

WELCOME TO CAMP!



6666	6666	6666	6666	6666	6666	6666	6666	6666	65555
6/20 6/23	6/26 6/30	7/3 7/7	7/10 7/14	7/17 7/21	7/24 7/28	7/31 8/4	8/7 8/11	8/14 8/18	8/21 8/25
WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	WEEK 6	WEEK 7	WEEK 8	WEEK 9	WEEK 10

THEME Superheros VS Villains **VS Villains VS Villains**



CAMP DESCRIPTIONS

TRADITIONAL CAMP

Each day is packed with activities, adventure, and opportunities to learn new skills. Campers enjoy a variety of activities including swimming, nature hikes, arts and crafts, climbing, target sports and more. The week includes all-camp games, talent shows, outdoor exploration, music, and more.

SPECIALTY CAMPS

Camp Christina fosters a nurturing environment for campers to explore new activities and gain specialized skills in a variety of programs. We view our programs not as an end to themselves, but as a tool to foster self-confidence, independence, teamwork, responsibility and perseverance. We strive to introduce campers to a wide range of programs, and allow them to develop their natural interests so they can pursue their passions. Our Specialty Camps provide experiences in sports, performing arts, and other arts. Each experience is unique and offers levels of opportunity to challenge any camper.















REGISTRATION FORM A

See parent handbook for full payment policy.

ALL PAYMENTS ARE DUE BY 6/16 OR UPON REGISTRATION THEREAFTER Space subject to availability

Date

CAMP '23	GRADES ENTERING	MON 6/19	TUES 6/20	WED 6/21	THUR 6/22	FRI 6/23					MEMBER FEE	NON-MEMBER FEE	TOTAL AMT, DU
MINI CAMP (PLEASE N							10)				TLL	ILL	AMI, DO
Week 1: 6/20-6/23	Pre-K										\$53 per day	\$63 per day	
AM Extended Care	through										\$13 per day		
PM Extended Care	10th										\$13 per day	,	
	GRADES ENTERING	WEEK 2 6/26-/30	WEEK 3* 7/3-7/7	WEEK 4 7/10-7/14	WEEK 5 7/17-7/21	WEEK 6 7/24-7/28	WEEK 7	WEEK 8 8/7-8/11	WEEK 9 8/14-8/18	WEEK 10 8/21-8/25	MEMBER FEE DER WEEK*	NON-MEMBER FEE PER WEEK	TOTAL AMT. DUE
TRADITIONAL YOUTH								_		0/21 0/23	TEET ER WEER	I EE I ER WEER	7 HVII. BOL
ittle Voyager (9am-1pm)	Pre-K					Τ					\$160	\$210	Ι
Pioneer	K										\$265	\$315	
Navigator	1st										\$265	\$315	
xplorer	2nd										\$265	\$315	
athfinder	3rd										\$265	\$315	
langers	4th					1		1			\$265	\$315	
Adventurer	5th										\$265	\$315	1
Naverick	6th/7th										\$265	\$315	<u> </u>
railblazer	8th/9th										\$265	\$315	<u> </u>
ounselor-in-Training	10th	Four w	i eeks (Pricir	ı ıq reflects a	II 4 weeks)	Four w	eeks (Prici	ng reflects a	all 4 weeks)		INCLUDED	\$490	
PECIALTY CAMPS (MC	ORNING AT	CAMP, /	AFTERNO	OON FOO	USED OI								<u> </u>
Nighty Hoops Basketball	2-3										\$315	\$365	Π
ig Shots Basketball	4-6										\$315	\$365	
howstoppers Drama	4-6										\$315	\$365	
ittle Picassos Art	2-3										\$315	\$365	
BEFORE & AFTER CAM	P EXTEND	D CARE	Pleas	e note v	oucher:	s do not	cover	extende	d care				1
M Extended Care			Ì			Τ		T			\$65 per we	ek	
M Extended Care	5-12										\$65 per we		†
RANSPORTATION P	lease note	vouch	ers do c	over tra	nsporta	tion							
M Bus								T			\$60 per we	ek	Т
M Parent Drop Off											No Fee		†
M Bus	5-12										\$60 per we	ek	
M Parent Pick Up											No Fee		<u> </u>
OOD – BREAKFAST & L	UNCH ARE	PROVIDI	ED AT NO	ADDITIO	ONAL CO	ST Pleas	e mark	if you will	need foo	d			
Breakfast	1							T			Included		
unch	5-14										Included	,	
(\$)	SAVINGS 20% OFF – E Durchase 4 w	eeks of	camp, and		20% off e	ach addit	ional p		er addition	SCOUNT ial child. Mi xcludes we	ust be the	\$50 OFF Refer a new ca for 2 sessions	
AYMENT OPTIC Deposit Only: (\$60 po Pay in Full with Check Auto Charge (All payr	er camper/p k enclosed o ments must	er week, r by Cred be receiv	not availa lit Card (N ed by 6/1	able after Note: Do n 16) Choos	6/16) not enter y	your credi	t card no	umber on t	his form) ı! Pay your	balance	I have a I am app	L THAT APPLY voucher (pleased) blying for a care completed apple	npershi
in weekly or even more ayment Policy I payments are due in fuer child deposit is required mind, the remaining balaquired documents and p	II by 6/16 o ed. At that ti ance is due	r upon re ime, you on 6/16.	gistration will be as Please n	n thereaft ked to se ote that y	er. Prior t t up auto our child	o 6/16, if charge pa will not be	you are syments.	not paying If this is rattend ca	g in full, a not desired mp until al	\$60/week I, please ke I of the		Signature	2

