

CAMP WESTWOOD

a branch of the YMCA of Pawtucket Camp Application Instructions

Only completed applications will secure a spot in our program

Welcome to Camp Westwood camp programs. We thank you for entrusting your child's care to us. When filling out your application please be sure the following items are included to complete your child's registration process.

- 1. Fill out all of the forms / fields in the packet or when applying online.
 - Include several telephone numbers where someone can be reached in case of an emergency.
 - We must have at least one additional person, other than the parents / guardians, to be an emergency
 contact and who is allowed to pick up your child in case the parent(s)/ guardian(s) is unavailable /
 detained.
 - Include the school your child will be attending and the grade they will be entering.
 - Medical forms must be updated annually and can be dropped off at the branch, emailed or faxed.
 - An application must be completed for each child enrolling in the program(s).
- 2. For automatic drafting fill out the Debit / credit card payment form . Payments are drafted on the Friday prior to the beginning of the week. *Please Note*: there is a 3% fee for all ACH transactions charged by your banking institution.
- 3. Financial aid is available to eligible families upon request and is based upon household size and income or emergency needs. Applications for financial aid are available at all program sites and at the YMCA office. Another way we try to keep childcare affordable is to give a \$20.00 discount on camp fees for the second and any additional child of the same family enrolled in full time childcare program. **Part time programs are not discounted.
- **4.** Families who qualify for state assistance (DHS / CCAP):
 - >Your Authorized hours must be Full Time
 - >You must provide a valid copy of the APPROVED certificate number stating the current family co-pay
 - >You are required to complete the Parent-Provider Enrollment Agreement form.
 - >If your certificate is pending or authorized for less than full time hours, you will be responsible for the full program fee until approved.

ALL COMPLETED applications for Westwood should be emailed to Heather Walters hwalters@ymcapawt.org

Or they can be dropped off at the Camp Westwood office

If you have questions please contact the Program Director for your location:

Camp Westwood 2093 Harkney Hill Rd Coventry, RI 02816

(401) 397-7779 Phone

Childcare Programs: Corey Calligano ccalligano@ymcapawt.org

Summer Camp Programs: Oliver Gregan ogregan@ymcapawt.org

YMCA CAMP WESTWOOD

2024 SUMMER PROGRAM GUIDE PAPER REGISTRATION OPENS FEBRUARY 1ST

ONLINE REGISTRATION OPENS MARCH 1ST

DAVCAMD



DAY CAMP												
	Age	Price	6/17	6/24	7/1	7/8	7/15	7/22	7/29	8/5	8/12	8/19
Traditional Prog	rams		1	2	3	4	5	6	7	8	9	10
Pathfinders	5-6	\$300			\$250							
Frontiers	6-7	\$300			\$250							
Explorers	7-9	\$300			\$250							
Adventurer	9-11	\$300			\$250							
Pioneers	11-13	\$300			\$250							
Leaders in Training	13-15	\$315			\$275							
Counselors in Training	15-17	\$600										
	Age	Price	6/17	6/24	7/1	7/8	7/15	7/22	7/29	8/5	8/12	8/19
Immersive and Specialt	y Programs		1	2	3	4	5	6	7	8	9	10
Pirate Adventure	7-10 11-13	\$325		7-10				11-13				
Art Explosion (S)	5-8 9-12	\$325	5-8				9-12				9-12	
Culinary Camp (S)	10-13	\$325										

9-13

9-13

8-11

13-15

7-10

11-13

\$325

\$325

\$325

\$325

\$325

Star Wars

Percy Jackson

Alien Invasion

Survivor

Harry Potter

**\$20 off each sibling

(S) Specialty Camp

11-13

7-10

NEW for 2024!!!

Lunch is Provided to all Campers - No Cost **New High Ropes Course New Waterfront Obstacle Course New Waterslide New Leadership Team**

Add ons	Times	Price Weekly
Bus Fee	See Locations in Transportation	\$50
Before Care	7:00-8:30 am	\$25
After Care	4:30-6:00 pm	\$25
Thursday Sleepover	Limited Capacity	\$65
Race for Chase	9:00-12:00 pm	See Details

^{*}Buy one week save \$30 on second week



Rhode Island Department of Human Services Office of Child Care 25 Howard Avenue, LP Bldg. 3rd Floor Cranston, R.I. 02920 (401) 462-6877

