

2020 CAMP WATCHAUG REGISTRATION FORM

95 High Street, Westerly, RI 02891 · Phone 401-364-6535 · 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, 2020 _____ 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 complete the "Additional Pick-Up Request" form to list any additional friends or family members who are authorized to pick up camper and can be notified in event of an emergency.
PHOTO ID IS REQUIRED FOR PICK UP.

MEDICAL/BEHAVIORAL/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 _____

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 (wipes):** yes or no

Health Insurance Company _____ Group Policy# _____ Parent Provider _____
Please attach copy of Health insurance Card.

TRANSPORTATION - ADDRESSES ON WEBSITE & IN PARENT HANDBOOK—Select your choice

Sessions 1 & 6 (TWO BUS STOPS ONLY)

Red—Westerly YMCA 8:30am/4:30pm Blue—Arcadia YMCA 8:30am/4:30pm No Bus—Pick Up & Drop Off @ camp

Sessions 2-5

GREEN ROUTE <input type="checkbox"/> Stonington High School 8:00am/5:00pm <input type="checkbox"/> St Pius Church 8:15am/4:45pm <input type="checkbox"/> Shore Road & Crandall Ave 8:30am/4:30pm <input type="checkbox"/> Wal-Mart 8:45am/4:15pm	PURPLE ROUTE <input type="checkbox"/> Regal Cinemas 8:00am/5:00pm <input type="checkbox"/> Dollar General (exit 93/195) 8:10am/4:50pm <input type="checkbox"/> Richmond Town Hall 8:25am/4:35pm <input type="checkbox"/> Charlestown Elem 8:35am/4:25pm <input type="checkbox"/> Hungry Haven 8:50am/4:10pm	RED ROUTE <input type="checkbox"/> Westerly YMCA 8:30am/4:30pm BLUE ROUTE <input type="checkbox"/> Arcadia YMCA 8:30am/4:30pm NO BUS—Pick Up & Drop off <input type="checkbox"/> Camp 9:00am/4:00pm
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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)

HOW DID YOU HEAR ABOUT CAMP WATCHAUG?

YMCA
 Website
 Email
 Word of mouth
 Newspaper
 Mailing
 School
 Brochure
 Am a returning Camper
 Other _____

SELECT SESSION(S) YOU WISH TO REGISTER FOR:

TRADITIONAL CAMP *Age 4 to Entering 9th Grade*

<input type="checkbox"/>	Session 1	(1 week)	June 22-26	\$245 OCYMCA Member/ \$300 Non-member
<input type="checkbox"/>	Session 2	(2 weeks)	June 29-July 10	\$415 OCYMCA Member/ \$485 Non-member
<input type="checkbox"/>	Session 3	(2 weeks)	July 13-24	\$415 OCYMCA Member/ \$485 Non-member
<input type="checkbox"/>	Session 4	(2 weeks)	July 27-August 7	\$415 OCYMCA Member/ \$485 Non-member
<input type="checkbox"/>	Session 5	(2 weeks)	August 10-21	\$415 OCYMCA Member/ \$485 Non-member
<input type="checkbox"/>	Session 6	(1 week)	August 24-28	\$245 OCYMCA Member/ \$300 Non-member

Session 1 ONLY can be divided into days

Daily Rate: \$55 OCYMCA Member/ \$65 Non-member

Monday	<input type="checkbox"/>	June 22
Tuesday	<input type="checkbox"/>	June 23
Wednesday	<input type="checkbox"/>	June 24
Thursday	<input type="checkbox"/>	June 25
Friday	<input type="checkbox"/>	June 26

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

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

SPECIALTY CAMPS—see website for detailed descriptions

<input type="checkbox"/>	Mine Craft LEGO®	(1 week)	June 22-26 (Session 1)	Entering Grades K-6	\$270 OCYMCA Member/ \$325 Non-member
<input type="checkbox"/>	Water Sports 2	(2 weeks)	June 29-July 10 (Session 2)	Entering Grades 7-9	\$470 OCYMCA Member/ \$540 Non-member
<input type="checkbox"/>	Tails & Trails	(2 weeks)	June 29-July 10 (Session 2)	Entering Grades 3-8	\$470 OCYMCA Member/ \$540 Non-member
<input type="checkbox"/>	Gymnastics	(2 weeks)	June 29-July 10 (Session 2)	Entering Grades 1-7	\$470 OCYMCA Member/ \$540 Non-member
<input type="checkbox"/>	Water Sports 3	(2 weeks)	July 13-24 (Session 3)	Entering Grades 4-6	\$470 OCYMCA Member/ \$540 Non-member
<input type="checkbox"/>	Water Sports 4	(2 weeks)	July 27-August 7 (Session 4)	Entering Grades 7-9	\$470 OCYMCA Member/ \$540 Non-member
<input type="checkbox"/>	STEM & Pokémon LEGO®	(2 weeks)	July 27-August 7 (Session 4)	Entering Grades K-6	\$470 OCYMCA Member/ \$540 Non-member
<input type="checkbox"/>	Water Sports 5	(2 weeks)	August 10-21 (Session 5)	Entering Grades 4-6	\$470 OCYMCA Member/ \$540 Non-member
<input type="checkbox"/>	Drama	(2 weeks)	August 10-21 (Session 5)	Entering Grades 3-9	\$470 OCYMCA Member/ \$540 Non-member
<input type="checkbox"/>	CIT Program**	(7 weeks)	July 6 -August 21 (Sessions 2B-5)	Entering Grade 10	\$555 OCYMCA Member/ \$690 Non-member

**Must Complete CIT application, submit letters of recommendation and undergo interview for acceptance into the CIT program.

EXTENDED DAY

Westerly Branch Arcadia Branch

<input type="checkbox"/>	AM ONLY (7 -9 am)	Per Week	\$35 OCYMCA Member/ \$45 Non-member
<input type="checkbox"/>	PM ONLY (4-6 pm)	Per Week	\$35 OCYMCA Member/ \$45 Non-member
<input type="checkbox"/>	BOTH AM & PM	Per Week	\$50 OCYMCA Member/ \$65 Non-member

Financial Assistance is available. Call 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.

PAYMENT

\$25 Annual Non-refundable Registration Fee \$25

\$50 Deposit per 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: _____

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 registration and will be applied to the session fee.

Balance is due **two weeks prior to the session starting.**

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

- Authorization for my bank draft or credit card as checked to be charged on the balance due date. (2 weeks before each registered session)
- Authorization of FULL payment NOW by credit card or bank draft as checked.
- I will pay any balance by check or cash two weeks prior to the start of each registered session.

I qualify for DHS assistance. My **current** DHS Certificate number is _____
DHS families are responsible for the registration fee, any co-pays required by DHS and 50% of any extended day registrations. Your child will not be registered until we have confirmation of DHS enrollment and payment of registration fee.

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/Guardian Signature _____

Date _____