



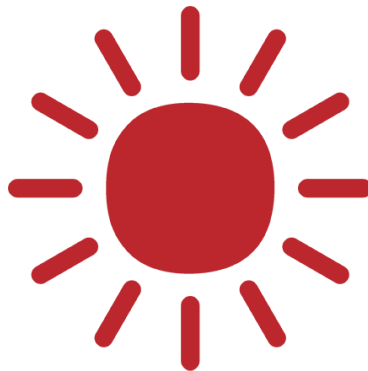
2020 Camp Registration

WELCOME TO CAMP COVE!

The following checklist MUST be completed prior to registration.

- Camp Cove Registration form (no blank spaces)
- State of Connecticut Department of Education Health Assessment Records
- Non-Prescription Topical Medication Form
- Medication Administration Form
- Parent Authorization & Permission to Treat Form

Completed packet must be dropped off at the Naik Family YMCA or faxed.



Naik Family YMCA
1 Harry Austin Drive
Mystic, CT 06355
P 860-536-3575
F 860-536-2049

See the back of this page for deadlines —>



Dates & Deadlines

Session	Dates	Deadline for Payment & Registration Packet
Session 1	June 15-June 19	June 1
Session 2	June 22-July 3	June 8
Session 3	July 6-July 17	June 22
Session 4	July 20-July 31	July 6
Session 5	Aug 3-Aug 14	July 20
Session 6	Aug 17-Aug 21	Aug 3

Traditional Camp: Allows campers to try a variety of activities in a small age-appropriate group with the same counselor each day who is able to focus on each individual camper. Some activities include: daily swim lessons, Daily beach swim, Canoeing, paddle boarding, arts & crafts, archery, nature activities, sports, marine science, GAGA, and more!

Specialty Camp

- **Cove Adventure:** Campers can experience the waters of Williams Cove and the Mystic River through kayaking, stand up paddle boarding and snorkeling. This water adventure camp will allow Specialty Campers to work with highly skilled instructors and different water adventure sports to develop their love of the water. During Cove Adventures, campers will get to show off their kayaking skills on their day-long trip to Ramm Island to explore and enjoy a picnic lunch!
- **Marine Science:** Mystic Day Camp is lucky to have access to a beach and all the wonderful wildlife that lives in the Mystic River. If getting wet and exploring the local wildlife sounds like fun, then come learn to be a Marine Scientist! Bring extra clothes and a sense of adventure.
- **Cardboard Creations:** Calling all young engineers! Design and create using cardboard, duct tape and other recycled materials.
- **Junior Detective:** Learn STEM based skills to help you solve the big mystery! Basic forensic and fact finding techniques will be introduced in this fun camp.
- **Basketball:** Dribble, dish and swish your way through this active hoops camp. Great for beginners and those who are looking to fine tune their skills.
- **Lego Legacy:** Release your inner architect! Put curiosity, creativity and engineering to task in this fun hands on experience with Lego models and WeDo 2.0 robotic lego sets.

Counselor in Training (CIT): Specifically designed to foster the transition from camper to counselor. CIT is a 7 week program starting session 3- session 7. CIT's will have sessions designed to teach leadership, camper management and self-management. They will also shadow counselors and receive "hands-on" training. Our goal of this program is to help teens develop into strong leaders in their school, community and at camp!



Camp Cove 2020 Registration Form

CAMPER INFORMATION

Child's Name _____ DOB _____ Age _____ Shirt Size _____
Address _____ City _____ Zip _____
Gender _____ Child's School _____ Grade entering in Fall 2020 _____

HOUSEHOLD/FAMILY INFORMATION

Parent/Guardian Name _____ Relationship _____
Address _____ City _____ Zip _____
Home Phone _____ Email _____
Employer _____ Work Phone _____ Cell Phone _____

Parent/Guardian Name _____ Relationship _____
Address _____ City _____ Zip _____
Home Phone _____ Email _____
Employer _____ Work Phone _____ Cell Phone _____

EMERGENCY CONTACT INFORMATION

Additional friends or family members that are at least 18 years or older (not listed above) authorized to pick-up child from Camp, field trip, bus or emergency dismissal from camp. Photo ID is required upon pick-up.

Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____

INSURANCE INFORMATION

Insurance Carrier _____ Group Policy # _____ Parent Provider _____

DOCTORS INFORMATION

Name _____ Address _____ Phone _____
Medical Allergies _____ Date of last Tetanus Shot _____

I would prefer to have my child taken to the following hospital if the need arise:

MEDICAL/BEHAVIORAL/CUSTODY INFORMATION

Please use the space below to provide detailed information regarding any medical, behavioral, or parental custody situation that would enable us to provide appropriate services to your child. If relevant, please list any behavior modification methods used at home or at school. Please note that appropriate medical documentation is also required on your child's health from. A copy of your child's last physical health form must be on file 2 weeks prior to start of camp.



Camp Cove 2020 Registration Form

CAMP GROUPS & SESSION REGISTRATION

- Angel Fish (ages 4-kindergarten)
 Seahorses (grades 1 & 2)
 Sting Ray (grades 3 & 4)
 Dolphins (grades 5 & 6)
 Sharks (grades 7 & 8)
 CIT (grades 9 & 10)

Session	Dates	Traditional Camp		Specialty Camp (grades 3-8)			CIT	
		Member	Non Member	Title	Member	Non Member	Member	Non Member
Session 1	June 15-June 19	<input type="checkbox"/> \$191	<input type="checkbox"/> \$229	Cardboard Creations	<input type="checkbox"/> \$230	<input type="checkbox"/> \$270	<input type="checkbox"/> \$550	<input type="checkbox"/> \$685
Session 2	June 22-July 3	<input type="checkbox"/> \$355	<input type="checkbox"/> \$417	Cove Adventures	<input type="checkbox"/> \$465	<input type="checkbox"/> \$540		
				Lego Legacy	<input type="checkbox"/> \$465	<input type="checkbox"/> \$540		
Session 3	July 6-July 17	<input type="checkbox"/> \$380	<input type="checkbox"/> \$452	Marine Science	<input type="checkbox"/> \$465	<input type="checkbox"/> \$540		
				Basketball	<input type="checkbox"/> \$465	<input type="checkbox"/> \$540		
Session 4	July 20-July 31	<input type="checkbox"/> \$380	<input type="checkbox"/> \$452	Cove Adventures	<input type="checkbox"/> \$465	<input type="checkbox"/> \$540		
				Lego Legacy	<input type="checkbox"/> \$465	<input type="checkbox"/> \$540		
Session 5	Aug 3-Aug 14	<input type="checkbox"/> \$380	<input type="checkbox"/> \$452	Marine Science	<input type="checkbox"/> \$465	<input type="checkbox"/> \$540		
				Basket Ball	<input type="checkbox"/> \$465	<input type="checkbox"/> \$540		
Session 6	Aug 17-Aug 21	<input type="checkbox"/> \$191	<input type="checkbox"/> \$229	Junior Detective	<input type="checkbox"/> \$230	<input type="checkbox"/> \$270		

EXTENDED CARE

AM 7:00am-9:00am

PM 4:00pm-6:00pm

Sessions	Dates	AM & PM		AM		PM	
		Member	Non member	Member	Non member	Member	Non member
Session 1	June 15-June 19	<input type="checkbox"/> \$50	<input type="checkbox"/> \$65	<input type="checkbox"/> \$35	<input type="checkbox"/> \$45	<input type="checkbox"/> \$35	<input type="checkbox"/> \$45
Session 2	June 22-July 3	<input type="checkbox"/> \$100	<input type="checkbox"/> \$120	<input type="checkbox"/> \$70	<input type="checkbox"/> \$90	<input type="checkbox"/> \$70	<input type="checkbox"/> \$90
Session 3	July 6-July 17	<input type="checkbox"/> \$100	<input type="checkbox"/> \$120	<input type="checkbox"/> \$70	<input type="checkbox"/> \$90	<input type="checkbox"/> \$70	<input type="checkbox"/> \$90
Session 4	July 20-July 31	<input type="checkbox"/> \$100	<input type="checkbox"/> \$120	<input type="checkbox"/> \$70	<input type="checkbox"/> \$90	<input type="checkbox"/> \$70	<input type="checkbox"/> \$90
Session 5	Aug 3-Aug 14	<input type="checkbox"/> \$100	<input type="checkbox"/> \$120	<input type="checkbox"/> \$70	<input type="checkbox"/> \$90	<input type="checkbox"/> \$70	<input type="checkbox"/> \$90
Session 6	Aug 17-Aug 21	<input type="checkbox"/> \$50	<input type="checkbox"/> \$65	<input type="checkbox"/> \$35	<input type="checkbox"/> \$45	<input type="checkbox"/> \$35	<input type="checkbox"/> \$45



Camp Cove 2020 Registration Form

EXPRESS PAYMENT

If paying with a Credit Card please choose a payment option.