This form is to be used by the parent and the provider when enrolling a CCAP eligible or potentially eligible child at an approved DHS provider. One form must be completed per enrolled child. It must be completed and signed by the parent <u>and</u> the child care provider; a copy is to be kept by both parties. It is the <u>provider's responsibility</u> to submit this information to DHS via the Provider Portal <u>BEFORE</u> the provider begins caring for the child. Once the enrollment is complete, the parent and the provider will receive an Enrollment notice.

rovide							
Parent'	nild's Full Name:			Certificate Number:			
Child's				Child's DOB:			
Are you	related to the chi	ild? Yes / No)				
	AGREED HOURS	OF CARE					
	Care Start Date:		Use this section when child's schedule is a				
	Care End Date:				split day		
	Day	Start Time	End Time		Start Time	End Time	
	Sunday						
	Monday						
	Tuesday						
	Wednesday Thursday						
	Friday	1					
	Saturday						
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	School Age	Child	Care / Camp App	lication			
Registration Inforn	nation		RED HIGH	LIGHTED	FIELDS	ARE RE	QUIRED
Child's First Name			Last Name				
Address			City		State	Zip)
Family Email			Best Phone				
School	Gr	ade	DOB		Age	F	М
Household Informa and care to meet thei communities and are	r needs; answering th				•		_
Optional Ethnic Or	igin (check all that	apply)):				
American India	n or Alaskan Native		Asian	Black	or Africa	ın Ameri	can
Caucasian or W			Hispanic	Latin	10		
Native Hawaiia	n or Pacific Islander		Other				
Optional: Income	Level (check one):		\$ 0-\$19,999	\$20,00	0-\$39,99	9	
\$40,000)-\$59,999	\$60,	000-\$79,000	\$80,00	+00		
Parent / Guardian 1	L First Name		Last Name				
Address			City		State	Zip	
Home Phone	Cell Phone		DOB		F	М	
Personal Email			Relationship to	Child			
Employer Name			Employer Phone	2			
Occupation							
Parent / Guardian 2	2 First Name		Last N	lame			
Address			City		State	Zip	•
Home Phone	Cell Phone		DOB		F	М	
Personal Email			Relationship to	Child			
Employer Name			Employer Phone	9			
Occupation							
Child Resides with:							
Is there a restraining of If YES , attach a signed Name of person on res	d and dated copy of th		-	No		Yes	
In case of emergency	list parent / guardian	to call	first:				
Name			В	est Phone	1		

List at least two other Authorized Pickups and Emergency Contacts Authorized Pick Ups and Emergency Contacts can not be the primary guardian

Phone Emergency Contact? Yes No Relationship to Child 2 First Name Phone DOB Emergency Contact? Yes No Relationship to Child 3 First Name Phone DOB Emergency Contact? Yes No Relationship to Child 4 First Name Phone DOB Emergency Contact? Yes No Relationship to Child 5 First Name Phone DOB Emergency Contact? Yes No Relationship to Child 5 First Name Phone DOB Emergency Contact? Yes No Relationship to Child 6 First Name Last Name DOB Emergency Contact? Yes No Relationship to Child	1 First Name			Last Name
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Emergency Contact? Yes No Relationship to Child 6 First Name Phone DOB	5 First Name			
6 First Name Last Name Phone DOB	Phone			DOB
Phone DOB	Emergency Contact?	Yes	No	Relationship to Child
Phone DOB	C. F I. N.			Last Name
Delektorek in he Child				
	Phone			
Emergency Contact? Yes No Relationship to Child	Emergency Contact?	Yes	No	Relationship to Child
7 First Name Last Name	7 First Name			Last Name
Phone DOB	Phone			DOB
Emergency Contact? Yes No Relationship to Child	Emergency Contact?	Yes	No	Relationship to Child

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Child's Name			DOB	
Health Information				
Please describe any medical conditions /concerns that	at your child I	has. (If none	, type "N/A")	
Please list medication that your child takes on a regu	ılar basis, dos	se and reaso	n. (If none, t	ype "N/A")
Please list all known allergies. (If none, type "N/A")				
Does your child require an inhaler? No	Yes	Epi pen?	No	Yes
Please describe any necessary dietary modifications.	(If none, typ	oe "N/A")		
Does your child have any behavioral, cognitive, spec and speak directly to your Childcare director. (If non			erations? If ye	es, please list
In consideration of admittance, I authorize the YMCA and / or treatment of my child, should an emergency understood that a conscientious effort will be made be have provided, before medical action is taken. Your carises; the choice of hospital will be decided by the second	arise at the y the center the thild will be to	child care sit to contact the aken to the c	te or on a fiel e emergency losest hospita	d trip. It is numbers I
Medical Insurance				
We are not covered by insurance				
In case of emergency, please provide us with the fol information will be kept on file and used if necessary	-	nation regard	ing family ins	surance. This
Health Insurer Name	Health Insur	er Policy Nu	mber	
Pediatrician's Name	Pediatrician'	s Phone		
The health history is correct, as far as I know, and the engage in all prescribed activities except as noted. I personnel selected by the childcare director to order the individual named above.	hereby give i	my permissio	on to the med	lical

