



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



SUMMER CAMP

CAMP TAUNTON | 774-517-7139 | CAMPTAUNTON@OLDCOLONYYMCA.ORG

CAMP: Memorial United Methodist Church, 176 Somerset Ave, Taunton, MA 02780

THE Y: Old Colony YMCA - Taunton Branch, 71 Cohannet St, Taunton, MA 02780

WWW.OLDCOLONYYMCA.ORG | Financial assistance available, ask today!



WHEN IS CAMP?

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

Week 1: 6/20-6/24
(Current School Age Only,
at Afterschool Locations)

Week 2: 6/27-7/1

Week 3: 7/4-7/8

Week 4: 7/11-7/15

Week 5: 7/18-7/22

Week 6: 7/25-7/29

Week 7: 8/1-8/5

Week 8: 8/8-8/12

Week 9: 8/15-8/19

Week 10: 8/22-8/26

WHAT'S INCLUDED?

Weekly Field Trips

Swimming

Field Sports

Arts & Crafts

STEM Activities

Team Building

Breakfast & Lunch daily

WHY THE Y?

Enhanced safety and cleaning procedures to combat covid-19

CPR and First Aid Certified staff on grounds at all times

Trained Staff - Minimum 5 day orientation covering a broad range of subjects including: Counseling skills, team building, programming, conflict resolution, and sensitive issues such as child abuse and neglect.

Aquatic staff: certified lifeguards and 3 day training on camp specifics

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

**WANT TO STAY
CONNECTED?**



ClassDojo

This year we'll be relying on ClassDojo to communicate with one another: instantly sharing messages, updates, events, and photos from camp. It's simple, secure, and gives you a window into their camp day!

CAMP TAUNTON AT MEMORIAL UNITED METHODIST CHURCH

We are excited to partner with Memorial United Methodist Church and offer a trips-based camp with traditional day camp activities throughout. Pastor Johnell Norton and the Board of Trustees have graciously opened their doors to us for the summer. We will be able to use their fantastic auditorium, which has a great stage for our annual talent show, and the green space across the street at Memorial Park. It is going to be a wonderful summer! Camp activities will be outside daily, unless there is severe inclement weather such as thunderstorms. Please make sure your child is dressed and prepared for the camp day with sneakers and light cotton clothing. Please pack the following daily: swimsuit, towel, water proof shoes/sandals, water bottle.

FIELD TRIPS

Field trips are back! Join us for some backyard adventures including Memorial Park, Taunton Public Library, our very own YMCA pool – and trips to some distant lands–Altitude, Water Whiz, Battleground Z, Rock Spot–and more. Camp shirts are required for every field trip. In the event that there is inclement weather on the day of an outdoor field trip we will reschedule the trip for another date. Field trips depart promptly at 9:30 AM – don't miss the bus!

CIT PROGRAM

Our Counselor-In-Training program takes the fun of camp and combines it with leadership and on-the-job training. We offer 14 and 15 year olds the opportunity to develop the necessary skills to become role models for others. CITs spend part of their day enjoying a range of activities and part of their day learning about responsibility and professionalism by assisting counselors with camper activities. They also learn interviewing skills, CPR/First Aid, and guidance on how to navigate the difficult social challenges of young adulthood. There are two 4-week sessions offered: 6/27–7/22 or 7/25–8/19. Please note, registration for the full four weeks is required.

BREAKFAST AND LUNCH

The YMCA will provide breakfast and lunch through Taunton Public Schools. On the first day of camp, parents will receive a menu (subject to change). In the event that your child doesn't like what is provided, we will not have other options. Consider packing extra snacks for your child as they will not be available.

EXTENDED CARE

Additional supervised care is available in both the mornings and afternoons for enrolled campers.

8:00am–9:00am (AM Care) \$60 per week

4:00pm–5:00pm (PM Care) \$60 per week

DROP OFF / PICK-UP

Parents/guardians have the option of dropping off or picking up their child to and from YMCA Camp. No child under 12 years old is allowed to walk to/ from camp without supervision. Children 12 years and older may walk to and from camp unsupervised after they have provided a signed note from a parent or guardian stating such to the Camp Director.

