

# 2022 YMCA SOUTHCOAST Summer Camp Registration Form

(One form per child, please print - MUST be completed and returned to the Camp of your choosing)

Camper's Name: First \_\_\_\_\_ Last \_\_\_\_\_ Gender:  F  M  ENBY  
Camper's pronouns: (circle) He/His She/Hers They/Theirs Other \_\_\_\_\_

Home Phone \_\_\_\_\_ Birth Date \_\_\_\_\_ Age as of 7/1/22 \_\_\_\_\_ Grade as of 9/1/22 \_\_\_\_\_

Home Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Work # \_\_\_\_\_

Address (If different from above) \_\_\_\_\_

Cell (Required) \_\_\_\_\_ Day/Work Location \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Work # \_\_\_\_\_

Cell (Required) \_\_\_\_\_ Day/Work Location \_\_\_\_\_

Primary Email (Required) \_\_\_\_\_ Secondary Email \_\_\_\_\_

Email is our primary method of communicating camp information, schedules, and any possible last minute changes throughout the summer. Early registration is recommended. In order to ensure the safety of all children and the appropriate staffing ratios, a completed registration form along with payment must be received 1 week prior to camp session start date. If the session is full, you will be placed on a waiting list.

**Emergency Notification Information (Required):** In case of emergency, if after both primary guardians cannot be reached, please list 2 additional people who can be contacted and would be authorized to pick up your child. **Photo ID required.**

1) Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relation \_\_\_\_\_

2) Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relation \_\_\_\_\_

**\*Please note that additional authorized pick ups must be added in writing or by email from the guardian to camp office.**

**DO NOT RELEASE TO:** Please list anyone to whom you do not want your child released.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

## Health History (Required):

List any current allergies: \_\_\_\_\_

List any current activity or dietary restrictions: \_\_\_\_\_

Describe any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp (i.e. ADHD, Autism, ODD, etc.): \_\_\_\_\_

Is your child on an IEP or 504 plan?  Yes  No If yes, please provide a copy of the plan.

List any current medications to be taken while at camp: \_\_\_\_\_

Reasons for the above medications: \_\_\_\_\_

**Medications to be administered at camp must be in original container accompanied by written and signed instructions from the parents or doctor on a Y Medication Consent Form. Example: EpiPen must be in original container. Campers may not carry medication at any time.**

## Required Forms & Documents:

Copy of Physical within the last year  Copy of Immunization Record  Medication Consent Form (If Applicable)

Individual Education Plan or 504 Plan (If Applicable)

**\*\* Please note that all campers with special conditions or medications will be required to complete and return an Individual Health Care plan and/or Medication Consent Form prior to starting camp.**

Your child's medical insurance carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

I authorize that the information provided above is accurate and complete to the best of my knowledge.

Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

Per DPH regulations, parents may request copies of background check, health care and discipline policies as well as the procedure for filing grievances.

Camper's Name: First \_\_\_\_\_ Last: \_\_\_\_\_ DOB: \_\_\_\_\_

CAMP LOCATIONS					
Camp Frederick Douglass New Bedford YMCA	Camp Massasoit Mattapoisett YMCA	Camp Metacomet Dartmouth YMCA	Camp Nep in Nae Gleason Family YMCA	Camp Quequechan Fall River YMCA	Camp Weetamoe Stoico/FIRSTFED YMCA

2022 CAMP SESSIONS *(CLOSED JULY 4 <sup>TH</sup> )								
A	B*	C	D	E	F	G	H	I
6/27-7/1	7/5-7/8	7/11-7/15	7/18-7/22	7/25-7/29	8/1-8/5	8/8-8/12	8/15-8/19	8/22-8/26

OFFERINGS	LOCATION	SESSIONS OFFERED
Traditional Ages 5-6	All Locations	All Sessions
Traditional Ages 7-12	All Locations	All Sessions
Leaders in Training 13-14	All Locations	All Sessions

SPECIALTY CAMPS	LOCATION	SESSIONS OFFERED
Counselor In Training Ages 15-16 (7-Week Session)	Massasoit, Metacomet, Weetamoe	B-H
Sail (2-Week Sessions) *Must pass swim test	Massasoit	A-B, C-D, E-F, G-H
Ocean Kayak *Must pass swim test	Massasoit	B, D, F, H
Sports	Massasoit	C, D, E, F, G, H
Silly Science	Massasoit	C, E, G
Karate	Nep In Nae	A, C, E, G
Sports	Nep In Nae	B, D, F
Scamper Age 4	Weetamoe	All Sessions
Acro Ages 8-14	Weetamoe	C, F, I
Cheer Ages 8-14	Weetamoe	B, E, H
Dance Ages 8-14	Weetamoe	A, D, G

