

2017 CAMP WATCHAUG REGISTRATION FORM

95 High Street, Westerly, RI 02891 · Phone 401-364-6535 · Fax 401-596-8675-campwatchaug.org

Camper Name _____ Date of Birth _____ Gender(M/F) _____

Home Address _____ City _____ State _____ Zip _____

Summer Address _____ City _____ State _____ Zip _____

Child's School _____ Grade Entering in Fall, 2017 _____ First summer at Camp Watchaug? Yes No

Parent/Guardian Name _____ Relationship _____ Email _____

Home Phone _____ Work Phone _____ Cell Phone _____

Parent/Guardian Name _____ Relationship _____ Email _____

Home Phone _____ Work Phone _____ Cell Phone _____

The parents/guardians listed above will be allowed to pick up the camper from camp, a bus stop or extended day. Please attach the names, relationship to camper and phone number of any additional friends or family members that are at least 18 years old (not listed above) who are authorized to pick up camper and can be notified in event of an emergency. **PHOTO ID IS REQUIRED FOR PICK UP.**

MEDICAL/BEHAVIORIAL/CUSTODY INFORMATION

Please use the space below to provide detailed information regarding any pertinent past or current medical treatment, psychological or behavioral conditions, or custodial issues that would enable us to provide appropriate care for your child. If relevant, please list any behavior modification methods used at home or school. Use another sheet of paper and attach if necessary.

Does the camper have allergies? Yes No Explain: _____

All campers are educated to wash their hands before and after eating meals or snacks and NOT to share food. Counselors will sit next to campers with severe food allergies. Upon request, an allergen-free eating area can be arranged or a request can be made to your child's group to only send non-allergen snacks and lunches. **Please contact the Camp Director if this is necessary for your child.**

Is the camper on a special diet? Yes No Explain: _____

May camper participate in ALL Camp Activities? Yes No If no, what restrictions apply? _____

Is the camper current on all of the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices?

	YES	NO		YES	NO		YES	NO
Measles	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	Polio	<input type="checkbox"/>	<input type="checkbox"/>
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	Chicken pox	<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>
Rubella	<input type="checkbox"/>	<input type="checkbox"/>	Pertussis	<input type="checkbox"/>	<input type="checkbox"/>	Date of most recent Tetanus booster:	_____	

GROUP FRIEND REQUEST:

Camper's Physician _____ Phone _____ City _____ State _____

Please list any prescription or OTC medication camper takes on a regular basis: _____

If camper will need a medication while at camp, an additional MEDICATION FORM must be completed & returned. Available on-line & at the YMCA.

Our Health Office stocks the following Over the Counter medications and administers them under the Standing Orders of our on-call physician. Please **CROSS OFF** any medication that you **DO NOT** want administered to the camper:

Ambesol Antibiotic Ointment Bactine Calamine Lotion Hydrogen Peroxide Oragel Rhuligel

Health Insurance Company _____ Group Policy# _____ Parent Provider _____

Please attach copy of Health insurance Card.

TRANSPORTATION - TIMES LISTED ON WEBSITE & IN PARENT HANDBOOK—*Select your choice*

**Sessions 1 & 6
(TWO BUS STOPS ONLY)**

Westerly YMCA

Arcadia YMCA

Parent Pick Up & Drop Off

Sessions 2-5

BLUE ROUTE	RED ROUTE	GREEN ROUTE
<input type="checkbox"/> Hopkinton Post Office	<input type="checkbox"/> Granite Plaza	<input type="checkbox"/> Fleming's Feed
<input type="checkbox"/> Arcadia YMCA	<input type="checkbox"/> Westerly YMCA	<input type="checkbox"/> West Broad Street School
<input type="checkbox"/> Richmond School	<input type="checkbox"/> Craig's Field	<input type="checkbox"/> St Pius Church
<input type="checkbox"/> Charlestown Elem	<input type="checkbox"/> Route 216/Crandall Field	<input type="checkbox"/> Shore Road & Crandall Ave
<input type="checkbox"/> Hungry Haven	<input type="checkbox"/> Bradford Pizza & Mart	<input type="checkbox"/> Wal-Mart

No Bus, Parent Pick up & Drop Off

HOW DID YOU HEAR ABOUT CAMP WATCHAUG?

YMCA

Website

Email

Word of mouth

Newspaper

Mailing

School

Brochure

Am a returning Camper

Other _____

I give permission for the camper's image or voice to be used in Y promotional materials including the website and social media.