TRANSPORTATION (ADDITIONAL FEE: AM or PM \$60 EACH per week)



Must be 5 years to use camp transportation

**Please note, there will be no transportation for week 1 or 10

Red Bus - Easton/Holbrook/Brockton (Please note, actual bus color is yellow)

#	Stop Location	Stop Address	AM	PM
1	Shaw's Plaza	690 Depot Street, Easton	8:00	5:05
2	E-Market	285 Washington Street, North Easton	8:10	4:50
3	Westgate Mall (Staples)	500 Westgate Drive, Brockton	8:20	4:40
4	Holbrook High School	245 S. Franklin Street, Holbrook	8:30	4:25
5	Avon High School	285 W Main Street, Avon	8:40	4:15
#	Camp Christina	445 Central Street, Stoughton	9:00	4:10

Blue Bus - Randolph/Canton (Please note, actual bus color is yellow)

_				
#	Stop Location	Stop Address	AM	PM
1	Randolph High School	70 Memorial Parkway, Randolph	8:00	5:05
2	Randolph Middle School	225 High Street, Randolph	8:10	4:50
3	Hansen Elementary (Canton)	25 Pecunit Street, Canton	8:20	4:40
4	Canton High School	900 Washington Street, Canton	8:25	4:30
5	Flowers by Ami (Cobbs Corner)	1 Washington Street, Canton	8:30	4:25
#	Camp Christina	445 Central Street, Stoughton	8:50	4:10

ROLLING DROP OFF 8:45-9:00AM ROLLING PICK-UP 3:45PM - 4:00PM

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 or the bus stop without supervision. Children 12 years and older may walk to and from camp or the bus stop unsupervised after they have provided a signed note from a parent or guardian stating such to the Camp Director.

EARLY DISMISSAL BEFORE 3:15PM

Please send a note with the time you will arrive to dismiss your child. We'll 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 3:15–3:45pm.

EXTENDED CARE

8:00am-9:00am (AM Care) \$65 per week 4:00pm-5:00pm (PM Care) \$65 per week

No parent/guardian will be allowed on camp grounds while camp is in session

BUS PICK UP LATE FEE AGREEMENT

Buses will remain at each stop no longer than 5 minutes. I understand that if I or another person designated as a transportation contact on Form C is late picking up at a stop, I will be charged a fee of \$20 per child. I also understand that if I or another transportation contact is late picking up a second time, my child(ren) will no longer be eligible for bus transportation.

Parent/Guardian Signature

BUS INFO

Bus Transportation is available for all campers age 5 and up. YMCA Camp provides a bus monitor on each bus. Campers must be supervised by an adult at pick-up and dropoff locations. If an adult is not present, your child will be brought back to the YMCA for pick-up. Please note: Bus routes are subject to change. Please indicate your preferred stop and bus number on the registration form. Busing services are not quaranteed if registration or payment is late. Bus times are approximate. Please allow 10 minutes in the morning and afternoon. Drop off is in reverse order and the departing time from camp is 4:00pm. Bus routes depend on enrollment and are therefore subject to change. If your bus time changes. you will be notified prior to your camp session.