SESSION	CAMP LOCATION	TRADITIONAL	SPECIALTY	PLEASE LIST SPECIALITY CAMP
A		<input type="checkbox"/>	<input type="checkbox"/>	
B		<input type="checkbox"/>	<input type="checkbox"/>	
C		<input type="checkbox"/>	<input type="checkbox"/>	
D		<input type="checkbox"/>	<input type="checkbox"/>	
E		<input type="checkbox"/>	<input type="checkbox"/>	
F		<input type="checkbox"/>	<input type="checkbox"/>	
G		<input type="checkbox"/>	<input type="checkbox"/>	
H		<input type="checkbox"/>	<input type="checkbox"/>	
I		<input type="checkbox"/>	<input type="checkbox"/>	

2022 CAMP RATES		
Traditional Camp • 5-6 year olds	Member: \$290	Program Participant: \$340
Traditional Camp • 7-12 year olds	Member: \$265	Program Participant: \$315
Specialty Camps • 8-14 year olds	Member: \$290	Program Participant: \$340
Sailing (2 Week Session) • 8-14 year olds	Member: \$630	Program Participant: \$730
Counselor in Training (CIT- 7 Weeks) • 15-16 year olds	Member: \$700	Program Participant: \$800
Leaders in Training (LIT) • 13-14 year olds	Member: \$265	Program Participant: \$315
Bussing & Extended Care Rates (Bussing available at Massasoit only)	Bus: \$50/wk   \$25 1-way Extended Care: \$40am & \$40pm (Limited space available)	

### CAMP ARRIVAL & DEPARTURE

SESSION	AM			PM		
A	<input type="checkbox"/> Drop Off	<input type="checkbox"/> Extended Care	Bus: ____ Stop: ____	<input type="checkbox"/> Pick Up	<input type="checkbox"/> Extended Care	Bus: ____ Stop: ____
B	<input type="checkbox"/> Drop Off	<input type="checkbox"/> Extended Care	Bus: ____ Stop: ____	<input type="checkbox"/> Pick Up	<input type="checkbox"/> Extended Care	Bus: ____ Stop: ____
C	<input type="checkbox"/> Drop Off	<input type="checkbox"/> Extended Care	Bus: ____ Stop: ____	<input type="checkbox"/> Pick Up	<input type="checkbox"/> Extended Care	Bus: ____ Stop: ____
D	<input type="checkbox"/> Drop Off	<input type="checkbox"/> Extended Care	Bus: ____ Stop: ____	<input type="checkbox"/> Pick Up	<input type="checkbox"/> Extended Care	Bus: ____ Stop: ____
E	<input type="checkbox"/> Drop Off	<input type="checkbox"/> Extended Care	Bus: ____ Stop: ____	<input type="checkbox"/> Pick Up	<input type="checkbox"/> Extended Care	Bus: ____ Stop: ____
F	<input type="checkbox"/> Drop Off	<input type="checkbox"/> Extended Care	Bus: ____ Stop: ____	<input type="checkbox"/> Pick Up	<input type="checkbox"/> Extended Care	Bus: ____ Stop: ____
G	<input type="checkbox"/> Drop Off	<input type="checkbox"/> Extended Care	Bus: ____ Stop: ____	<input type="checkbox"/> Pick Up	<input type="checkbox"/> Extended Care	Bus: ____ Stop: ____
H	<input type="checkbox"/> Drop Off	<input type="checkbox"/> Extended Care	Bus: ____ Stop: ____	<input type="checkbox"/> Pick Up	<input type="checkbox"/> Extended Care	Bus: ____ Stop: ____
I	<input type="checkbox"/> Drop Off	<input type="checkbox"/> Extended Care	Bus: ____ Stop: ____	<input type="checkbox"/> Pick Up	<input type="checkbox"/> Extended Care	Bus: ____ Stop: ____

#### CAMP HOURS:

9:00am-4:00pm

#### EXTENDED CARE HOURS (LIMITED AVAILABILITY):

Fall River, New Bedford: 7:30-9:00am | 4:00-5:30pm

Dartmouth, Gleason Family, Mattapoisett, Stoico/FIRSTFED: 8:00-9:00am | 4:00-5:00pm

### Payment Information

Full payment enclosed   
  EFT account on file   
  I am currently registered in the Y Child Care program. Please continue drafting my EFT account on file, with new camp fees.

Please contact me to set up a payment plan!

