



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:

Childcare Programs:
Corey Calligano
ccalligano@ymcapawt.org

Camp Westwood
2093 Harkney Hill Rd
Coventry, RI 02816
(401) 397-7779 Phone

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

the



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 Programs			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 Specialty 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										
Star Wars	9-13	\$325										
Percy Jackson	9-13	\$325										
Alien Invasion	8-11	\$325										
Survivor	13-15	\$325										
Harry Potter	7-10 11-13	\$325				7-10				11-13		

*Buy one week save \$30 on second week

**\$20 off each sibling

(S) Specialty Camp

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

Parent/Provider Enrollment Agreement

Rev. 2/2020



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 **and** the child care provider; a copy is to be kept by both parties. It is the **provider's responsibility** to submit this information to DHS via the Provider Portal **BEFORE** the provider begins caring for the child. Once the enrollment is complete, the parent and the provider will receive an Enrollment notice.

Provider ID:		Provider Name:	
Parent's Full Name:		Certificate Number:	
Child's Full Name:		Child's DOB:	

Are you related to the child? ☐ Yes / ☐ No

AGREED HOURS OF CARE					
Care Start Date:				Use this section when child's schedule is a split day	
Care End Date:					
Day	Start Time	End Time		Start Time	End Time
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

The undersigned Provider, hereafter referred to as "Provider" agrees to care for the above-named child for the period indicated in this enrollment. Provider further agrees that the days and times the child will attend were agreed upon by the Provider and the undersigned parent of the child. **The undersigned parent certifies that the hours of this enrollment correspond to the hours DHS Authorized hours.**

The Provider agrees to accept the DHS payment based upon the DHS authorization and approval for Full Time, Three Quarter Time, Half Time, Quarter Time or Before and/or After School Care as payment in full and understand that any services provided in excess of authorized hours shall be the sole responsibility of the parent. Provider understands and agrees to accept this payment in accordance with DHS rules and regulations lawfully promulgated in accordance with R.I. General Laws. The Provider agrees to provide child care in accordance with the DHS rules and regulations and in accordance with the DHS CCAP Approved Provider Agreement.

The undersigned parent agrees to pay his/her share of the child care cost in accordance with the RI DHS rules and regulations and specified in the notice sent by the RI DHS Child Care Assistance Program.

The Provider and the undersigned parent certify that they **DO NOT** live in the same household.

Signature of Parent

Date

Signature of Provider

Date

Provider Printed Name

Position/Title

School Age Child Care / Camp Application

Registration Information**RED HIGHLIGHTED FIELDS ARE REQUIRED**

Child's First Name		Last Name			
Address		City	State	Zip	
Family Email		Best Phone			
School	Grade	DOB	Age	F	M

Household Information: We acknowledge that the communities we serve require different strategies and care to meet their needs; answering these questions helps us to make sure we are fully serving our communities and are completely optional.

Optional Ethnic Origin (check all that apply):

American Indian or Alaskan Native	Asian	Black or African American
Caucasian or White	Hispanic	Latino
Native Hawaiian or Pacific Islander	Other	

Optional: Income Level (check one):	\$0-\$19,999	\$20,000-\$39,999
\$40,000-\$59,999	\$60,000-\$79,000	\$80,000+

Parent / Guardian 1 First Name		Last Name			
Address		City	State	Zip	
Home Phone	Cell Phone	DOB	F	M	
Personal Email		Relationship to Child			
Employer Name		Employer Phone			
Occupation					

Parent / Guardian 2 First Name		Last Name			
Address		City	State	Zip	
Home Phone	Cell Phone	DOB	F	M	
Personal Email		Relationship to Child			
Employer Name		Employer Phone			
Occupation					

Child Resides with:

Is there a restraining order relating to the child's custody or release?	No	Yes
If YES , attach a signed and dated copy of the current court order		
Name of person on restraining order:		

In case of emergency list parent / guardian to call first:

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

1 First Name			Last Name
Phone			DOB
Emergency Contact?	Yes	No	Relationship to Child

2 First Name			Last Name
Phone			DOB
Emergency Contact?	Yes	No	Relationship to Child

3 First Name			Last Name
Phone			DOB
Emergency Contact?	Yes	No	Relationship to Child

4 First Name			Last Name
Phone			DOB
Emergency Contact?	Yes	No	Relationship to Child

5 First Name			Last Name
Phone			DOB
Emergency Contact?	Yes	No	Relationship to Child

6 First Name			Last Name
Phone			DOB
Emergency Contact?	Yes	No	Relationship to Child

7 First Name			Last Name
Phone			DOB
Emergency Contact?	Yes	No	Relationship to Child

Child's Name**DOB**

Health Information

Please describe any medical conditions /concerns that your child has. (If none, type "N/A")

Please list medication that your child takes on a regular basis, dose and reason. (If none, type "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, type "N/A")

Does your child have any behavioral, cognitive, special needs or other considerations? If yes, please list and speak directly to your Childcare director. (If none, type "N/A")

In consideration of admittance, I authorize the YMCA of Pawtucket to arrange for medical examination and / or treatment of my child, should an emergency arise at the child care site or on a field trip. It is understood that a conscientious effort will be made by the center to contact the emergency numbers I have provided, before medical action is taken. Your child will be taken to the closest hospital if the need arises; the choice of hospital will be decided by the service of the local rescue squad.

Medical Insurance

We are not covered by insurance

In case of emergency, please provide us with the following information regarding family insurance. This information will be kept on file and used if necessary.

Health Insurer Name

Health Insurer Policy Number

Pediatrician's Name

Pediatrician's Phone

The health history is correct, as far as I know, and the person herein described has permission to engage in all prescribed activities except as noted. I hereby give my permission to the medical personnel selected by the childcare director to order routine treatment and necessary transportation for the individual named above.

Parent / Guardian Signature**Date**

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**
