WHEN IS CAMP?

HOURS: 9am-4pm
AM Care: 8am-9am ($)
PM Care: 4pm-5pm ($)

Mini Week: 6/14-6/18
(Daily rates available)

Week 1: 6/21-6/25
Week 2: 6/28-7/2
Week 3: 7/5-7/9
Week 4: 7/12-7/16
Week 5: 7/19-7/23
Week 6: 7/26-7/30
Week 7: 8/2-8/6
Week 8: 8/9-8/13
Week 9: 8/16-8/20
Week 10: 8/23-8/27

WHAT’S INCLUDED?

Water Wise (Water Safety Lessons)
Arts & Crafts
Sports & Team Building
Reading Nook, Library, & Storybook Trail
Recreational Swim Time
Enrichment Activities
Theme Days

WHY THE Y?

Registered Nurse & Lifeguards
CPR & First Aid Certified staff

Integrated approach to youth development focusing on: Mental Health, Youth Programs, Mentoring, Family Programs, and Health & Wellness

We conduct Criminal Offender Record Information (CORI) and Sexual Offender Registry Information (SORI) checks prior to all staffs employment

This camp must comply with regulations of the Massachusetts Department of Public Health and be licensed by the local board of health. Per Massachusetts law, parents may at any time request copies of background check, health care and discipline policies as well as procedures for filing grievances by contacting our camp office.

Financial assistance available, ask today!
**REGISTRATION**

All payments are due by 6/15 or upon registration thereafter.

*Space subject to availability as of 9/1/2021*

Camper’s Full Name (First, Last): ________________________________

Age: __________  Grade: __________

**CLEARLY PLACE AN "X" OR CIRCLE IN THE APPROPRIATE BOX TO INDICATE YOUR CAMP SELECTIONS**

### CAMP '21

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<tr>
<td>TRADITIONAL CAMPS</td>
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<td>Mini Week: 6/14-6/18</td>
<td>Circle desired day/s</td>
<td>Mon (14th)</td>
<td>Tues (15th)</td>
<td>Wed (16th)</td>
<td>Thurs (17th)</td>
<td>Fri (18th)</td>
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**DISCOUNTS**

- **20% OFF** ENDS APRIL 30TH
  - Purchase 4 weeks of camp and receive 20% off each additional week. Must be paid in full (per child)
- **$15 OFF** SIBLING DISCOUNT per week, per additional child. Must be the same week of camp. Excludes week 1.

**REFER A CAMPER**

- Refer a new camper for 2 sessions or more and receive $50 in Y-Bucks.

<**PLEASE NOTE THAT OUR PRIMARY METHOD OF COMMUNICATION IS VIA EMAIL**>

**CAMPER AND FAMILY INFORMATION**

Camper’s Full Name (First, Last): ________________________________ Date of Birth: ___ / ___ / ______

Age: _____  Male _____  Female _____  Address: ________________________________  City: ____________________  Zip Code: ___________________

**<PREFERRED COMMUNICATION>**  *Phone: ____________________________  Email: ____________________________

Parent/Guardian 1 Name: ___________________________________________  DOB: ___ / ___ / ______  Cell: ______________________

Relationship to Camper: ____________________________  Email: ____________________________  Work: ______________________

Parent/Guardian 2 Name: ___________________________________________  DOB: ___ / ___ / ______  Cell: ______________________

Relationship to Camper: ____________________________  Email: ____________________________  Work: ______________________

Refering a Camper? Camper’s Full Name: ____________________________  Email: ____________________________

**AFTER COMPLETING THE FORM; PLEASE PRINT/SCAN, AND SUBMIT TO OUR CAMP STAFF VIA EMAIL.**

Billing Coordinator • Karen Buck • KBuck@oldcolonyymca.org • 508-378-3913

Camp Director • Lauren Buchanan • LBuchanan@oldcolonyymca.org • 508-378-3913 x385