

ADVENTURE STARTS AT CAMP



SUMMER DAY CAMP 2026



REGISTER TODAY AT MEMBER SERVICES

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Summer Camp Information 2026

Welcome Everyone! Adventure starts at camp! Our goal is to make our Summer Day Camp program a fun and safe experience for your child. The Y's Summer Camp is for children ages 5-12*.

Children must be at least 5 years old and have completed one year of either Pre K or Kindergarten.

SUMMER PROGRAM THEMES & HOURS OF OPERATION

Sessions Available	Weekly Themes
Week 1: May 26th - 29th	All About You
Week 2: June 1st - 5th	Adventure Awaits
Week 3: June 8th - 12th	Survivor Week
Week 4: June 15th - 19th	Heroes
Week 5: June 22nd - 26th	A Year In A Week
Week 6: June 29th - July 3rd	Level Up
Week 7: July 6th - 10th	Fun In The Sun
Week 8: July 13th - 17th	Music & Dance
Week 9: July 20th - 24th	Water World
Week 10: July 27th - 31st	Summer Celebration
Week 11: August 3rd - 7th	Bonus Week

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

- Memorial Day (5/25/2026)

Program Drop-off occurs from 7:00am - 9:00am

Program Pick-up occurs from 5:00pm - 6:00pm **Our program closes at 6:00pm**

Parents are asked not to drop off or pick up children during camp hours (9:00 am - 5:00 pm).

All parents must complete a Summer Camp application for each child attending the program and return it upon registration. A weekly deposit of \$25.00 per week per child is required to secure your child's spot in camp.

WEEKLY SCHEDULE

Thanks to a collaboration with Camp Friendship, campers will travel Monday through Friday to Camp Friendships lakeside resort property to enjoy the following activities such as kayaking, boating, fishing, archery, music and dance, team building activities, sports, STEM and so much more.

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

* Campers 13 - 15 years of age may apply for the Leadership In Training Program.. Please contact Britnee Perez at Britnee@bristolymca.net. A separate application is required.

2026 Summer Day Camp - Registration Form Continued... YMCA OF BRISTOL

Medical/Background Information:

Child's Physician: _____

Phone Number: (____) _____ - _____

Child's Dentist: _____

Family Medical/Hospital Insurance Carrier _____

Policy Number: _____

Are there any special needs, medical conditions, or concerns we should know about to better care for your child?

Does your child have any allergies?

Will your child need medication while in our care?
*We will need a medication form from the doctor for each medication

Any other information we should know about your child?

Sunscreen Authorization & Release

I give permission for my child, to have sunscreen applied while participating in the summer camp program.

I understand that sunscreen will be applied by staff as needed for sun protection.

I acknowledge that sunscreen application is provided as a courtesy and that staff will take reasonable care in applying it.

I agree not to hold the camp and the staff liable for any allergic reactions or skin sensitivities that may occur as a result of sunscreen use.

- Y-provided sunscreen may be used
 Parent-provided sunscreen

Any allergies to sunscreen?

Yes No Specify: _____

Parent/Guardian Name: _____

Signature: _____ Date: _____

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

_____ I agree to communicate with the YMCA Director regarding any questions, concerns or suggestions in a timely manner.

_____ I have received and read the YMCA 2026 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 costs are 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.

Parent/Guardian signature _____ Date _____

Payment Agreement:

_____ I will pay full amount at registration

_____ I will pay a \$25 weekly deposit per child, per week of camp at registration which will be applied to the weekly fee. The remaining weekly balance will be drafted the Monday before each session begins.

Signature _____ Date _____

Pricing Information:

Weekly Price - Y members \$110
Potential Members \$130

Deposit - \$25 per week per child (due at registration to hold your child's spot)

Siblings - \$5 rate reduction per week
Financial Assistance is available but limited



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SUMMER DAY CAMP WEEKLY DRAFT FORM 2026

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** _____