

# 2017 YMCA SOUTHCOAST SUMMER DAY CAMP

Last Name

## Required Forms

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

- Health History – Every camper must have this form completed each year.
- Immunization Record – Every camper must have this form or equivalent signed by physician.
- Registration Form – Every camper must have this form signed by a parent/guardian.

## Convenient Payment Plans and Options

Monthly payment plans are encouraged. Set your plan as early as January to allow for lower monthly payments. You may sign up for our biweekly or monthly electronic payment plan 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. If the monthly or biweekly plans don't meet your needs, we will work with you to arrange a plan that does.

## Deposit Fee

**A deposit fee of \$50 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.

## Cancellations, Refunds and Withdrawals

A written two week notice is required to withdraw your child from camp. **Tuition, less the \$50 deposit, will be refunded if notice is received two weeks prior to your child's camp session.** Refunds after the start of the camp session 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.

## 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 no later than May 1, 2017.

- All requests are confidential.
- All required documentation must accompany request.
- YMCA Southcoast welcomes all recipients of state vouchers and subsidy programs.
- **Due to the number of campers who receive financial assistance we are only able to provide each child with up to two weeks of traditional camp.**
- **PACE Vouchers** If you are eligible to receive funding through PACE Child Care Works, 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.

## 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.**

First Name

DOB

Age

# 2017 REGISTRATION FORM

LAST NAME	FIRST NAME	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	DATE OF BIRTH	AGE AT CAMP	ENTERING GRADE
MAILING ADDRESS		CITY		STATE		ZIP CODE
HOME PHONE	CELL PHONE	EMAIL ADDRESS				
SUMMER ADDRESS IF DIFFERENT		CITY		STATE		ZIP CODE
SUMMER PHONE	SECONDARY EMAIL ADDRESS					
PARENT FULL NAME	EMPLOYER	WORK PHONE		CELL PHONE		
PARENT FULL NAME	EMPLOYER	WORK PHONE		CELL PHONE		
GUARDIAN NAME IF DIFFERENT THAN PARENT	EMPLOYER	WORK PHONE		CELL PHONE		
DO BOTH PARENTS LIVE AT HOME? YES <input type="checkbox"/> NO <input type="checkbox"/>	MOTHER'S DATE OF BIRTH	FATHER'S DATE OF BIRTH				
EMERGENCY CONTACT OTHER THAN PARENT	RELATION	HOME PHONE		CELL PHONE		
AUTHORIZED PICK UP	RELATION	HOME PHONE		CELL PHONE		
AUTHORIZED PICK UP	RELATION	HOME PHONE		CELL PHONE		
<b>DO NOT</b> RELEASE MY CHILD TO THE FOLLOWING PERSON(S)						
GROUP WITH FRIEND(S) IF POSSIBLE						
HOW DID YOU HEAR ABOUT CAMP?						
<input type="checkbox"/> FRIEND/FAMILY <input type="checkbox"/> WEBSITE <input type="checkbox"/> LIVE IN AREA <input type="checkbox"/> RETURN CAMPER <input type="checkbox"/> OTHER, please specify <input type="checkbox"/> BILLBOARD <input type="checkbox"/> SOCIAL MEDIA · FACEBOOK <input type="checkbox"/> BROCHURE FROM SCHOOL <input type="checkbox"/> OPEN HOUSE						

## 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 including, but not limited to ropes course programs, swimming lessons, basketball, soccer, tether ball, archery, arts & crafts, skateboard park, boating 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

My child is 12 or older and has my permission to walk from the bus    YES     NO

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

## Payment Information

### Payment Type

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. The Y will notify you in advance of your new summer fee.

Payment Plan Option

Pay \$ \_\_\_\_\_  weekly   
 biweekly   
 monthly   
 other please specify \_\_\_\_\_ starting \_\_\_\_\_ ending \_\_\_\_\_