- Charge the full payment at this time. Deposit only, automatically charge me 2 weeks before EACH session begins.

As indicated with my signature I approve the above charges.

Signature: _____

REGISTRATION AND DEPOSIT

A one-time non-refundable registration fee of \$25 per child and a deposit of \$50 per child, per session is required at time of registration. This deposit holds the camper's spot and will be applied to the full payment of camp fees. The remaining balance must be paid two weeks prior to the start of the scheduled session.

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Full Name on Card _____

Billing Address _____ Zip Code _____

Credit/Debit Card Number _____ Expiration Date _____

Card Type American Express Discover MasterCard Visa



State of Connecticut Department of Education

Health Assessment Record



To Parent or Guardian:

In order to provide the best educational experience, school personnel must understand your child's health needs. This form requests information from you (Part 1) which will also be helpful to the health care provider when he or she completes the medical evaluation (Part 2) and the oral assessment (Part 3).

State law requires complete primary immunizations and a health assessment by a legally qualified practitioner of medicine, an advanced practice registered nurse or registered nurse, licensed pursuant to chapter 378, a physi-

cian assistant, licensed pursuant to chapter 370, a school medical advisor, or a legally qualified practitioner of medicine, an advanced practice registered nurse or a physician assistant stationed at any military base prior to school entrance in Connecticut (C.G.S. Secs. 10-204a and 10-206). An immunization update and additional health assessments are required in the 6th or 7th grade and in the 9th or 10th grade. Specific grade level will be determined by the local board of education. This form may also be used for health assessments required every year for students participating on sports teams.

Please print

Student Name (Last, First, Middle)	Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Address (Street, Town and ZIP code)

Parent/Guardian Name (Last, First, Middle)	Home Phone	Cell Phone
--	------------	------------

School/Grade	Race/Ethnicity
Primary Care Provider	<input type="checkbox"/> Black, not of Hispanic origin
	<input type="checkbox"/> American Indian/ Alaskan Native
	<input type="checkbox"/> White, not of Hispanic origin
	<input type="checkbox"/> Asian/Pacific Islander
	<input type="checkbox"/> Hispanic/Latino
	<input type="checkbox"/> Other

Health Insurance Company/Number* or Medicaid/Number*

Does your child have health insurance?	Y	N	If your child does not have health insurance, call 1-877-CT-HUSKY
Does your child have dental insurance?	Y	N	

* If applicable

Part 1 – To be completed by parent/guardian.

Please answer these health history questions about your child before the physical examination.

Please circle Y if "yes" or N if "no." Explain all "yes" answers in the space provided below.

Any health concerns	Y	N	Hospitalization or Emergency Room visit	Y	N	Concussion	Y	N
Allergies to food or bee stings	Y	N	Any broken bones or dislocations	Y	N	Fainting or blacking out	Y	N
Allergies to medication	Y	N	Any muscle or joint injuries	Y	N	Chest pain	Y	N
Any other allergies	Y	N	Any neck or back injuries	Y	N	Heart problems	Y	N
Any daily medications	Y	N	Problems running	Y	N	High blood pressure	Y	N
Any problems with vision	Y	N	"Mono" (past 1 year)	Y	N	Bleeding more than expected	Y	N
Uses contacts or glasses	Y	N	Has only 1 kidney or testicle	Y	N	Problems breathing or coughing	Y	N
Any problems hearing	Y	N	Excessive weight gain/loss	Y	N	Any smoking	Y	N
Any problems with speech	Y	N	Dental braces, caps, or bridges	Y	N	Asthma treatment (past 3 years)	Y	N
Family History						Seizure treatment (past 2 years)	Y	N
Any relative ever have a sudden unexplained death (less than 50 years old)				Y	N	Diabetes	Y	N
Any immediate family members have high cholesterol				Y	N	ADHD/ADD	Y	N

Please explain all "yes" answers here. For illnesses/injuries/etc., include the year and/or your child's age at the time.

Is there anything you want to discuss with the school nurse? Y N If yes, explain:

Please list any medications your child will need to take in school:

All medications taken in school require a separate Medication Authorization Form signed by a health care provider and parent/guardian.

I give permission for release and exchange of information on this form between the school nurse and health care provider for confidential use in meeting my child's health and educational needs in school.

Signature of Parent/Guardian _____ Date _____

Part 2 – Medical Evaluation

HAR-3 REV. 7/2018

Health Care Provider must complete and sign the medical evaluation and physical examination

Student Name _____ Birth Date _____ Date of Exam _____

I have reviewed the health history information provided in Part 1 of this form

Physical Exam

Note: *Mandated Screening/Test to be completed by provider under Connecticut State Law

*Height _____ in. / _____% *Weight _____ lbs. / _____% BMI _____ / _____% Pulse _____ *Blood Pressure _____ / _____

	Normal	Describe Abnormal	Ortho	Normal	Describe Abnormal
Neurologic			Neck		
HEENT			Shoulders		
*Gross Dental			Arms/Hands		
Lymphatic			Hips		
Heart			Knees		
Lungs			Feet/Ankles		
Abdomen			*Postural <input type="checkbox"/> No spinal abnormality <input type="checkbox"/> Spine abnormality: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Marked <input type="checkbox"/> Referral made		
Genitalia/ hernia					
Skin					

Screenings

*Vision Screening	*Auditory Screening	History of Lead level	Date
Type: <u>Right</u> <u>Left</u>	Type: <u>Right</u> <u>Left</u>	≥ 5µg/dL <input type="checkbox"/> No <input type="checkbox"/> Yes	
With glasses 20/ 20/	<input type="checkbox"/> Pass <input type="checkbox"/> Pass	*HCT/HGB:	
Without glasses 20/ 20/	<input type="checkbox"/> Fail <input type="checkbox"/> Fail	*Speech (school entry only)	
<input type="checkbox"/> Referral made	<input type="checkbox"/> Referral made	Other:	

TB: High-risk group? No Yes PPD date read: _____ Results: _____ Treatment: _____

*IMMUNIZATIONS

Up to Date or Catch-up Schedule: **MUST HAVE IMMUNIZATION RECORD ATTACHED**

*Chronic Disease Assessment:

Asthma No Yes: Intermittent Mild Persistent Moderate Persistent Severe Persistent Exercise induced
If yes, please provide a copy of the Asthma Action Plan to School

Anaphylaxis No Yes: Food Insects Latex Unknown source

Allergies *If yes, please provide a copy of the Emergency Allergy Plan to School*

History of Anaphylaxis No Yes Epi Pen required No Yes

Diabetes No Yes: Type I Type II **Other Chronic Disease:** _____

Seizures No Yes, type: _____

This student has a developmental, emotional, behavioral or psychiatric condition that may affect his or her educational experience.
 Explain: _____

Daily Medications (specify): _____

This student may: participate fully in the school program
 participate in the school program with the following restriction/adaptation: _____

This student may: participate fully in athletic activities and competitive sports
 participate in athletic activities and competitive sports with the following restriction/adaptation: _____

Yes No Based on this comprehensive health history and physical examination, this student has maintained his/her level of wellness.
 Is this the student's medical home? Yes No I would like to discuss information in this report with the school nurse.

Signature of health care provider MD / DO / APRN / PA _____ Date Signed _____ Printed/Stamped Provider Name and Phone Number _____

Immunization Record

To the Health Care Provider: Please complete and initial below.

Vaccine (Month/Day/Year) Note: *Minimum requirements prior to school enrollment. At subsequent exams, note booster shots only.

	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6
DTP/DTaP	*	*	*	*		
DT/Td						
Tdap	*				Required 7th-12th grade	
IPV/OPV	*	*	*			
MMR	*	*			Required K-12th grade	
Measles	*	*			Required K-12th grade	
Mumps	*	*			Required K-12th grade	
Rubella	*	*			Required K-12th grade	
HIB	*				PK and K (Students under age 5)	
Hep A	*	*			See below for specific grade requirement	
Hep B	*	*	*		Required PK-12th grade	
Varicella	*	*			Required K-12th grade	
PCV	*				PK and K (Students under age 5)	
Meningococcal	*				Required 7th-12th grade	
HPV						
Flu	*				PK students 24-59 months old – given annually	
Other						

Disease Hx _____
of above _____ (Specify) _____ (Date) _____ (Confirmed by)

Exemption: Religious _____ Medical: Permanent _____ Temporary _____ Date: _____

Renew Date: _____

**Religious exemption documentation is required upon school enrollment and then renewed at 7th grade entry.
Medical exemptions that are temporary in nature must be renewed annually.**

Immunization Requirements for Newly Enrolled Students at Connecticut Schools (as of 8/1/17)

KINDERGARTEN THROUGH GRADE 6

- DTaP: At least 4 doses, with the final dose on or after the 4th birthday; students who start the series at age 7 or older only need a total of 3 doses of tetanus-diphtheria containing vaccine.
- Polio: At least 3 doses, with the final dose on or after the 4th birthday.
- MMR: 2 doses at least 28 days apart, with the 1st dose on or after the 1st birthday.
- Hib: 1 dose on or after the 1st birthday (children 5 years and older do not need proof of vaccination).
- Pneumococcal: 1 dose on or after the 1st birthday (children 5 years and older do not need proof of vaccination).
- Hep A: 2 doses given six months apart, with the 1st dose on or after the 1st birthday. See "HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES" column at the right for more specific information on grade level and year required.
- Hep B: 3 doses, with the final dose on or after 24 weeks of age.
- Varicella: 2 doses, with the 1st dose on or after the 1st birthday or verification of disease.**

GRADES 7 THROUGH 12

- Tdap/Td: 1 dose of Tdap required for students who completed their primary DTaP series; for students who start the series at age 7 or older a total of 3 doses of tetanus-diphtheria containing vaccines are required, one of which must be Tdap.
- Polio: At least 3 doses, with the final dose on or after the 4th birthday.
- MMR: 2 doses at least 28 days apart, with the 1st dose on or after the 1st birthday.
- Meningococcal: 1 dose
- Hep B: 3 doses, with the final dose on or after 24 weeks of age.
- Varicella: 2 doses, with the 1st dose on or after the 1st birthday or verification of disease.**
- Hep A: 2 doses given six months apart, with the 1st dose on or after the 1st birthday. See "HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES" column at the right for more specific information on grade level and year required.

HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES

- August 1, 2017: Pre-K through 5th grade
- August 1, 2018: Pre-K through 6th grade
- August 1, 2019: Pre-K through 7th grade
- August 1, 2020: Pre-K through 8th grade
- August 1, 2021: Pre-K through 9th grade
- August 1, 2022: Pre-K through 10th grade
- August 1, 2023: Pre-K through 11th grade
- August 1, 2024: Pre-K through 12th grade

** **Verification of disease:** Confirmation in writing by an MD, PA, or APRN that the child has a previous history of disease, based on family or medical history.

Note: The Commissioner of Public Health may issue a temporary waiver to the schedule for active immunization for any vaccine if the National Centers for Disease Control and Prevention recognizes a nationwide shortage of supply for such vaccine.



Non-Prescription Topical Medical Form

YES

NO

(must check one)

To Camp Health Director:

I hereby request that a staff member of the camp facility can or may administer the following non-prescription topical medication to my child. I understand that I must supply the day camp with the non-prescription topical medication in the original container labeled with the child's name, the name of the medication and the directions for the medication administration.

This authorization is limited to the following topical medications:

1. Non-prescription sunscreen that is free of amino benzoic acid (PABA) or its derivatives
2. Non-prescription insect repellents
3. Non-prescription medicated powders

Name of Child: _____ Date of Birth: _____

Address: _____

Medication Instructions:

Name of Medication	Method of Administration	Area of Application	Schedule of Administration	Reason for Administration

Medication shall be administered from: _____ date To _____ date

I have administered at least one dose of the above medication to my child without adverse side effects.

Name of Parent/Guardian: _____ Date _____

Signature: _____

<p>Staff to Complete:</p> <p>Parent authorization form and medication received by: _____ Signature of staff</p> <p>Medication Started: _____ (date and time)</p> <p>Medication Ended: _____ (date and time)</p>
--



Medication Administration Form

YES

NO

(must check one)

In Connecticut, licensed Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the CT State Statutes and Regulations. Parents/guardians requesting medication administration to their child while at camp shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription. All unused medication shall be destroyed if not picked up within one week following the camper's departure at the end of camp.

Authorized Prescriber's Order (Physician, Dentist, Physician Assistant, Advanced Practice Registered Nurse):

Name of Child _____ Date of Birth ____/____/____ Today's Date ____/____/____

Medication Name _____ Controlled Drug? YES NO

Dosage _____ Method _____ Time of Administration _____

Specific Instructions for Medication Administration _____

Medication Administration: Start Date ____/____/____ Stop Date ____/____/____

Is this medication to be self-administered by the child? YES NO

Relevant Side Effects of Medication _____

Plan of Management for Side Effects _____

Known Food or Drug Allergies? YES NO Reactions to? YES NO Interactions with? YES NO

If "yes" to any of the above, please explain _____

Prescriber's Name _____ Phone Number (____) _____

Prescriber's Address _____ Town _____

Prescriber's Signature _____

Parent/Guardian Authorization:

I request that medication be administered to my child as described and directed above.

I request that medication be self-administered to my child as described and directed above.

