WHEN IS CAMP?
HOURS: 9am-4pm
AM Care: 8am-9am ($)
PM Care: 4pm-5pm ($)
Week 1: 6/21-6/25
(Daily rates available)
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
Transportation*: $50 per week
(*if available)

WHAT’S INCLUDED?
Two Pools & a Lake
Recreation Swim Time
Archery
Arts & Crafts, Sports, and Team Building
Musical Sensory Garden
Reading Loft, Library, and Natures Theatre

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.

SEE OUR SAFETY POLICY

OLD COLONY YMCA | 375 Wareham Street, Middleboro, MA 02346 | WWW.OLDCOLONYYMCA.ORG

SUMMER CAMP – CAMP YOMECHAS | 508-947-1390 | CAMPYOMECHAS@OLDCOLONYYMCA.ORG

Financial assistance available, ask today!
Camper’s Full Name (First, Last): _______________________________________________________________________________________________________________________________________________

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: _________________________________

Referring a Camper? Camper’s Full Name: __________________________________________________________________ Email: __________________________________________________________________________________________________________

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

Camp Office • 508-947-9331 • campyomechas@oldcolonyymca.org
Camp Admin • Lynne Bisnaw • 508-947-1390 x11 • ibisnaw@oldcolonyymca.org
Camp Director • Morgan Pritchard • 508-947-1390 x14 • mepritchard@oldcolonyymca.org