Yes No Signature _____

You must check no if child is a legal ward of the state (i.e. foster child)

SESSION SELECTION / DATES & RATES

TRADITIONAL CAMP *Age 4 to Entering 9th Grade*

- Session 1 (1 week) June 19-23
- Session 2 (2 weeks) June 26-July 7
- Session 3 (2 weeks) July 10-July 21
- Session 4 (2 weeks) July 24-August 4
- Session 5 (2 weeks) August 7-18
- Session 6 (1 week) August 21-25

Sessions 1&6 ONLY can be divided into days

- Monday, June 19 Water Adventure
- Tuesday, June 20 Land Adventure
- Wednesday, June 21 Super Hero Day
- Thursday, June 22 Frontier Day
- Friday, June 23 Hawaiian Day
- Monday, August 21 Water Adventure
- Tuesday, August 22 Land Adventure
- Wednesday, August 23 Pirate Day
- Thursday, August 24 Time Warp
- Friday, August 25 Color Wars

EXTENDED DAY

- Westerly Branch Arcadia Branch
- AM ONLY PM ONLY BOTH AM & PM

Please consider a donation to the Y Cares scholarship Fund which helps children who otherwise would not be able to attend camp. Donation is tax-deductible.

Traditional Camp:

- 1 Day \$50 OCYMCA Member/ \$60 Non-member
- 1 Week Sessions \$230 OCYMCA Member/ \$285 Non-member
- 2 Week Sessions \$400 OCYMCA Member/ \$470 Non-member

Specialty Camps

- 1 Week Sessions \$260 OCYMCA Member/ \$315 Non-member
- 2 Weeks Sessions \$460 OCYMCA Member/ \$530 Non-member

Session 2 (2 weeks) Pro-rated — no camp on July 4

- Traditional Camp: \$360 OCYMCA Member/ \$423 Non-member
- Specialty Camps: \$414 OCYMCA Member/ \$477 Non-member

Extended Day

- AM OR PM Only Per Week \$35/OCYMCA Member/ \$43 Non-member
- BOTH AM & PM Per Week \$50/OCYMCA Member/ \$65 Non-member

Financial Assistance is available through the Y Cares Program.

Please contact the YMCA for information & Y Cares Application.

SPECIALTY CAMPS

- LEGO® 1 (1 week) June 19-23 (Session 1) Ages 5-8
- Water Sports 2 (2 weeks) June 26-July 7 (Session 2) Entering Grades 7-9
- Tails & Trails Furry Friends (2 weeks) June 26-July 7 (Session 2) Entering Grades 3-4
- Tails & Trails Unleashed (2 weeks) June 26-July 7 (Session 2) Entering Grades 5-7
- Water Sports 3 (2 weeks) July 10-21 (Session 3) Entering Grades 4-6
- Fort Building (2 weeks) July 10-21 (Session 3) Entering Grades 4-7
- Water Sports 4 (2 weeks) July 24-August 4 (Session 4) Entering Grades 7-9
- LEGO® 2 (2 weeks) July 24-August 4 (Session 4) Entering Grades 1-3
- LEGO® 3 (2 weeks) July 24-August 4 (Session 4) Entering Grades 3-6
- Water Sports 5 (2 weeks) August 7-18 (Session 5) Entering Grades 4-6
- Drama (2 weeks) August 7-18 (Session 5) Entering Grades 3-9
- CIT Program* (7 weeks) July 3 -August 18 (Sessions 2B-5) Entering Grade 10

*Must Complete CIT application, submit letters of recommendation and undergo interview for acceptance into the CIT program. 7-Week CIT fee is \$545 OCYMCA Member/ \$680 non-member

Cancellation of a session at least two full weeks prior to the session will result in a full refund less the registration fee. Cancellations within the two-week period will result in a refund less the registration fee and deposit. **No refunds are given once a session begins.** Deposit holds campers spot and will be applied to the session fee. Balance is due **two weeks prior to the session starting.**

PAYMENT

- \$25 one-time non-refundable Registration Fee \$25
- \$50 Deposit for each session *(applied to session fee)* _____
- Trading Post cards @ \$10 each _____
- T-shirt @ \$12 each _____
- Campership Fund Donation _____

TOTAL DUE WITH REGISTRATION:

- Check enclosed – made payable to Ocean Community YMCA
- Charge to Bank Draft on file Charge to Credit Card on file
- Other Credit Card Payment. Name on Card _____

Card # _____ Expiration _____ Security Code: _____

I approve the above charges and acknowledge (you **MUST** check one):

- I will pay any balance by check or cash two weeks prior to the start of each registered session
- Authorization of FULL payment NOW by credit card or bank draft as checked above
- Authorization for my bank draft or credit card as checked above to be charged on the balance due date
- I qualify for DHS assistance. My **current** DHS Certificate number is _____

The Westerly Warm Center provides Free Bag Lunches for campers who qualify for free or reduced school lunches or are in financial need. Lunches must be requested below.

- Check here if you would like your child to receive a free bag lunch.

By signing below, I understand, balances must be paid in FULL two weeks prior to the start of each session otherwise I forfeit my registration. The health information provided is correct as far as I know. I understand the activities the YMCA Camp Watchaug offers and the person herein can engage in all camp activities, except as noted by me on this form. I give the certified staff permission to use First Aid and, in the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named on this form. I understand that health and accident coverage for my child is my responsibility as a parent or guardian. I will not hold the Ocean Community YMCA, its representatives, counselors or staff liable for any injury incurred by my child.

Parent Signature _____ Date _____