

K

YMCA Summer Day Camp

CAMP **LIFE** is the BEST



CAMP LIFE is the BEST LIFE Summer Camp Information 2022

Welcome Everyone! Where Camp Life is the Best Life! Our goal is to make our Summer Camp program a fun and safe experience for your child. The Y's Summer Camp is for children 5-12 years of age.

SUMMER PROGRAM THEMES & HOURS OF OPERATION

Session	Theme
Week 1: May 31st – June 3rd	All about you
Week 2: June 6th- June 10th	Creativity
Week 3: June 13th- June 17th	Games, Games
Week 4: June 20th - June 24	Heroes
Week 5 June 27th - July 1st	A year in a week
Week 6: July 4th- July 8th	Red, White and Boom
Week 7: July 11th- July 15th	Y Games
Week 8: July 18th - July 22nd	Music/Dance
Week 9: July 25th- July 29th	Water World
Week 10: August 1st- August 5th	Games, Games

Summer Camp is available Monday through Friday, with the following exceptions:*

• Memorial Day (5/31/2021)

* Additional days may be added at the discretion of the Operations Director

• Independence Day (7/4/2021)

Summer program participants must be signed in and out every day of attendance.

- Pre-program drop-off occurs from 7:00-9:00 am
- Post-program pick-up occurs from 4:30-6:00 pm.

Parents are asked not to drop off or pick up children during camp hours (9:00 am-4:30 pm). Our summer program closes at 6:00 pm.

WEEKLY SCHEDULE

Our Summer Camp schedule is comprised of trips to our Adventure site at the Y's Spring Lake facility, as well as weekly field trips to Steele Creek Park and other area attractions.

APPLICATION & REQUIRED PAPERWORK

All parents must complete a Summer Camp application for each child attending the program and return it upon registration. A deposit is required to secure your child's spot in camp. Financial Assistance is available, but limited.

YMCA OF BRISTOL



FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

2022 Camp Adventure Registration Form YMCA OF BRISTOL

Camper's Information:	2022 Camp Sessions Attending:
	Pre-Camp Week: Contact the front desk for details
	Week 1: May 31st – June 3rd <i>(AllAbout You)</i>
First Name Last Name	Week 2: June 6th - 10th (Creativity)
Nickname:	Week 3: June 13th - 17th (Games, Games, Game
 DOB:// Grade Entering:	Week 4: June 20th - 24th <i>(Heroes)</i>
	Week 5: June 27th – July 1st (A Year in a Week)
School Name:	Week 6: July 5th-8th (Red, White & Boom)
T-Shirt Size: 🗌 Y Small (6-8) 🗌 Y Med (10-12) 🗌 Y Large (14-16)	Week 7: July 11th - 15th (Y Games)
🗌 Adult Small 📃 Adult Medium 🦳 Adult Large 🗌 Adult X-L	Week 8: July 18th - 22nd (Music/Dance)
Who does child live with?	Week 9: July 25th - 29th(Water World)
Relationship	Week 10: August 1st - 5th (More Games)
Who is responsible for payment of childcare?	Post Camp Week: Contact the front desk for details
	(Please check all that apply)
Parent/Guardian #1 Information:	Emergency Contact Information: (other than parent/guardian)
// First Name Last Name DOB	Must have parent/guardian's permission to make appropriate decisions for child in case parent/
	guardian cannot be reached.
Street Address:	First Name:
City: State: Zip:	Relationship to child:
Please check the best phone number to reach you:	Please check the best phone number to reach them:
Home Phone: ()	Home Phone: ()
Cell/Pager: ()	Cell Phone: ()
Work Phone: ()	Work Phone: ()
Email:	Authorized to pick up children: Anyone picking up a
Parent/Guardian #2 Information:	child must be listed on child's registration form and needs to carry a photo ID
	First Name: Last Name:
First Name Last Name DOB	Phone:
Street Address:	First Name: Last Name:
City: State: Zip:	Phone:
Please check the best phone number to reach you:	First Name: Last Name:
Home Phone: ()	Phone:
Cell/Pager: ()	Not authorized to pick up child:
Work Phone: ()	
Email:	First Name: Last Name:
	Relationship to child
	(Must have accompanying documentation)

2022 Summer Camp Program-Registration Form Continued... YMCA OF BRISTOL

Medical/Background Information:

Child's Physician: _____

Phone Number: (_____) _____ - _____

Child's Dentist: _____

Phone Number: (____) ____ - ____

Family Medical/Hospital Insurance Carrier _____

Policy Number:

Does your child have any special problems or needs? If so, please

explain.

