



2020 SUMMER CAMP APPLICATION FORM

Camper's Name: _____ DHS# (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Date of Birth: _____ Age: _____ Female Male Grade entering in September: _____

Are you a YMCA of Pawtucket, Inc. member? Yes No

Ethnicity: Caucasian Hispanic Asian African American Native American Other _____

Child resides with: _____ Did camper attend last year: Yes No

Parent #1 Name: _____ DOB: _____ Male Female

Place of Work: _____ Phone: _____

Email address: _____ Cell: _____

Parent #2 Name: _____ DOB: _____ Male Female

Place of Work: _____ Phone: _____

Email address: _____ Cell: _____

List at least two other contacts (relatives, friends, neighbors) who could be called during camp hours in case of illness or emergency, if you cannot be reached. The individuals listed below are the only individuals authorized to pick up your child in addition to the parents. We will not release your child to anyone else without written permission.

Name	Best Phone	DOB	Address	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Is there any court order relating to the child's custody? Yes No If yes, please provide a copy of the court order. All information is kept confidential
*Please notify your camp director each day the child is not attending camp: MacColl 725-0773 ext 224 or Woonsocket 769-0791 ext 400.

Transportation & Drop-off:

Regular drop off times and pick up times are included in the weekly fee. Drop off 8-8:45am and pick up 3:30-4:15pm (Check below for transportation or extended care options.) Transportation and extended pick-up and drop-off are at an additional charge. \$10.00 per week for transportation and \$10.00 for each before and after camp option for the week. A late fee of \$20 will be charged if your child is picked up between 6:00pm and 6:15pm and an additional \$2 fee will be charged for every minute thereafter.

Morning Bus or Drop-off		Afternoon Bus or Pick-up	
<input type="checkbox"/> CVS I CVS Drive - Main Office	8:00am	<input type="checkbox"/> CVS	5:00pm
<input type="checkbox"/> Woonsocket YMCA (Supervised Drop-off)	8:00-8:20am / Bus: 8:20am	<input type="checkbox"/> Woonsocket YMCA	Bus: 5:00pm
<input type="checkbox"/> Extended Woonsocket Drop-off	6:30-8am / \$10/week		
<input type="checkbox"/> MacColl Drop-off	8:00-8:45am	<input type="checkbox"/> MacColl Pick-up	3:30-4:15pm
<input type="checkbox"/> Extended MacColl Drop-off	6:30-8am / \$10/week	<input type="checkbox"/> Extended MacColl Pick-up	4:15-5:45pm / \$10/week

MacColl YMCA, 32 Breakneck Hill Road, Lincoln, RI 02865
Phone: (401) 725-0773 • Fax: (401) 729-0450
Email: MacColl@YMCApawt.org

Office Use Only			
ST	Reg Fee	Memb	PI

CAMPER & MEDICAL INFORMATION

Camper's Name: _____ **Date of Birth:** _____

The YMCA of Pawtucket Inc. does not offer one on one assistance in our traditional camps. We make every effort to accomodate the needs of every camper and family. Below is a short questionnaire designed to help us best get to know your campers likes/dislikes and what makes them successful.

Past camp experiences or first camp experience? _____

Is your child water confident? Yes No Skilled swimmer? Yes No Years experience: _____

Is there something your child may need to have a successful day at camp? (i.e. do they have an IEP in school, do they struggle with transitions, are they a beginner swimmer or need ear plugs) Yes No If yes, please explain: _____

Child's Likes:

(Favorite movies, characters, foods, games, music, etc.)

Child's Dislikes

(Sounds, smells, touch, movement, foods, etc.)

Medical Information

Please list any allergies to bee stings, foods, health problems, etc.: _____

Is the camper on any medication: Yes No If Yes, please explain: _____

Will the camper need to take the medicine at camp: Yes No If yes, you will need to request a medical dispensing form to fill out.

Record of Immunization including date of last tetanus shot: _____

List of current and past medical treatments: _____

Health Insurance

Coverage: _____ Policy #: _____

Child's Physician name: _____ Telephone: _____

If the camper's activities should be restricted in any way, please describe: _____

Authorization for medical treatment: Yes No



CAMPER WAIVER

Name of Child/Children: _____

This is a release of legal rights – read and understand before signing.

In exchange for the YMCA allowing me, and if applicable, my spouse and my dependents to enter the YMCA for any purpose including but not limited to observation, or use of facilities, or equipment, or participation in any program affiliated with the YMCA, I, the undersigned, understand and expressly acknowledge that I, and if applicable, my spouse and dependents, release the YMCA of Pawtucket its employees, officers, directors, trustees, agents, members, volunteers or guests (hereafter referred to as "releases") from any and all action, debts, expenses (including attorney fees) and claims of negligence on account of, or in any way growing out of, directly or indirectly, all known or unknown injuries to the person(s) or property, or resulting death of the undersigned, whether caused by negligence of releases or otherwise while the undersigned, is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA of Pawtucket.

Signature: _____ Date: _____

Campers will participate in many if not all of the following activities throughout the summer; swimming, diving, nature walks, fort building, group games and sports, playground use, arts and crafts. I give permission for my child to participate in all day camp activities.