Date

Parent / Guardian Signature

Child's Name DOB

Enrollment Agreement Please read carefully and sign below

I understand that I am committing my child to participate in the camp/childcare program for the current year. I understand that a 2-week written cancellation notice must be given to the Director of the program or I will be responsible for the current and upcoming tuition.

I understand my Camper 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 understand that I am financially responsible for the services regardless of attendance including holiday, illness and emergency closing. No refunds will be issued.

I understand that my child will not be released to any person(s) not listed on the enrollment form. I understand I must add all authorized people in person in writing.

I understand that my child must be signed in and out by myself or designee.

I understand that my child will not be released to any child or to any person(s) who seems to be under the influence of drugs or alcohol and that a call will be made to the local police and DCYF to report the incident.

I understand that any child whose behavior is consistently disruptive to the smooth and safe operation of the child care program may be dismissed from the program.

I authorize my child to be transported on a YMCA bus.

I understand that I will pick up my child by the closing time of my site. A late fee will be charged if a child is picked up after the latest time designated for my child's site.

I understand and accept that the Y is not responsible for any lost, stolen, or damaged items. The Y strongly encourages all families to avoid bringing items of value to camp

I understand the YMCA of Pawtucket does not provide 1:1 services

Unless otherwise indicated by selecting "NO", the applicant(s) and their minor youth give permission for the YMCA of Pawtucket, Inc. to take, create, and use, without limitation or obligation, photographs, film, footage or tape recording, which may include the applicant's image or voice for purposes of promoting or interpreting YMCA programs.

No

I understand that I am responsible for reading and understanding the information in the Family Handbook located on our website YMCAPawtucket.org.

I agree to the policies of the programs I enroll my child into and the variations those policies might have from this document.

Parent / Guardian Signature	Date

Debit

Discover



YMCA of Pawtucket, Inc. Childcare Weekly Payment Agreement

I agree to pay the weekly childcare tuition **by the Friday prior** to the week services are offered. I understand that I am financially responsible for the services regardless of attendance including holiday, illness and emergency closing. No refunds will be issued.

I understand that if payment in full is not received **by the Friday prior** my child(ren) will not be allowed to attend the program; if bus transportation is provided, my child(ren) will not be picked up and it will be my responsibility to make other arrangements.

Further, I understand that I **must provide a 2 week written notice to withdraw** my child(ren) from the program. Failure to do so may result in payments due for two weeks of care regardless of attendance.

Please choose one of the payment options below:

Express Payment Plan:

Note: A 3% fee for all Credit/Debit/ACH transactions will be assessed by your Banking/Credit institution.

I authorize my bank (or credit card institution) to honor preauthorized Debit or Credit Charges, against my account for my child's program payments as indicated below. When the bank honors the payment by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized charge not be honored by said bank (or credit card institution) when received by them, then it is understood that the payment is to be made by me in the amount of said payment plus a Return Item Fee. It is further understood that if such payment is not to be honored by the bank (or credit card institution), the YMCA, at its discretion, may resubmit the amount due for payment on a future date and/or send to a collection agency for collections.

Option 1: Credit or Debit Card

MasterCard

Credit Card Type:

Attention Parents: the processing code for the YMCA of Pawtucket is recognized as a gym/medical, your Childcare Dependent Card will not approve our payment transactions

Visa

,,	•	(ATM)
Account Number:	Expiration Date:	CSC Code:
Name on Account (as it appears on card)		(3 digits on back of card)
Authorized Signature:		Date:
Option 2: Bank Draft (ACH Transaction) I choose to utilize EFT option for my child's child	care program payments direct d	ebit from:

American Express

Date:

Bank Account Type: Checking Account

Bank Name:

Routing/Transit #:

Account #:

Authorized Signature: