

# 2018 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 \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Summer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child's School \_\_\_\_\_ Grade Entering in Fall, 2018 \_\_\_\_\_ 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: | _____                    |                          |
| Camper's Physician | _____                    |                          | Phone       | _____                    |                          | City                                 | _____ State _____        |                          |

**GROUP FRIEND REQUEST:**

\_\_\_\_\_

\_\_\_\_\_

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. This form is needed for both prescription and over-the-counter medications. Our Health Office only stocks the following over-the-counter medications and administers them under the Standing Orders of our on-call physician. Please indicate permission for medication administration:*

**Antibiotic Ointment:** yes or no    **Calamine Lotion:** yes or no    **Hydrogen Peroxide:** yes or no    **BZK Antiseptic Cleanser:** yes or no

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 & 7  
(TWO BUS STOPS ONLY)**

Westerly YMCA

Arcadia YMCA

Parent Pick Up & Drop Off

**Sessions 2-5**

|   |  |  |
|---|--|--|
| <p><b>BLUE ROUTE</b></p> <p><input type="checkbox"/> Hopkinton Post Office</p> <p><input type="checkbox"/> Arcadia YMCA</p> <p><input type="checkbox"/> Richmond School</p> <p><input type="checkbox"/> Charlestown Elem</p> <p><input type="checkbox"/> Hungry Haven</p> | <p><b>RED ROUTE</b></p> <p><input type="checkbox"/> Regal Cinemas</p> <p><input type="checkbox"/> Westerly YMCA</p> <p><input type="checkbox"/> Craig's Field</p> <p><input type="checkbox"/> Route 216/Crandall Field</p> | <p><b>GREEN ROUTE</b></p> <p><input type="checkbox"/> Black Bear Karate</p> <p><input type="checkbox"/> Stonington High School</p> <p><input type="checkbox"/> St Pius Church</p> <p><input type="checkbox"/> Shore Road &amp; Crandall Ave</p> <p><input type="checkbox"/> Wal-Mart</p> |
|---|--|--|

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 18-22
- Session 2 (2 weeks) June 25-July 6
- Session 3 (2 weeks) July 9-July 20
- Session 4 (2 weeks) July 23-August 3
- Session 5 (2 weeks) August 6-17
- Session 6 (1 week) August 20-24
- Session 7 (1 week) August 27-31

**Sessions 1 & 6 ONLY can be divided into days**

- |           |                                  |                                    |
|-----------|----------------------------------|------------------------------------|
| Monday    | <input type="checkbox"/> June 18 | <input type="checkbox"/> August 20 |
| Tuesday   | <input type="checkbox"/> June 19 | <input type="checkbox"/> August 21 |
| Wednesday | <input type="checkbox"/> June 20 | <input type="checkbox"/> August 22 |
| Thursday  | <input type="checkbox"/> June 21 | <input type="checkbox"/> August 23 |
| Friday    | <input type="checkbox"/> June 22 | <input type="checkbox"/> August 24 |

**EXTENDED DAY**

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

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.

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.**

**Traditional Camp:**

- 1 Day \$50 OCYMCA Member/ \$60 Non-member
- 1 Week Sessions \$235 OCYMCA Member/ \$290 Non-member
- 2 Week Sessions \$405 OCYMCA Member/ \$475 Non-member

**Specialty Camps**

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

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

- Traditional Camp: \$365 OCYMCA Member/ \$425 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. Please contact us for information.

If able, please consider a donation to the Y Cares Fund which helps children who otherwise would not be able to attend camp.

Donation is tax-deductible.

**SPECIALTY CAMPS—see website for detailed descriptions**

- LEGO® 1 (1 week) June 18-22 (Session 1) Ages 5-6
- LEGO® 2 (1 week) June 18-22 (Session 1) Ages 7-11
- Water Sports 2 (2 weeks) June 25-July 6 (Session 2) Entering Grades 7-9
- Tails & Trails Furry Friends (2 weeks) June 25-July 6 (Session 2) Entering Grades 3-5
- Tails & Trails Unleashed (2 weeks) June 25-July 6 (Session 2) Entering Grades 6-8
- Gymnastics (2 weeks) June 25-July 6 (Session 2) Entering Grades 1-7
- Dance (2 weeks) June 25-July 6 (Session 2) Entering Grades 1-5
- Water Sports 3 (2 weeks) July 9-20 (Session 3) Entering Grades 4-6
- Fort Building (2 weeks) July 9-20 (Session 3) Entering Grades 4-7
- Water Sports 4 (2 weeks) July 23-August 3 (Session 4) Entering Grades 7-9
- LEGO® 3 (2 weeks) July 23-August 3 (Session 4) Ages 5-6
- LEGO® 4 (2 weeks) July 23-August 3 (Session 4) Ages 7-11
- Water Sports 5 (2 weeks) August 6-17 (Session 5) Entering Grades 4-6
- Drama (2 weeks) August 6-17 (Session 5) Entering Grades 3-9
- Leadership Academy (2 weeks) August 6-17 (Session 5) Entering Grade 9
- CIT Program\* (7 weeks) July 2 -August 17 (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

**PAYMENT**

- \$25 one-time non-refundable Registration Fee \$25
- \$50 Deposit for each session (*applied to session fee*) \_\_\_\_\_
- Trading Post Card @ \$10 each \_\_\_\_\_
- T-shirt @ \$12 each \_\_\_\_\_
- Y Cares 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 \_\_\_\_\_

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 \_\_\_\_\_