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

Credit Card Number \_\_\_\_\_   
 Expiration Date \_\_\_\_\_

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

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

Total • All Sessions \$ \_\_\_\_\_

Extended Care Fees \$ \_\_\_\_\_

Bus Fees \$ \_\_\_\_\_

Multi Child Discount \$ - \_\_\_\_\_

**Total Fees Due \$ \_\_\_\_\_**

# CAMP HEALTH HISTORY FORM

**Form must be completed annually**

This completed form may be photocopied for trips out of camp

LAST NAME	FIRST NAME	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	DATE OF BIRTH		AGE AT CAMP	ENTERING GRADE
PARENT OR GUARDIAN		HOME PHONE		CELL PHONE			
EMERGENCY CONTACT OTHER THAN PARENT		HOME PHONE		CELL PHONE			
OPERATIONS OR SERIOUS INJURIES INCLUDE DATES							
CHRONIC OR RECURRING ILLNESS OR MEDICAL CONDITION						DOES YOUR CHILD HAVE A ONE-ON-ONE AIDE DURING THE SCHOOL YEAR? YES <input type="checkbox"/> NO <input type="checkbox"/>	

DIETARY RESTRICTIONS

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ACTIVITY RESTRICTIONS

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GUARDIAN NAME IF DIFFERENT THAN PARENT

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ALLERGIES PLEASE BE SPECIFIC AS TO SEVERITY OF ALLERGY

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FAMILY PHYSICIAN

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OFFICE PHONE

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CURRENT MEDICATIONS

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REASON FOR MEDICATION

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**AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER NEEDING TO TAKE MEDICATION AT CAMP** To be completed by Parent or Guardian

NAME OF LICENSED PRESCRIBER

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NAME OF MEDICATION	DOSAGE	TIME   FREQUENCY
ROUTE OF ADMINISTRATION	DATE ORDERED	
DURATION OF ORDER START	END	QUANTITY GIVEN TO THE Y
SPECIAL STORAGE REQUIREMENTS		MEDICATION EXPIRATION DATE
SPECIFIC PRECAUTIONS		SPECIFIC INSTRUCTIONS
LOCATION WHERE MEDICATION ADMINISTRATION WILL OCCUR		POSSIBLE SIDE EFFECTS ADVERSE REACTIONS
		OTHER MEDICATIONS

**I HEREBY AUTHORIZE CAMP NURSE OR DESIGNATED INDIVIDUAL TO ADMINISTER TO MY CHILD THE MEDICATIONS LISTED ABOVE IN ACCORDANCE WITH 105 CMR 430.160**

CHILD'S NAME

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SIGNATURE OF PARENT/GUARDIAN

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HEALTH HISTORY & DIAGNOSIS			
Please check those that apply			
FREQUENT EAR INFECTIONS	MONONUCLEOSIS	ASTHMA	
HEART DEFECT	CHICKEN POX	ADD	
CONVULSIONS/SEIZURES	MUMPS	ADHD	
DIABETES	MEASLES	OCD	
BLEEDING OR CLOTTING DISORDER	GERMAN MEASLES	ODD	
HYPERTENSION	AUTISM SPECTRUM DISORDER including Aspergers	OTHER Please specify	

**SPECIAL CONDITIONS**

Please list any conditions or physical limitations that the camp staff supervising your child should be made aware of in order for your child to have a positive camp experience. Example: Fear of water, lightning, etc.

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**This health history is correct as far as I know and the person herein described has permission to engage in all prescribed camp activities, except as noted.**

**Authorization for Treatment: I hereby give 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 a responsible adult.**

SIGNATURE OF PARENT/GUARDIAN OR ADULT CAMPER/STAFF

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RELATIONSHIP TO CHILD

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DATE

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**THIS FORM MUST BE SIGNED BY A PARENT/GUARDIAN FOR ANY CAMP OR STAFF MEMBER UNDER 18**

Kindly complete a form for each camper. Please circle the session(s) you are enrolling your child. Shaded areas denote the camp week is unavailable. M=Member · PP=Program Participant