EARLY DISMISSAL

Please send a note with the time you will arrive to dismiss your child. We will gladly ensure that your child has left his/ her activity, has gathered his/ her belongings and is waiting for you at the camp office. No camper will be dismissed through the camp office between 3:15 – 4:00 PM.

LATE FEE AGREEMENT

Parents picking up after 5 minutes after program end will be subject to late fees.

REGISTRATION FORM A

ALL PAYMENTS ARE DUE BY 6/15 OR UPON REGISTRATION THEREAFTER

*Space subject to availability

Camper's Full Name (First, Last): _____

Age: _____

Grade: _____

as of 9/1/22

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

CAMP '22	Ages	WEEK 1 6/20-6/24	WEEK 2 6/27-7/1	WEEK 3 7/4-7/8	WEEK 4 7/11-7/15	WEEK 5 7/18-7/22	WEEK 6 7/25-7/29	WEEK 7 8/1- 8/5	WEEK 8 8/8-8/12	WEEK 9 8/15-8/19	WEEK 10 8/22-8/26	MEMBER FEE PER WEEK*	NON-MEMBER FEE PER WEEK	TOTAL AMOUNT DUE
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-9:00am)	5-15											N/A	N/A	
PM Parent Drop Off (3:45pm-4:00pm)	5-15											N/A	N/A	
AM Extended Care (8:00am-9:00am)	5-13											\$60	\$60	
PM Extended Care (4:00pm-5:00pm)	5-13											\$60	\$60	

SAVINGS

\$15 OFF - SIBLING DISCOUNT

per week, per additional child. Must be the same week of camp.
Excludes week 1. Private pays only.

\$50 OFF

Refer a new camper for 2 sessions

PAYMENT OPTIONS | ALL PAYMENTS DUE BY 6/15

- ☐ Pay in Full

☐ Deposit Only: (\$60 per camper/per week, not available after 6/15)

☐ Check Enclosed

☐ I will pay by credit card at the camp (Note: Do not enter your credit card number on this form)

☐ Auto Charge (All payments must be received by 6/15) Choose the billing option that works for you! Pay your balance in weekly or even monthly installments you have chosen until 6/15! *First payment will be required at point of sale.
- CHECK ALL THAT APPLY

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

PAYMENT POLICY

All payments are due in full by 6/15 or upon registration thereafter. Prior to 6/15, if you are not paying in full, a \$60/week per child deposit is required. At that time, you will be asked to set up auto charge payments. If this is not desired, please keep in mind, the remaining balance is due on 6/15. Please note that your child will not be able to attend camp until all of the required documents and payment in full has been collected. Tuition refund will be awarded for medical reasons (doctors note required) or relocation of family with proper documentation. A formal request for refund must be made in writing. See parent handbook for full payment policy.

Signature

Date

MEMBERS SAVE \$50 A WEEK ON AVERAGE. BECOME A MEMBER TODAY!

Reduced Rates

Save on camp & more!

KidZone

Get a workout in!

Group Exercise

Find your fit!

Access Nationwide

Traveling is no problem!

Free Family Events

Fun for the family!

Weeks	Savings*
1	\$50
2	\$100
3	\$150
4	\$200
5	\$250
6	\$300
7	\$350
8	\$400

Contact member services or visit our Welcome Center to become an Old Colony YMCA member today!

*Discount reflects membership difference. Must maintain membership throughout summer camp to qualify for discount.

REGISTRATION FORM C

Please complete the entire Registration packet for each camper and return it with your non-refundable deposit to:
Old Colony YMCA- Taunton Branch 71 Cohannet St, Taunton MA 02780

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

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: _____

ARRIVAL & DEPARTURE INFORMATION (Please indicate only one option for each):

MORNING ARRIVAL:

- ☐ AM Extended Care (8:00-9:00am)
☐ Parent Drop Off at Camp (8:45-9:00am)

AFTERNOON DEPARTURE:

- ☐ Parent Pick-up from Camp (3:45pm-4:00pm)
☐ PM Extended Care (4:00-5:00pm)

Please note: A photo ID will be required by any individual who wishes to pick up or sign out your camper. Please indicate below those persons to whom your child may be released to for dismissal or in case of illness or injury. Your camper will not be released to any persons without a photo ID and a completed authorized person pick up card. In cases of emergency or illness, we will call the following contacts in the order they are listed below.

FOLLOWING ADULTS ARE AUTHORIZED TO PICK UP CHILD/REN AND ARE SUITABLE EMERGENCY CONTACTS

Contact Person: _____ Relation: _____ Phone: _____

Contact Person: _____ Relation: _____ Phone: _____

Contact Person: _____ Relation: _____ Phone: _____

CUSTODY INFORMATION

Is there a court order in regard to the child's custody?

Yes ☐ No ☐

Is there a restraining order in regard to who may have contact with the child?

Yes ☐ No ☐

If you answered yes to either question, a copy of the court order is needed for the child's file. Please attach it to the registration form

Attached ☐

RELEASE TO TALK WITH SCHOOL PERSONNEL

This is to confirm that the _____ School, its principals, teachers, nurses, and counselors have my permission to release pertinent documents and to discuss with school personal regarding my child with an authorized Old Colony YMCA staff person.

REGISTRATION FORM D

PLEASE NOTE: You must include your child's current immunization / physical records signed by a physician.

HEALTH INFORMATION/MEDICAL INFORMATION & EMERGENCY CONTACT INFORMATION

Family Physician (to be contacted): _____ Phone: _____

Do you have medical insurance? _____ Carrier: _____ Policy/Group #: _____

MEDICATION/HISTORY

Will camper be taking medication(s) while at camp? Yes ☐ No ☐ (Medications include epi-pens, inhalers, prescriptions, over-the-counter, vitamins, etc.)

If marked Yes, which medications? _____

If yes, please be prepared to provide the medications (in original containers) with the Authorization to Administer Medication to Camper Form.

Asthma ☐ Epilepsy ☐ Diabetes ☐ Autism ☐ Hyperactivity/Behavioral ☐ Frequent Headaches ☐ Ear trouble ☐ Mental Health ☐

Other: _____ Please comment on indicated history: _____

Please note: You may request to meet with the director to discuss your child's history to better serve your camper.

None Known _____ Food(s) : _____ Insect bites/stings: _____

Poison Ivy/Oak: _____ Medication(s) : _____ Other: _____

Please explain reaction and treatment for the above allergies: _____

**If medication will be provided to the camp nurse, please fill out the Authorization to Administer Medication to Camper Form
(found online at www.oldcolonymca.org/locations/camps or at your camp/branch)**

The following accommodations may be required to most effectively meet my child's need while at camp.

MEETING REQUEST CONTACT

Brittany Lanoue

508-823-3320 x111

blanoue@oldcolonymca.org

OTHER

Is your child on an IEP or 504 plan? Yes ☐ No ☐ **If yes, please provide a copy of the plan.**

Please explain any special dietary needs/restrictions: _____

Please explain any limits or restrictions to physical activity while at camp: _____

Any other conditions the camp directors or nurse should be aware of: _____

Does your child attend a YMCA After School or Early Education program? If yes, where? _____

Are there any accommodations or services that we can provide to make the summer as successful as possible? _____

Please share any information that would help Summer Staff best serve your child: _____

This health history is correct so far as I know, the person herein described has permission to engage in all prescribed camp activities except as noted.

EMERGENCY AUTHORIZATION

I hereby give my permission to the medical personnel selected by the Old Colony Y to order x-rays, routine tests, and treatment for my child, in the event I cannot be reached in an emergency. I hereby give permission to the physician selected by the Old Colony Y to hospitalize, secure proper treatment for, and to order injections and/or anesthesia and/or surgery for my child as named above. This form may be photocopied for use out of camp. I understand that the Old Colony Y is not responsible to provide health and accident insurance, and all charges occurred will be paid by the parent/guardian.

Signature of Parent/Guardian: _____ Date: _____

*If you cannot sign this due to religious reasons, the camp should be contacted for a legal waiver which must be signed for attendance.

REGISTRATION FORM E

WAIVERS & LIABILITY FORM

I, the undersigned _____ (legal relationship to student, e.g., "parent, guardian") of _____ (name of student) ("my child"), a minor, do hereby consent to my child's participation in voluntary athletic or Recreation programs of the Old Colony YMCA.

I also agree to forever release the Old Colony YMCA, to all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic or recreation programs of the Old Colony YMCA ("the Releasees") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child's participation in the Old Colony YMCA voluntary athletic or recreation programs.

I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to my child or property damage resulting from my child's participation in the Old Colony YMCA voluntary camping, athletic, or recreation programs.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my child's participation in these programs is voluntary and that my child and I am free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow my child to participate in Old Colony YMCA's camping, athletic, or recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage my child or I may suffer in voluntary Old Colony YMCA or recreation programs.

Signature _____ Date _____ Guardian of _____

A. Medical Liability

Signature _____

I understand that health and accident coverage for my child is my responsibility as parent or guardian. I will not hold Camp Christina, the Old Colony Y, its representatives, counselors or staff liable for any injury incurred by my child. I hereby give my approval for her/his participation in the program. In an emergency, I hereby give permission to the physician selected by the Old Colony Y to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for my child as named above.

B. Photo Waiver

Signature _____

It is understood and agreed that the Old Colony Y reserves the right to take and utilize pictures, likenesses, videos, and testimonials of participants for promotional purposes including, but not limited to; reports, publications, brochures, emails, our website, and other instances of online presence.

***If you do not approve, please write "DO NOT PHOTO" and attach a current photo of your child to ensure s/he does not appear in any media.**

C. Sunscreen/Bug Spray

Signature _____

I understand the following bug spray/sunscreen policy of Old Colony Y: We recommend that all campers and staff wear sunscreen with a SPF of at least 15 on all exposed skin, including lips, even on cloudy days. We recommend that all campers and staff use bug spray with DEET according to recommendations on product label. Parents/Legal Guardians will be responsible for providing their child with enough sunscreen and bug spray (in sealed containers) to take with them for applications throughout the day. Please include one container of each per child, labeled with your child's name. Camp staff will be responsible for ensuring thorough follow-up applications after one hour in the water, after two hours of activity in the sun (due to perspiration), and/or any other times as needed. Please note, this will mean your child may have sunscreen and bug spray applied to them by the camp staff. Please explain this to your child prior to camp.

Signature _____

TO DISCUSS ANY QUESTIONS OR CONCERNS REGARDING THIS AGREEMENT, PLEASE CONTACT THE YMCA AT 781-341-2016

Date _____

>I ACKNOWLEDGE THAT I AM OVER THE AGE OF EIGHTEEN (18) YEARS. I ACKNOWLEDGE THAT I HAVE CAREFULLY AND COMPLETELY READ AND UNDERSTAND THE TERMS CONTAINED IN THIS RELEASE AND WAIVER OF LEGAL LIABILITY. I UNDERSTAND THAT MY SIGNATURE ON THE LEFT, DEMONSTRATES ACCEPTANCE OF THE ABOVE TERMS IN THEIR ENTIRETY.

IMPORTANT DATES

- APRIL 30TH**
Healthy Kids & Spinathon
9:00am - 1:00pm
- JUNE 3RD**
Staff Meet & Greet
5:00pm - 7:00pm



PREPARE FOR CAMP

- Write your name on everything
- In case of camper absence please report all absences to our camp office

WHAT TO BRING

- Backpack
- Sneakers (NO open toe shoes allowed)
- Change of Clothes
- Bathing Suit and Towel
- Refillable Water Bottle
- Sunscreen
- Extra Snacks

WHAT TO LEAVE AT HOME

- Toys
- Electronics (Including Cell Phones)
- Money



CONTACT

Camp Office • 774-517-7139 • CampTaunton@oldcolonymca.org

Camp Admin • Lynne Bisnaw • 508-947-1390 x11 • LBisnaw@oldcolonymca.org

Camp Director • Brittany Lanoue • 508-962-7033 • BLanoue@oldcolonymca.org

OLD COLONY YMCA
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BROCKTON, MA 02301
www.oldcolonyymca.org

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