

2023 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 and turned into camp office at least 1 week prior to camp start date.
- Immunization Record – Every camper must have this form or equivalent signed by physician.
- A current physical within last 18 months.
- IEP or 504 Plan (if applicable)

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.

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 two weeks prior to the camp session start date. Failure to pay on time will result in losing your spot.

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.

REGISTER FOR MORE CAMP & SAVE!

- Register for 4 weeks of camp at full price by 5/1/2023 and receive 20% off each additional week per child.
- Register for 4 weeks of camp at full price after 5/1/2023 and receive 10% off each additional week per child.

YMCA Southcoast members save \$50 per session.

CANCELLATIONS, REFUNDS, AND WITHDRAWALS

A written four week notice is required to withdraw your child from camp. Tuition, less than the \$25 deposit, will be refunded. Refunds after the 4 weeks or 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 two weeks 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 submit camp financial assistance application and provide supporting documentation to the camp of your choice by May 1, 2023. 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.

CAMP HANDBOOKS & POLICIES

Please visit our website or contact camp office for individual camp handbooks and policies.

Website: ymcasc.org

CAMP HOURS

Camp hours are 9:00am-4:00pm with extended care options available. Transportation available for Camp Massasoit only.

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
--	--	---	---	---	--

2023 CAMP SESSIONS (Closed July 4th)

A	B*	C	D	E	F	G	H	I
6/26-6/30	7/3-7/7	7/10-7/14	7/17-7/21	7/24-7/28	7/31-8/4	8/7-8/11	8/14-8/18	8/21-8/25

TRADITIONAL CAMP OFFERINGS	LOCATION	COST	SESSIONS
Traditional Ages 5-6	All Locations	M: \$305 PP: \$355	All Sessions
Traditional Ages 7-14	All Locations	M: \$280 PP: \$330	All Sessions

SPECIALTY CAMPS	LOCATION(S)	COST	SESSIONS
Counselor In Training Ages 15-16 (7-Week Session)	Massasoit, Weetamoe	M: \$735 PP: \$835	B-H
Acro Ages 9-14	Weetamoe	M: \$305 PP: \$355	C, F, I
Cheer Ages 9-14	Weetamoe	M: \$305 PP: \$355	B, E, H
Dance Ages 9-14	Weetamoe	M: \$305 PP: \$355	A, D, G
Drama Ages 9-14	Metacomet	M: \$305 PP: \$355	D, F
Farm to Table 9-14	Metacomet	M: \$330 PP: \$380	C, E
Ocean Kayak Ages 9-14 *swim test	Massasoit	M: \$305 PP: \$355	B, D, F, H
Pottery (2-Week Sessions) Ages 9-14	Massasoit	M: \$660 PP: \$760	C-D, E-F
Sail (2-Week Sessions) Ages 9-14 *swim test	Massasoit	M: \$660 PP: \$760	A-B, C-D, E-F, G-H
Scamper Age 4	Weetamoe	M: \$305 PP: \$355	All Sessions
Science Exploration Ages 9-14	Massasoit, Nep in Nae, Weetamoe	M: \$305 PP: \$355	Massasoit & Nep in Nae: A, C, E Weetamoe: All Sessions
Sports Ages 9-14	Nep in Nae	M: \$305 PP: \$355	B, D, F

SPECIALTY CAMP DESCRIPTIONS

Acro: This camp is ideal for children interested in tumbling. This builds the foundation of acrobatic skills.

Cheer: This camp focuses on technique, stunting, and tumbling.

Counselor in Training: This camp nurtures leadership and responsibility while training young adults in the skills necessary to become potential staff members.

Dance: A fun upbeat camp. Improve flexibility, balance, and coordination. Weekly performances.

Drama: Put your theatrical skills to the test! Campers will work throughout the week to prepare a theatrical production during our Friday awards ceremony. Campers will learn lines, design sets and build props to enhance their dramatic experience and build self-confidence.

Farm to Table: Campers will cultivate and harvest flowers, herbs, and vegetables and learn how to use the bounty of the farm to make delicious meals.

Ocean Kayak: Campers will learn basic paddling strokes, boat safety, take trips around the harbor and participate in traditional camp activities. Passing deep end swim test required.

Pottery: Campers will learn a variety of hand-building techniques, surface design application, and even get their hands on the potter's wheel! By the end of this two week session, campers will have gained skills in ceramics and have a collection of beautiful, glazed pottery to enjoy for years to come!

Sail Camp: This two-week camp offers a unique blend of teamwork and self-reliance by teaching to all levels, while focusing on safety and general nautical knowledge. Campers will learn aboard Capri 14.2s. No prior sailing experience required, passing deep end swim test required.

Scamper: This is a pre-k age camp with many fun activities throughout the week.

Science Exploration: Campers will investigate the different areas of science through outdoor exploration and indoor experiments & activities.

Sports: Campers will develop both traditional skills and leadership through instruction of a variety of sports.

EXTENDED CARE HOURS: (limited availability)

\$40/week AM or PM | \$80/week Both AM & PM Care

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

CAMP MASSASOIT BUSSING: (limited availability)

\$50/week Round Trip | \$25/week 1 way

Offered at Camp Massasoit only. Please visit
ymcasc.org or contact camp office for bus schedule.

2023 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 _____

Primary Phone _____ Birth Date _____ Age as of 7/1/23 _____ Grade as of 9/1/23 _____

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 _____

Authorized Pick Ups/Emergency Notification Information (Required): Please list authorized people to pick up your child. In case of emergency, if after both primary guardians cannot be reached, please circle yes, for those who can be contacted. Must be at least 16 years old. **Photo ID required.** Please circle Y (yes) if individual can also be contacted in case of emergency.

1) Name _____	Phone # _____	Relation _____	Y	N
2) Name _____	Phone # _____	Relation _____	Y	N
3) Name _____	Phone # _____	Relation _____	Y	N
4) Name _____	Phone # _____	Relation _____	Y	N

*Additional authorized pick ups must be added in writing or by email from the guardian to camp office in order to release.

My child is at least 12 years old and can sign themselves out of camp (Initial): _____

If possible, please group my child with: _____

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: _____

Camper's Name: First _____ Last: _____ DOB: _____

Please check which location and sessions you are registering for. Write in specialty camps is applicable.

SESSION	Frederick Douglass	Massasoit	Metacomet	Nep In Nae	Quequechan	Weetamoe	SPECIALITY CAMP (if applicable)
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

CAMP ARRIVAL & DEPARTURE REGISTRATION: (Required)

SESSION	Arrival: AM Extended Care \$40 Bussing \$25			Departure: PM Extended Care \$40 Bussing \$25						
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: ___

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: I give permission for more child to use hand sanitizer (INITIALS required) _____

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

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** _____