REGISTRATION FORM C

Please complete the entire Registration packet for each camper and return it with your non-refundable deposit to: Old Colony YMCA - Stoughton Branch, 445 Central Street, Stoughton, MA 02072

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

CAMPER AND FAMILY INFORMATION Camper's Full Name (First, Last) : Age: ____ Male ___ Female ___ Address: ____ Zip Code: ____ Zip Code: ____ <PREFERRED COMMUNICATION> *Phone: ______ Email: ______ Email: ______ DOB: / / Cell: Parent/Guardian 1 Name: Email: ______ Work: ____ Relationship to Camper: ____ ______ DOB: ___ / ____ Cell: _____ Parent/Guardian 2 Name: _____ Relationship to Camper: ____ _____ Email: ______ Work: _____ ARRIVAL & DEPARTURE INFORMATION (Please indicate only one option for each): **MORNING ARRIVAL: AFTERNOON DEPARTURE:** Parent Pick-up from Camp (3:45pm-4:00pm) AM Extended Care (8:00-9:00am) Parent Drop Off at Camp (8:45-9:00am) PM Extended Care (4:00-5:00pm) Bus Color _____ Stop # _____ Bus Color Stop # Departure by Bus Arrival by Bus 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 Relation: Phone: _____ Relation: _____ _____ Phone: ___ Contact Person: _____ Relation: **CUSTODY INFORMATION** Is there a court order in regard to the Is there a restraining order in regard to If you answered yes to either question, a copy child's custody? who may have contact with the child? of the court order is needed for the child's file. Please attach it to the registration form Yes No No Yes No 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.

*If you cannot sign this due to religious reasons,

which must be signed for attendance.

HEALTH INFORMATION/MEDICAL INFORMATION & EMERGENCY CONTACT INFORMATION Family Physician (to be contacted): ______ Phone: _____ Do you have medical insurance? _____ Carrier: _____ Policy/Group #: _____ **HEALTH** Does your camper have allergies to any of the following? None Known Food(s): Insect bites/stings: Medication(s): Other: Poison Ivy/Oak: Please explain reaction and treatment for the above allergies: Does your camper have any of the following? Epilepsy Diabetes Autism Hyperactivity/Behavioral Frequent Headaches Ear trouble Mental Health Please comment on indicated history: _____ Other: **MEDICATION** 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 MEDICATION WILL BE PROVIDED TO THE CAMP NURSE, PLEASE FILL OUT THE AUTHORIZATION TO ADMINISTER MEDICATION TO CAMPER FORM (found online at www.oldcolonyymca.org/christina) **SUPPORT AT CAMP** Tell us how best to support your child at camp (for example: restrictions to physical activity, behavior plans, sensory sensitivity, dietary needs or restrictions, medical conditions, accommodations or services that we can provide to make summer successful, etc.) What do we need to know to help your child thrive at summer camp? Behavioral Plan Sensory Activities Dietary Restrictions Motion Restrictions Play Restrictions Is your child on an IEP or 504 plan? Yes No If yes, please provide a copy of the plan. 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/quardian.

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

Signature of Parent/Guardian: _____ Date: _____ Date: _____ Tryou cannot sign this due to rengious reasons the camp should be contacted for a legal waiver the camp should be contacted for a legal waiver the circular for attendance.