Email \_\_\_\_\_ Phone \_\_\_\_\_

Check Total \$ \_\_\_\_\_ Cash Total \$ \_\_\_\_\_ Credit Card Total \$ \_\_\_\_\_

Credit Card Type/Number \_\_\_\_\_ Exp Date \_\_\_\_\_

Name as it appears on Credit Card \_\_\_\_\_ CVV \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

YES! I want to donate to support sending kids to Camp! Donation \$ \_\_\_\_\_

Total • All Sessions	\$ _____
Discounts	\$ - _____
<b>Total Fees Due</b>	<b>\$ _____</b>

### PARENT AGREEMENT

**PROTECTION FROM BITING INSECTS AND THE SUN:** Camp staff shall at times encourage campers to reduce ultraviolet exposure from the sun and exposure to biting insects. Such measures shall include, but need not be limited to; encouraging the use of wide brim hats, long sleeve shirts, long pants, screens with a solar protection factor of 25 or greater and the use of sunscreen, lip balm, and insect repellent. Please initial below to acknowledge that you have read and understood this policy. **I have read and understood YMCA SOUTHCOAST's sun protection and insect repellent policy: (INITIALS required)** \_\_\_\_\_

**HAND SANITIZER PERMISSION:** We will be significantly increasing hand washing and sanitizing procedures throughout the day. **I give permission for more child to use hand sanitizer (INITIALS required)** \_\_\_\_\_

**FACE COVERINGS:** YMCA Southcoast Summer Camps will follow guidelines from the Centers for Disease Control (CDC), YMCA of the USA, and state and local public health (DPH) officials in regards to the use of masks. By signing, I acknowledge that my child may be required to wear a mask in order to attend camp.

*I have read and understand the payment and refund policies for the YMCA SOUTHCOAST Summer Day Camp Program. I give my child permission to participate in camp activities and walking field trips. I approve photos to be taken of my child for the use in Y marketing materials. I am aware that incomplete or unsigned registration forms will be returned to me for completion. I hereby give permission to the medical personnel selected by the camp director to act in the best interest of my child in the event of an emergency. Every effort will be made to contact the parent, guardian and emergency contact*

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

**Signature of Parent or Guardian (Required)** \_\_\_\_\_ **Date** \_\_\_\_\_

# 2022 YMCA SOUTHCOAST SUMMER DAY CAMP

## REQUIRED FORMS

Please provide the camp with any information that will help give your child a positive camp experience.

- Registration Form – Every camper must have this form signed by a parent/guardian.
- Health History – Every camper must have this form completed each year.
- Immunization Record – Every camper must have this form or equivalent signed by physician.
- A current physical within last 12 months.

Children with medications to be taken at camp or any special conditions must fill out a medication consent form and/or individual health care plan in addition to registration form. Available upon request.

## COVID-19

We are closely monitoring information about COVID-19 and will make adjustments according to the guidelines from the Centers for Disease Control (CDC), YMCA of the USA, and state and local public health (DPH) officials as they become available. Policies and procedures can be found in the Camp Parent Handbook. We will continue to update our website and email the most current information.

## PAYMENT OPTIONS

Weekly payment plans are available. Sign up for electronic payments using your checking account or credit card. Contact the respective camp office for more information. Registrations will not be held past the due date without full payment.

## DEPOSIT

A deposit fee of \$25 per session, per child is required at the time of registration. The deposit fee is not refundable and cannot be transferred to other programs, persons or sessions. This deposit is applied toward your total camp fee. Families with a current PACE voucher do not need to provide a deposit, but all paperwork including a copy of the voucher is required to reserve your child's place at camp.

## PAYMENT DUE DATES

Payment is due one week prior to the camp session start date. If payment lapses, your child may not be able to participate.

## CANCELLATIONS, REFUNDS, AND WITHDRAWALS

A written two week notice is required to withdraw your child from camp. Tuition, less than the \$25 deposit, will be refunded. Refunds after the start of the camp sessions are made only if the child has an illness or an injury requiring doctor's care or a note from the physician stating that he/she is unable to participate in camp activities. Please be advised that refunds take 2-3 weeks. Requests for session changes should be submitted at least one week prior to the earliest session involved in the change.

## AUTHORIZED PICK UP

Please list anyone who is 16 or older that you would allow your child to be released to when it is time to pick them up from camp. Proper identification is required before a child will be released. This policy is strictly enforced.

## CAMP FOR ALL FINANCIAL ASSISTANCE

If economic or other family circumstances prevent your child from participating in our camp, please submit camp financial assistance application and provide supporting documentation to the camp of your choice by May 1, 2022. Financial aid will be awarded based on eligibility and in the order applications are received. Priority will be given to those received by the deadline.

- All required documentation must accompany request. All requests are kept confidential.
- YMCA SOUTHCOAST welcomes all recipients of state vouchers and subsidy programs. If you are eligible to receive funding through a voucher agency, a copy of the voucher 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.

## MULTI-CHILD DISCOUNT

To thank you for your family's commitment to our camps we offer a 10% discount for each additional child attending the same week from the same household. Families who receive financial aid or other subsidized funds are not eligible for this discount. **BECOME A Y MEMBER AND SAVE!** YMCA Southcoast members save \$50 per session.

## EARLY REGISTRATION DISCOUNT. REGISTER NOW & SAVE!

- Register for 4 weeks of camp at full price by 5/1/2022 and receive 20% off each additional week per child.
- Register for 4 weeks of camp at full price after 5/1/2022 and receive 10% off each additional week per child.