Initial here

The YMCA regularly takes photography/videos of YMCA programs and uses these photographs in promotional/ social media material (i.e. flyers, brochures, facebook etc.) I give permission to have my child's photo used.

Initial here

I give permission for the MacColl YMCA staff to apply bug spray/sunscreen to my child. Please supply your child with bug spray/sunscreen labeled with his/her name.

Initial here

I have received and read the Parent Camp Handbook.

Initial here

AUTHORIZATION FORM

- The YMCA of Pawtucket, Inc. does not discriminate on the basis of race, color, sex, handicap, religion or nation of origin. The YMCA of Pawtucket, Inc. reserves the right at its sole discretion to refuse an application or dismiss a youngster from camp. No refund will be made of fees if the youngster has attended any portion of the camping period.
- I give permission for the YMCA of Pawtucket, Inc. to transport my child off camp property for the purpose of field trips and/or medical care. I understand that a schedule of events will be available to me and that events are subject to change due to weather and/or scheduling conflicts without notice.
- I authorize the camp management to act as the agent of the parents in an emergency situation for the health and welfare of the camper involved if the services of a physician or hospital are required.

Parent/Guardian Signature: _____ Date: _____

2020 SUMMER CAMP PAYMENT AGREEMENT

PRINT NAME OF CHILD/CHILDREN

DATE

EXPRESS PAYMENT PLAN I - Automatic Bank Draft

I authorize MacColl YMCA to draft for weekly camp fees including trip fees

PRINT NAME ON THE ACCOUNT

ROUTING & ACCOUNT # (ATTACH VOIDED CHECK)

CHECKING

SAVINGS

NAME OF BANK

AUTHORIZED SIGNATURE

DATE

EXPRESS PAYMENT PLAN II - Credit Card

I authorize MacColl YMCA to draft for weekly camp fees including trip fees

CREDIT CARD TYPE

YOUR NAME AS IT APPEARS ON CARD

CREDIT CARD #

EXP. DATE

AUTHORIZED SIGNATURE

DATE

Cancellation/Refund Policy

- Registration fees are non-refundable
- Prior to June 1st, you may cancel camp in writing: If paid in full a refund will be issued less the \$15 registration fee.
- After June 1st, a 2 week written notice is required to cancel; A \$50 cancellation fee will apply each time a cancellation is requested.
- Refunds are given for medical reasons when accompanied by a doctor's note and clear evidence that the child could not participate.
- Requests for refund must be made by, August 28, 2020, the last day of camp.
- Changes to this registration must be made by the Friday two weeks prior to the effective date.

Late Fees

- Transportation and extended pick-up and drop-off are at an additional charge. \$10.00 per week for transportation and \$10.00 for each before and after camp option for the week.
- A late fee will be assessed per child for pickup after 6pm; \$20 for the first 15 minutes and \$2.00 for every minute thereafter. Payment must be made at time of pickup.

To keep all children safe, the YMCA reserves the right to keep children from attending field trips due to inappropriate behavior and reserves the right to dismiss a child from the program when the child's behavior interferes with the rights of others. No refund will be issued if a child loses field trip privileges or is dismissed from camp.

Parent/Guardian's Signature

Date

2020 SUMMER CAMP ENROLLMENT FORM

Campers Name _____

First: _____

Last: _____

Date of Birth _____

	Week 1 6/22-6/26	Week 2 6/29 - 7/3 (closed 7/3)	Week 3 7/6 - 7/10	Week 4 7/13 - 7/17	Week 5 7/20 - 7/24	Week 6 7/27 - 7/31	Week 7 8/3 - 8/7	Week 8 8/10 - 8/14 (closed 8/10)	Week 9 8/17 - 8/21	Week 10 8/24 - 8/28
SPROUTS CAMP Ages 5 - 6 5 day - M,T,W,T,F Member: \$180, Non-Member: \$205 3 day - M,W,F (Limited to 12/wk) Members: \$155, Non-Members: \$175 2 Day - T,TH (Limited to 12/wk) Member: \$110, Non-Member \$125	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CAMP WILD ONES Member: \$180, Non-Member: \$205 Ages 7 - 8 Traditional Day Camp Cheer & Dance (Specialty Camp) Creative (Specialty Camp) Nature (Specialty Camp) Buddy Camp (Limited Enrollment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NOMADS CAMP Member: \$180, Non-Member: \$205 Ages 9 - 12 Traditional Day Camp Cheer & Dance (Specialty Camp) Creative (Specialty Camp) Nature (Specialty Camp) Buddy Camp (Limited Enrollment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CAMP TRAILBLAZERS Member: \$180, Non-Member: \$205 *Plus trip fees \$15 Ages 9 - 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADVENTURE CAMP Member: \$180, Non-Member: \$205 *Plus trip fees \$30 Ages 9 - 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXPLORERS CAMP Member: \$180, Non-Member: \$205 *Plus trip fees \$40 Ages 12 - 14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COUNSELORS IN TRAINING Member: \$180, Non-Member: \$205 Ages 14 - 15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Please note: \$50 charge/cancellation fee will be charged for any changes/cancellations within 2 weeks of a particular camp week.**