PARENTS RESIDE AT HOME? () YES () NO					
EMERGENCY CONTACT		HOME PHONE	CELL PHONE	RELATION	
OTHER AUTHORIZED PICK-UP		HOME PHONE	CELL PHONE	RELATION	
OTHER AUTHORIZED PICK-UP		HOME PHONE	CELL PHONE	RELATION	
DO NOT RELEASE MY CHILD TO THE FOLLOWING PERSON(S):					
GROUP WITH FRIEND					

CAMP SELECTION

FREDERICK DOUGLASS	CAMP	AGES	SESSION	SELECTION
THIS CAMP CONSISTS OF 9 1-WEEK SESSIONS BEGINNING JUNE 22.	<i>For session dates, please see camp brochure.</i>			
PLEASE WRITE IN THE SESSION(S) YOUR CHILD WILL BE ATTENDING.	Traditional	5-13	1 - 9	_____
FEE'S	Sports mix	7-10	1	_____
MEMBERS - \$110/WEEK	Basketball	8-13	2, 9	_____
\$140/WEEK 8*	Flag football **	8-13	3	_____
*Field hockey camp only	Soccer **	8-13	4	_____
GEN. PUBLIC - \$120/WEEK	Softball **	8-13	6	_____
\$160/WEEK 8*	Baseball **	8-13	7	_____
*Field hockey camp only	Field hockey **	10-15	8	_____
EXTENDED CARE				
AM OR PM - \$20				
BOTH - \$35				

** Please note that these camps are located at Ben Rose Field. Campers must be dropped off and picked up at this location.

CAMP INFORMATION

CAMP DESCRIPTION

We offer a small, positive camp setting allowing the individuality of each camper to flourish throughout the summer. We strive to build the self esteem and confidence of each child while teaching them the core values of the YMCA- **Caring, Honesty, Respect, and Responsibility**. Understanding the importance of selecting the right camp for your child, we welcome your questions and invite you to visit the camp during our **Welcome to Camp Day** or when you register. Parents /Guardians are responsible for providing transportation to and from Camp Douglass. Camp Frederick Douglass operates according to the standards set forth by the American Camp Association and the Massachusetts Department of Health.

CAMP DATES

Session A/1: June 22 - June 26	1 week
Session B/2: June 29 - July 3	1 week
Session C/3: July 6 - July 10	1 week
Session D/4: July 13 - July 17	1 week
Session E/5: July 20 - July 24	1 week
Session F/6: July 27- July 31	1 week
Session G/7: August 3 - August 7	1 week
Session H/8: August 10 - August 14	1 week
Session I/9: August 17 - August 21	1 week

PAYMENT INFORMATION

TOTAL FROM FRONT PAGE \$ _____
FINANCIAL AID AUTO GRANT \$ _____
TOTAL CAMP FEES \$ _____

VOLUNTARY DONATION \$ _____

PAYMENT TYPE

Check Total \$ _____

Cash Total \$ _____

Credit Card (Master Card, VISA, Discover, American Express) \$ _____

Card No. _____ Expiration Date ____/____

Name (as it appears on Credit Card) _____

Signature _____

PAYMENT DUE DATES

Sessions 1-3 are due by June 15, 2009 • Sessions 4-6 are due by July 15, 2009

PAYMENT PLAN OPTION

An automatic credit card or checking account payment plan is available. Please contact us for appropriate paperwork regarding this payment option. Camp slots will not be held. Unpaid slots will be available to children on our waiting list.

DEPOSITS, REFUNDS AND PAYMENT POLICY: A \$50 deposit per session is required for each child at the time of registration. Your deposit is non-refundable and not transferable to other programs or other sessions. If you need to change your session, an additional \$50 will be charged. Requests for refunds will not be honored unless approved by the Camp Director for extenuating circumstances. Session dates cannot be switched.

CANCELLATIONS: A 2-week written notice is required. You'll be refunded the camp fee paid less the \$50 deposit. Refunds or credits take approximately 2-3 weeks.

YMCA FINANCIAL ASSISTANCE: By Application. If economic or other family circumstances prevent your child from participating in our programs, please contact the Camp Office for a financial aid application. All requests are confidential and must be received no later than May 1, 2009. A \$25 deposit per child is required at the time of registration. Financial assistance is provided for non-subsidized families for one session only due to the number of children in need. Financial Aid is made possible through the United Way and donations raised through the YMCA's annual fundraising campaign.

PACE VOUCHERS: If you are eligible to receive funding through PACE Child Care Works, a \$25 fee or verification letter is required to reserve a space for your child. If you have an approved voucher for camp, you will be charged according to your parent fee amount.

PARENT AGREEMENT: I have read and understand the payment and refund policies for the YMCA Southcoast Day Camp Program. I give my child permission to participate in camp activities including but not limited to ropes course programs, swimming lessons, basketball, soccer, tetherball, archery, arts & crafts, skateboard park, boating, and walking field trips. I approve photos to be taken of my child for use in YMCA promotional materials. I am aware that an incomplete or unsigned registration will be returned to me for completion. I hereby give my permission to the medical personnel selected by the camp director to act in the best interest of my child in the case of an emergency. Every effort will be made to contact the parent, guardian and emergency contacts.

I do not wish photos to be taken of my child.

Signature of Parent or Guardian(Required) _____ Date _____

MEDICAL INFORMATION: In addition to the information below, you must complete the attached medical history form found on the front of this booklet, AND attach your child's immunization record. Your registration WILL NOT BE PROCESSED unless all of these forms are attached and completed. Updated medical records are required by state mandate. Your child will not be registered or admitted into camp unless all required information is on file.

ALLERGIES _____ MEDICATIONS _____

Any conditions staff who will be supervising your child should be made aware of to allow your child a positive camp experience. (for example: fear of swimming or lightning, physical limitations)

Date of last physical _____ Office use: FORM ON FILE _____

YOU MAY REGISTER BY MAIL OR IN PERSON.

CAMP FREDERICK DOUGLASS
NEW BEDFORD YMCA
25 SOUTH WATER STREET
NEW BEDFORD, MA 02748
508.993.3361

AUTO GRANT

This optional financial assistance is made available through YMCA Southcoast's Annual Scholarship Fund and is intended for non-subsidized families in need.

Deduct \$10 for one-week sessions.

Deduct \$5 for one-week, 1/2 day scamper camp.

DONATE

Every year, YMCA Southcoast provides financial assistance for those families who cannot afford to send their child or children to camp. These funds are made possible through the YMCA's annual fundraising campaign and by the donations of people like you. If you would like to make a donation to this campaign, please indicate your contribution in the donate line to the left.

If you would like to receive more information on financial assistance, please contact the membership director at your local YMCA.