Does your child have any allergies?

Does your child take any kind of medication? *We will need medication form for each medication*

Any other information we should know about your child?

Sunscreen Release Form:

Parents are responsible for providing sunscreen for their child to use at camp. Parents are expected to apply the first coat of sunscreen in the morning before bringing children to camp. Camp staff will stop activities for all children to apply sunscreen at two additional times throughout the day.

I understand that YMCA Camp participants spend a minimum of 80% of their time outside and that use of sunscreen may not prevent my child from being sun burnt but will aid in the protection against harmful sun rays.

I herby give permission to the YMCA to help assist in putting sunscreen on my child during my child's participation in 2022 Summer Camp.

Parent/ Guardian Signature

Date

Brand:

If you prefer staff to apply a spray sunscreen provided by you please specify below.

Type/ Brand of sunscreen allowed:

Type: ○ Spray ○ Lotion

Camp Authorizations:

Please read and initial that you have read the information below:

- _____ I agree to communicate with the YMCA staff regarding any questions, concerns or suggestions in a timely manner.
- l have received and read the YMCA 2022 Summer Camp Parent Handbook, and I agree to abide by the YMCA Policies.
- I understand that I am responsible for the summer camp fees and that they must be paid in advance according to the policies listed below.

I grant permission for the YMCA staff and/or medical personnel to give my child first aid in case of an emergency and to secure any transportation and medical treatment necessary for his/her welfare. I understand that all emergency cost is mine as the parent/guardian. If requested, I agree to pick my child up.

I grant permission for the YMCA to transport my child to and from camp field trips/activities. I also grant permission for my child to participate in field trips/activities. I grant permission for my child to be photographed/videoed for YMCA promotions only.

I understand that the YMCA Summer Camp Program operates on a group format, and that my child is responsible for his/her own behavior, clothes, sunscreen and belongings.

The YMCA of Bristol reserves the right to remove any participant from our program if it is deemed that the inclusion of that child is not in the best interest of the child or the program (child is not able to function consistently and safely in a group setting).

Please print Parent/Guardian's name

Parent/Guardian signature ______ Date ______

Pricing Information:

Total Price	- Y members \$110	Potential Members \$130
Deposit	- \$25 per week	
Siblings	- \$5 rate reduction p	oer week
Financial Assistance	- Available but limite	ed

Payment Agreement:

I will pay full amount at registration

____ I will pay \$25/week at registration & have the balance drafted on the Monday before the session starts.

Signature _____ Date _____



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SUMMER CAMP WEEKLY DRAFT FORM

YMCA OF BRISTOL

Name of Account Holder:	

Type of Account:	Checking	Savings	Credit Card	Debit Card

Please initial:

- _____ I understand that the Summer Camp fees are non-refundable and non-transferable.
- _____ Draft occurs each Monday and covers the following week's fee.
- _____ Return drafts are charged a \$10 service fee. Return payments will result in your child's participation in the program being suspended.
- _____ After any 2 returns, you will need to pay for your Summer Camp care in full.
- _____ To cancel a draft, a written notice must be submitted to Member Services two weeks in advance. (It is your responsibility to check to ensure that your draft has stopped)

Help us put our mission into action and donate!

- ____ Yes, I would like to help ____ No, not at this time
- If yes, one-time donation of \$_____ paid today.

Or, continuous (add to weekly bank draft) ____ \$5 ____ \$10 ____ \$25 or \$____ other

Weekly Draft (including Annual Giving) \$_____ Beginning _____/___/____/

By signing, I authorize the YMCA of Bristol to initiate debit entries to my account weekly and understand a written notice is required two weeks prior to draft date to cancel.

Account Holder's Signature	e Date	_
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