Name of Camp _____ Today's Date ____/____/____

Child's Name _____ Address _____ Town _____

Name of Parent/Guardian Authorizing Administration of Medication as described and directed above:

First Name _____ Last Name _____

Relationship to Child: Mother Father Guardian/Other explain: _____

Address _____ Town _____ Phone Number (____) _____

Signature of Parent/Guardian Authorizing Administration of Medication _____

Name of Camp Personnel Receiving Written Authorization and Medication _____

Title/Position _____ Signature (in ink) _____



Parent Authorization & Permission to Treat Form

PARENT AUTHORIZATION

By signing below, I understand that my child's image or voice may be used in Y promotional materials including the YMCA website. Balances must be paid in FULL two weeks prior to the start of each session otherwise I forfeit my registration. I understand the activities that YMCA Mystic Day Camp offers and I allow my child to participate in all activities unless otherwise noted on the Health 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.

Signature of Parent of Legal Guardian

Date

PERMISSION TO TREAT

Please check the appropriate box authorizing or NOT authorizing the healthcare provider and camp staff of YMCA Camp Cove to administer first aid to your Child.

YES

NO

(must check one)

Signature of Parent of Legal Guardian

Date



YCares Addendum

YES

NO

(must check one)

Camper Name		Gender
Date of Birth	Age	Entering Grade In Fall 2020
Address		
City	State	Zip Code
Parent/Guardian's Name	Cell or Work Phone	
Parent/Guardian's Name	Cell or Work Phone	

FINANCIAL INFORMATION

The Ocean Community YMCA YCares Financial Assistance Program Application and all supporting documentation MUST be submitted with this addendum, unless the family already has one that was completed in the past 12 months. The YCares process can take up to 4 weeks. Forms are available at all Ocean Community YMCA branches.

Are you eligible for Care 4 Kids? YES NO If yes, please provide your family ID # _____

Additional financial situation which are relevant to this application: _____

Are you applying for assistance for any other siblings? YES NO

Name of Other Child(ren) attending YMCA Camp Cove: _____

PARENT/GUARDIAN AUTHORIZATION

I hereby certify that I have completed all the information requested within the YCares application form and this addendum; that all the information is true and accurate to the best of my knowledge and that there is no misrepresentation by omission. I further understand that this application does not constitute acceptance by the YMCA and that I will be notified as to whether my application for financial assistance for YMCA Camp Cove has been approved or not.

Signature of Parent of Legal Guardian

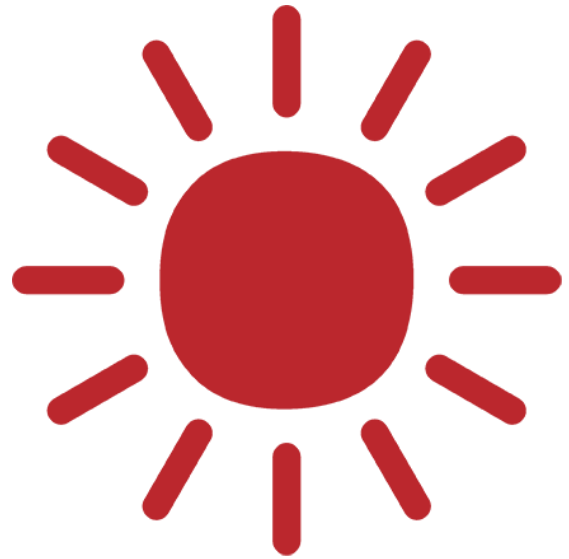
Date

We believe that a sense of ownership and pride is developed if the financial assistance recipients has contributed to the cost of their camp participation. Therefore, applicants will normally be asked to pay a portion of the Camp fees. Financial assistance must be applied for on a year-to-year decision-making basis. Extreme hardship cases may be eligible for additional sessions.

CAMPING PERIOD PREFERENCE (camp reserve the right to assign sessions when necessary)

- 1st Session 4th Session
 2nd Session 5th Session
 3rd Session 6th Session

CONGRATULATIONS!
YOU'RE ALL SET FOR CAMP COVE
2020!



**Keep this page and review
the back to know what to
put in your children's
backpack for camp
everyday!**



WHAT TO BRING!

- Backpack
- Lunch, Lunch box, and 2 snacks
- Reusable water bottle
- Bathing suit
- Towel
- Shower shoes
- Change of clothes (socks & sneakers)
- Hat and Sunglasses (preferred)

Do not bring anything to camp that may be damaged or go missing.

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