



YMCA Summer Day Camp
2024



CAMP LIFE is the BEST LIFE

Summer Camp Information 2024

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&HOURSOFOPERATION

Session	Theme
Week 1: May 28th - May 31st	All About You
Week 2: June 3rd - 7th	Creativity
Week 3: June 10th - 14th	Games, Games
Week 4: June 17th - 21st	Heroes
Week 5: June 24th - 28th	A Year in a Week
Week 6: July 1st - 5th	Party in the USA
Week 7: July 8th - 12th	Fun in the Sun
Week 8: July 15th - 19th	Music/Dance
Week 9: July 22nd - 26th	Water World
Week 10: July 29th - August 2nd	Challenge Week
Week 11: August 5th - 9th	Mystery Week

Contact the front desk for details for Pre-Camp.

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

- Memorial Day (5/27/2024)
- Independence Day (7/4/2024)

Our program closes at 6:00 pm.

- Pre-program drop-off occurs from 7:00-9:00 am

- Post-program pick-up occurs from 5:00-6:00 pm

Parents are asked not to drop off or pick up children during camp hours (9:00 am-4:00 pm).

* Rising 6th-9th graders may apply for Leader in Training (LIT), or Counselor in Training (CIT) programs.

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.

WEEKLY SCHEDULE

Thanks to a collaboration with Camp Friendship, rising K-5th graders will travel Monday through Friday to Camp Friendships lakeside resort property to enjoy the following activities; canoeing, kayaking, boating, fishing, archery, music and drama, song and dance, team building activities, sports activities and so much more.

Summer Camp is a great place to make friends, build relationships, enjoy activities, and to live their best life



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2024 Summer Day Camp Registration Form YMCA OF BRISTOL

Camper's Information:

First Name Last Name

Nickname: _____ Male Female

DOB: ____/____/____ Grade Entering: _____

School Name: _____

T-Shirt Size: Y Small (6-8) Y Med (10-12) Y Large (14-16)

Adult Small Adult Medium Adult Large Adult X-L

Who does child live with? _____
Relationship _____

Who is responsible for payment of childcare? _____

2024 Camp Sessions Attending:

Pre-Camp Week: Contact the front desk for details

____ Week 1: May 28th - May 31st (*All About You*)

____ Week 2: June 3rd - 7th (*Creativity*)

____ Week 3: June 10th - 14th (*Games, Games, Games*)

____ Week 4: June 17th - 21st (*Heroes*)

____ Week 5: June 24th - June 28th (*A Year in a Week*)

____ Week 6: July 1st - 5th (*Party in the USA*)

____ Week 7: July 8th - 12th (*Fun in the Sun*)

____ Week 8: July 15th - 19th (*Music/Dance*)

____ Week 9: July 22nd - 26th (*Water World*)

____ Week 10: July 29th - August 3rd (*Challenge Week*)

____ Week 11: August 5th - 9th (*Mystery Week*)

(Please check all that apply)

Parent/Guardian #1 Information:

____/____/____
First Name Last Name DOB

Street Address: _____

City: _____ State: _____ Zip: _____

Please check the best phone number to reach you:

Home Phone: (____) _____ - _____

Cell/Pager: (____) _____ - _____

Work Phone: (____) _____ - _____

Email: _____

Parent/Guardian #2 Information:

____/____/____
First Name Last Name DOB

Street Address: _____

City: _____ State: _____ Zip: _____

Please check the best phone number to reach you:

Home Phone: (____) _____ - _____

Cell/Pager: (____) _____ - _____

Work Phone: (____) _____ - _____

Email: _____

Emergency Contact Information: (other than parent/guardian)

Must have parent/guardian's permission to make appropriate decisions for child in case parent/guardian cannot be reached.

First Name: Last Name:

Relationship to child: _____

Please check the best phone number to reach them:

Home Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____

Work Phone: (____) _____ - _____

Authorized to pick up children: Anyone picking up a child must be listed on child's registration form and needs to carry a photo ID

First Name: _____ Last Name: _____

Phone: _____

First Name: _____ Last Name: _____

Phone: _____

First Name: _____ Last Name: _____

Phone: _____

Not authorized to pick up child:

First Name: Last Name:

Relationship to child _____

(Must have accompanying documentation)

2024 Summer Day Camp - 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 hereby give permission to the YMCA to help assist in putting sunscreen on my child during my child's participation in 2024 Summer Camp.

Parent/ Guardian Signature _____

Date _____

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

Type/ Brand of sunscreen allowed:

Type: Spray Lotion

Brand: _____

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.
- _____ I have received and read the YMCA 2024 Summer Day 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 (due at time of registration)
- Siblings - \$5 rate reduction per week
- Financial Assistance - Available but limited

Payment Agreement:

- ___ I will pay full amount at registration
- ___ I will pay \$25/per week at registration & have the balance drafted on the Monday before the session starts.

Signature _____ Date _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SUMMER DAY CAMP WEEKLY DRAFT FORM 2024

YMCA OF BRISTOL

Name of Account Holder: _____

Type of Account: Checking Savings Credit Card Debit Card

Please initial:

_____ I understand that the Summer Day 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 Day 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 _____ **Date** _____