

TAUNTON REGISTRATION

ALL PAYMENTS ARE DUE BY 6/10 OR UPON REGISTRATION THEREAFTER
*Space subject to availability

THERE'S NOTHING QUITE LIKE SUMMER CAMP

Welcome to Camp Taunton! Whether you're a summer camp pro, or a new friend to our camp, we welcome you to the #BESTSUMMEREVER. Here at Camp Taunton we are excited for a full 10 weeks of exciting experiences that will foster lifelong memories, create unforgettable friendships, and provide a nurturing environment designed for all ages and abilities. With adventure around every corner and new experiences each day, Old Colony Y campers learn, develop their character, and become more confident. There's plenty of fun to go around too, as campers explore Southeastern New England with a minimum of three field trips per week!



Camper's Full Name (First Last): _____ Age: _____ Grade as of 9/1/22: _____

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

CAMP '22	AGES	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Member Fee Per Week	Non Member Fee Per Week	Total No. of Weeks	Total Amt. Due
		6/20—6/24	6/27—7/1	7/5—7/8	7/11—7/14	7/18—7/22	7/25—7/29	8/1—8/12	8/8—8/12	8/15—8/19	8/22—8/26				
Field Trip Camps Ages 5—15 (children must have completed Kindergarten to attend.)															
Lower Camp	5-6											\$245	\$295		
Middle Camp	7-9											\$245	\$295		
Upper Camp	10-13											\$245	\$295		
Counselor- In- Training	14-15		Session 1 (4 weeks)				Session 2 (4 weeks)					\$450	\$510		
Extended Care															
AM Parent Drop Off (8:45am-9am)	5-15											N/A	N/A		
PM Parent Pick Up (3:45pm-4pm)	5-15											N/A	N/A		
AM Extended Care (8am-9am)	5-13											\$60	\$60		
PM Extended Care (4pm-5pm)	5-13											\$60	\$60		

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

I have a current PACE Voucher or OCY Contract (Extended care included in weekly fee)

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: _____

AFTER COMPLETING THE FORM; PLEASE SUBMIT TO OUR CAMP STAFF (EMAIL OR DROP-OFF)

Camp Director • Brittany Lanoue • 508-962-7033 • BLanoue@oldcolonymca.org | camptaunton@oldcolonymca.org
 Billing Coordinator • Lynne Bisnaw • LBisnaw@oldcolonymca.org • 508-947-1390 X11