# Dartmouth YMCA · Camp Metacomet

	SESSION A		SESSION B		SESSION C		SESSION D		SESSION E		SESSION F		SESSION G		SESSION H		SESSION I		SESSION J		
	Jun 19 - Jun 23		Jun 26 - Jun 30		Jul 3 - Jul 7		Jul 10 - Jul 14		Jul 17 - Jul 21		Jul 24 - Jul 28		Jul 31 - Aug 4		Aug 7 - Aug 11		Aug 14 - Aug 18		Aug 21 - Aug 25		
	M	PP	M	PP	M	PP	M	PP	M	PP	M	PP	M	PP	M	PP	M	PP	M	PP	
<b>Bus Transportation &amp; Extended Care</b>																					
Morning Bus <small>Note Bus Letter and Stop # in boxes Refer to page 12</small>		Letter		Letter		Letter		Letter		Letter		Letter		Letter		Letter					
		Stop #		Stop #		Stop #		Stop #		Stop #		Stop #		Stop #		Stop #					
Afternoon Bus <small>Note Bus Letter and Stop # in boxes Refer to page 12</small>		Letter		Letter		Letter		Letter		Letter		Letter		Letter		Letter					
		Stop #		Stop #		Stop #		Stop #		Stop #		Stop #		Stop #		Stop #					
<b>Bus Fee · One Way</b>		\$10	\$20	\$10	\$20	\$10	\$20	\$10	\$20	\$10	\$20	\$10	\$20	\$10	\$20	\$10	\$20	\$10	\$20		
<b>Bus Fee · Round Trip</b>		\$20	\$40	\$20	\$40	\$20	\$40	\$20	\$40	\$20	\$40	\$20	\$40	\$20	\$40	\$20	\$40	\$20	\$40		
Morning Extended Care		\$30	\$40	\$24	\$32	\$30	\$40	\$30	\$40	\$30	\$40	\$30	\$40	\$30	\$40	\$30	\$40	\$30	\$40	\$30	\$40
Afternoon Extended Care		\$30	\$40	\$24	\$32	\$30	\$40	\$30	\$40	\$30	\$40	\$30	\$40	\$30	\$40	\$30	\$40	\$30	\$40	\$30	\$40
AM AND PM Extended Care		\$50	\$60	\$40	\$50	\$50	\$60	\$50	\$60	\$50	\$60	\$50	\$60	\$50	\$60	\$50	\$60	\$50	\$60	\$50	\$60
<b>Parent Drop Off · No Bus</b>		yes		yes		yes		yes		yes		yes		yes		yes		yes			
<b>Parent Pick Up · No Bus</b>		yes		yes		yes		yes		yes		yes		yes		yes		yes			
<b>Camp Options</b>																					
Scamper Half Day <small>Ages 4-5</small>		\$135	\$185	\$104	\$126	\$135	\$185	\$135	\$185	\$135	\$185	\$135	\$185	\$135	\$185	\$135	\$185	\$135	\$185	\$135	\$185
Scamper Full Day <small>Ages 4-5</small>		\$225	\$275	\$190	\$240	\$225	\$275	\$225	\$275	\$225	\$275	\$225	\$275	\$225	\$275	\$225	\$275	\$225	\$275	\$225	\$275
Traditional <small>Ages 5-12</small>		\$225	\$275	\$190	\$240	\$225	\$275	\$225	\$275	\$225	\$275	\$225	\$275	\$225	\$275	\$225	\$275	\$225	\$275	\$225	\$275
Adventure Challenge <small>Ages 8-11</small>				\$216	\$256							\$270	\$320								
Camp Chefs <small>Ages 8-11</small>				\$216	\$256							\$270	\$320								
Hot off the Press <small>Ages 8-11</small>						\$250	\$300							\$250	\$300						
K'NEX Engineering <small>Ages 8-11</small>								\$270	\$320					\$270	\$320						
Learn to Swim <small>Ages 8-11</small>				\$200	\$240	\$250	\$300	\$250	\$300	\$250	\$300	\$250	\$300	\$250	\$300	\$250	\$300	\$250	\$300		
Musical Theater <small>Ages 8-11</small>								M: \$500 GP: \$600													
Mythbusters <small>Ages 8-11</small>				\$200	\$240					\$250	\$300										
Picasso <small>Ages 8-11</small>		\$250	\$300											\$250	\$300						
Sports <small>Ages 8-11</small>		\$225	\$275					\$225	\$275												
Strength Conditioning <small>Ages 8-11</small>						\$250	\$300							\$250	\$300						
Survivor <small>Ages 8-11</small>												\$250	\$300								
Unplugged Science <small>Ages 8-11</small>						\$250	\$300					\$250	\$300								
Babysitting <small>Ages 12-15</small>												\$250	\$300								
Junior Lifeguard <small>Ages 12-15</small>								\$250	\$300												
Outdoor Adventure <small>Ages 12-15</small>						\$270	\$320														
Survivor for Teens <small>Ages 12-15</small>								\$250	\$300												
Leaders in Training <small>Ages 13-14</small>		\$225	\$275	\$190	\$240	\$225	\$275	\$225	\$275	\$225	\$275	\$225	\$275	\$225	\$275	\$225	\$275	\$225	\$275		
Counselor in Training <small>Age 15</small>								Members \$465													