REGISTRATION FORM E

WAIVERS & LIABILITY FORM

I, the undersigne		nt)
("my child"), a mi	nor, do hereby consent to my child's participation in voluntary athletic or Recreation programs of the Old Colony YMCA.	
assisting or part causes of action	rever release the Old Colony YMCA, to all their employees, agents, board members, volunteers and any and all individuals and organizatio cipating in voluntary athletic or recreation programs of the Old Colony YMCA ("the Releasees") from any and all claims, rights of action a 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 or child's participation in the Old Colony YMCA voluntary athletic or recreation programs.	
been asserted in	indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to my child or property damage resulting articipation in the Old Colony YMCA voluntary camping, athletic, or recreation programs.	
these programs it to allow my child	nat I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my child's participation 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 decide to participate in Old Colony YMCA's camping, athletic, or recreation programs with full knowledge that the Releasees will not be liable to nal injuries and property damage my child or I may suffer in voluntary Old Colony YMCA or recreation programs.	ed
Signature	Date Guardian of	_
Signature	A. Medical Liability I understand that health and accident coverage for my child is my responsibility as parent or guardian. I will not hold Camp Christin 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 hospital secure proper treatment for and to order injection and/or anesthesia and/or surgery for my child as named above.	r/
Signature	B. Photo Waiver It is understood and agreed that the Old Colony Y reserves the right to take and utilize pictures, likenesses, videos, and testimonia of participants for promotional purposes including, but not limited to; reports, publications, brochures, emails, our website, and otl 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.	her
Signature	C. Sunscreen/Bug Spray I understand the following bug spray/sunscreen policy of Old Colony Y: We recommend that all campers and staff wear sunscreen we 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 DEET according to recommendations on product label. Parents/Legal Guardians will be responsible for providing their child with end sunscreen and bug spray (in sealed containers) to take with them for applications throughout the day. Please include one container 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 was mean your child may have sunscreen and bug spray applied to them by the camp staff. Please explain this to your child prior to can	with ough rof e will
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 COMPLET 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.	ELY



CONTACT

Camp Director • Isabel Schneider • 781-341-2016 x289 • ischneider@oldcolonyymca.org

OLD COLONY YMCA ASSOCIATION OFFICE 320 MAIN STREET BROCKTON, MA 02301 www.oldcolonyymca.org

NONPROFIT ORGANIZATION U.S. POSTAGE

PAID

Brockton, MA PERMIT NO. 286

FAQS

SPECIAL EVENTS & OPEN HOUSES

MARCH 25TH 10AM-1PM Spin-a-thon APRIL 8TH
11AM-2PM
Open House

APRIL 30TH 10AM-1PM Healthy Kids Day MAY 13TH 10AM-1PM Water Safety

Day

JUNE 16TH
5PM-7PM
Staff Meet

& Greet

ARRIVAL Extended care starts at 8:00am, regular drop-off is 8:50-9:00am. All drop-off will be rolling - you will stay in your cars and a camp staff will meet you to bring your camper to their group.

Bus: Please arrive at the bus stop 10 minutes prior to your scheduled departure. Staff will meet you there and check your camper in. Busses will arrive at camp at 9am and campers will be escorted to their groups.

Late drop-offs: all late drop offs must call the camp office to check your camper in.

SWIM While at Camp, your child will be participating in water fun and safety. This will be the time for the children to cool down throughout their camp days and learn more about being safe in the water! We will have swim lessons available with our certified swim instructors for anyone that needs them. Make sure your child brings a swimsuit and towel every day – and that they are labeled with your camper's name.

HOT/RAINY DAY In the case of thunder, lightning and torrential downpours, all campers are brought inside. In the case of light rain or high heat, we try to continue activities outdoors utilizing the pavilion and tent areas. In high heat we will incorporate more water activities during the day, and stay in the shade to help the campers keep cool.

PACKING Preparing for camp can seem daunting but we compiled a list of must haves and some tips for the summer. Write your name on everything and make sure to send in your child's updated physical and immunizations.

Bring These Items Everyday

- Closed Toe Shoes
- Water Bottle (with water)
- Bathing Suit & Towel
- Sunscreen
- Bug Spray

Do Not Bring: Valuable items, electronics, trading cards, toys, candy, or weapons (real or fake)

LUNCH Campers will have lunch in their age group unit. You can utilize our **FREE BREAKFAST** & **LUNCH PROGRAM** or pack your camper with a lunch! Please be sure you have indicated on the camp forms whether or not you would like to have your child receive camp lunch. We cannot refrigerate your child's lunch, please pack your lunch in a cooler. All lunches will be stored in the shade. Please provide a variety of snacks for your child. It is a very busy, active day, and lunch alone will typically not be enough.

PICK-UP Parent pick-up will start at 3:45 and will be rolling, just like drop-off. Parents will enter the parking lot with ID and authorized pickup card ready, and staff will bring campers to cars. Extended day pickup will go until 5pm. Bus: an authorized person must be at the bus stop with an ID to pick up your camper. If you are not present, the camper will be brought back to camp for dismissal.

Late pickups will not be permitted at camp. All campers must be picked up by 4pm (or 5pm if registered for extended PM care). Any late pickups will be charged an additional \$1.00 per minute. Children aged 12 or older may walk home with signed permission from parents.