



# In response to delayed school openings YMCA Southcoast will be offering care through September 11th 2020!

Space will be limited.

For Families receiving subsidies you will also need to:

- Complete Confirmation of Provider Form to extend summer voucher/contract.
- Families continuing through school year, must also complete Confirmation of Provider form for school year.
- Please turn in the school year forms as soon as possible.
- \* Please contact camp office for these forms.

Year round families should complete required registration forms as soon as possible to secure your spot in available programs!  
Please contact your child care director for registration forms.

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

## REGISTRATION

Please fill out the chart below with all necessary information including which camps and sessions you would like your child to attend.

Member: \$235 Program Participant: \$285	<b>J</b>	<b>K</b>	<b>L</b>
<b>Session</b>	Aug 24-28	Aug 31-Sept 4	Sept 7-11
<b>Camp Name</b> (location)			
Did your child(ren) attend camp this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Children who have already attended camp DO NOT need to complete a new form. Please submit this page only.</b>

### Parent Agreement Payment is due one week prior to the camp session start.

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 contacts.

I do not wish photos to be taken of my child

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

### Payment Information

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 \$ \_\_\_\_\_

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.

Total • All Sessions	\$ _____
Extended Care & Transportation Fees	\$ _____
Discounts	\$ - _____
<b>Total Fees Due</b>	<b>\$ _____</b>

# 2020 YMCA SOUTHCOAST Extended 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  
Camper's preferred pronouns: (circle) He/His She/Hers They/Theirs Other \_\_\_\_\_

Home Phone \_\_\_\_\_ Birth Date \_\_\_\_\_ Age as of 7/1/20 \_\_\_\_\_ Grade as of 9/1/20 \_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_ Work # \_\_\_\_\_

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

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

Parent/Guardian Name: \_\_\_\_\_ 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 \_\_\_\_\_

**Authorized Pick Up Information:** Please list 2 additional people who are authorized to pick up your child at any time. **Photo ID required.**

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

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

**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 dietary restrictions: \_\_\_\_\_

List any current or past medical treatment that would affect your child's day at camp: \_\_\_\_\_

List any activities your child should be restricted from: \_\_\_\_\_

Describe any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp: \_\_\_\_\_

List any current medications (prescriptions AND over the counter): \_\_\_\_\_

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.**

**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) \_\_\_\_\_

## Required Forms:

Copy of Physical within the last year  Copy of Immunization Record  Individual Health Care Plan (If Applicable)

Medication Consent Form (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.

## 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.

Medication Forms are available upon request.

## 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 one week notice is required to withdraw your child from camp. Tuition, less than the \$25 deposit, will be refunded if notice is received one week prior to your child's camp session. 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.

## CAMP FOR ALL FINANCIAL ASSISTANCE

If economic or other family circumstances prevent your child from participating in our camp, please fill out a financial assistance application and return it to the camp of your choice by May 1, 2020. 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 discounts for multiple children attending the same week from the same household. Families who receive financial aid or other subsidized funds are not eligible for this discount.

- 2nd Child - \$20 off per session
- 3rd Child - \$25 off per session
- 4 or more Children - \$30 off per session

## 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.

# QUESTIONS? WE ARE HERE TO HELP!

Visit us at [ymcasc.org](http://ymcasc.org) or call your local Y branch for more information.



## Camp Frederick Douglass

New Bedford YMCA  
Contact: Kristin Jackson  
[kjackson@ymcasc.org](mailto:kjackson@ymcasc.org)  
508.997.0734



## Camp Massasoit

Mattapoisett YMCA  
Contact: Stephanie Winterson  
[swinterson@ymcasc.org](mailto:swinterson@ymcasc.org)  
508.758.4203



## Camp Metacomet

Dartmouth YMCA  
Contact: Eddie Rouxinol  
[erouxinol@ymcasc.org](mailto:erouxinol@ymcasc.org)  
508.993.3361



## Camp Nep-In-Nae

Gleason Family YMCA  
Contact: Shayna Santiago  
[ssantiago@ymcasc.org](mailto:ssantiago@ymcasc.org)  
508.295.9622



## Camp Quequechan

Fall River YMCA  
Contact: Emily Holmes  
[eholmes@ymcasc.org](mailto:eholmes@ymcasc.org)  
508.675.7841



## Camp Weetamoe

Stoico/FIRSTFED YMCA  
Contact: Ashley Keane  
[akeane@ymcasc.org](mailto:akeane@ymcasc.org)  
508.678.9622