



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CAMP TAUNTON



BEST SUMMER EVER

WWW.OLDCOLONYMCA.ORG

774-517-7139 • CAMPTAUNTON@OLDCOLONYMCA.ORG

CAMP: Hopewell Elementary School: 12 Monroe Street, Taunton, MA 02780

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

FINANCIAL ASSISTANCE AVAILABLE, ASK TODAY!

WELCOME TO CAMP!

HOURS: 9AM-4PM
EXTENDED CARE AVAILABLE!

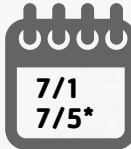


TYPICAL DAY (Sample Schedule)

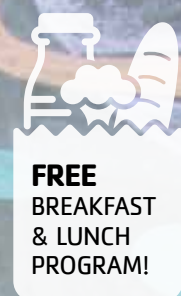
- 8:00am-9:00am Extended AM Care
- 8:45am-9:00 Family Drop Off
- 9:00am-9:15am Breakfast
- 9:15am-9:30am Opening Ceremonies
- 9:30am-2:30pm Field Trip
- 2:45pm-3:00pm Snack
- 3:00pm-3:30pm Activities
- 3:30pm-3:45pm Closing Ceremonies
- 3:45pm-4:00pm Family Pick Up
- 4:00pm-5:00pm Extended PM Care

WHEN IS CAMP?

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

 6/17 6/21*	 6/24 6/28	 7/1 7/5*	 7/8 7/12	 7/15 7/19	 7/22 7/26	 7/29 8/2	 8/5 8/9	 8/12 8/16	 8/19 8/23
WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	WEEK 6	WEEK 7	WEEK 8	WEEK 9	WEEK 10
THEME Find Your Y	THEME Camp Y Got Pride	THEME Hollywood	THEME Wet and Wild	THEME Down on the Farm	THEME Taunton Y Got Talent	THEME Nature	THEME Shark Week	THEME Mad Science	THEME Carnival

*Week 1 of camp is for children currently enrolled in Out of School Time only. No camp on June 19th & July 4th.



WHY THE Y

YOU'RE NOT JUST GETTING A CAMP COUNSELOR, YOU'RE GETTING THE Y!

Kids do better when they have access to multiple opportunities and resources. At the Y, we call this our integrated approach to youth development.

- Mental Health Clinicians and Behavior Support Specialists to help ensure all campers are successful at camp
- Multi day training for all camp staff to understand safety protocols
- CPR and First Aid certified staff on grounds at all times
- A registered nurse to ensure safety at all times
- Certified lifeguards

WELCOME

Welcome to Camp Taunton! Camping has been at the heart of our Y's mission for over a century. Our camp inspires self-confidence, encourages positive growth and development, and creates a sense of belonging for children and teens through our core values of caring, honesty, respect and responsibility.

Camp Taunton thrives on being a leader in the community in regards to youth development and safety. Our camp keeps the youth engaged and safe all summer long, while creating friendships that can last a lifetime. Our camp provides kids the opportunity to try new experiences in a welcoming environment where they are comfortable being themselves.

ACTIVITIES

- **Weekly Field Trips**
Samples:
 - Altitude
 - Water Wizz
 - Battleground Z
 - Rock Spot
- **Swimming**
- **Field Sports**
- **Arts & Crafts**
- **STEAM Activities**
- **Team Building**



ClassDojo



We are using the app ClassDojo to communicate with families this year. Make sure you register so you can see pictures of your camper and read important notifications throughout the summer.

REGISTRATION FORM A

ALL PAYMENTS ARE DUE BY 6/3 OR UPON REGISTRATION THEREAFTER *Space subject to availability

Camper's Full Name (First, Last): _____ Age: _____ Grade: _____
as of 9/1/24

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

CAMP 2024	AGE	WEEK 1* 6/17-6/21	WEEK 2 6/24-6/28	WEEK 3* 7/1-7/5	WEEK 4 7/8-7/12	WEEK 5 7/15-7/19	WEEK 6 7/22-7/26	WEEK 7 7/29-8/2	WEEK 8 8/5-8/9	WEEK 9 8/12-8/16	WEEK 10 8/19-8/23	MEMBER FEE PER WEEK*	NON-MEMBER FEE PER WEEK	TOTAL AMT. DUE
FIELD TRIP CAMPS AGES 5-15 (MUST HAVE COMPLETED KINDERGARTEN TO ATTEND)														
Lower Camp	5-6											\$275	\$300	
Middle Camp	7-9											\$275	\$300	
Upper Camp	10-13											\$275	\$300	
Counselor-in-Training	Please note: All CITs will be asked to sit down for an interview and will require additional training													
Counselor-in-Training	14-15		Session 1 (4 weeks)				Session 2 (4 weeks)					INCLUDED	\$510	
BEFORE & AFTER CAMP EXTENDED CARE														
AM Extended Care	5-15											\$65 per week		
PM Extended Care												\$65 per week		
PICK UP / DROP-OFF														
AM Parent Drop Off	5-15											No Fee		
PM Parent Pick Up												No Fee		

***PLEASE NOTE: Week 1 for children currently enrolled in Out of School Time only. Camp will be closed on June 19th & July 4th.**



SAVE ON CAMP!

\$15 OFF - SIBLING DISCOUNT

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

\$50 OFF

Refer a new camper for 2 sessions

PAYMENT OPTIONS, PLEASE SELECT ONE | ALL PAYMENTS DUE BY 6/3

- Deposit Only: (\$60 per camper/per week, not available after 6/3)
- Pay in Full with Check enclosed or by Credit Card (Note: Do not enter your credit card number on this form)
- Auto Charge (All payments must be received by 6/3) Choose the billing option that works for you! Pay your balance in weekly or even monthly installments you have chosen until 6/3! *First payment will be required at point of sale.

CHECK ALL THAT APPLY

- I have a voucher (please attach)
 - I am applying for a campership (attach completed application)
- Campership applications can be sent upon request from camp admin and submitted before 5/10/24.

PAYMENT POLICY

All payments are due in full by 6/3 or upon registration thereafter. Prior to 6/3, 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 6/3. 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

REGISTRATION FORM C

Please complete the entire Registration packet for each camper and return it with your non-refundable deposit to:
12 Monroe Street, 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. 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

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 #: _____

HEALTH

Does your camper have allergies to any of the following?

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

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

Please explain reaction and treatment for the above allergies: _____

Does your camper have any of the following?

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

Other: _____ Please comment on indicated history: _____

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.oldcolonymca.org/camptaunton)

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/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.

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

MEETING REQUEST CONTACT 781-857-9773 • JTowne@oldcolonymca.org

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 Taunton, 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.

TO DISCUSS ANY QUESTIONS OR CONCERNS REGARDING THIS AGREEMENT, PLEASE CONTACT THE YMCA AT 774-517-7139

Signature _____

>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.

Date _____

RELEASE TO TALK WITH SCHOOL PERSONNEL

Signature _____

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.



CONTACT

Camp Office / Admin • 774-517-7139 • CampTaunton@oldcolonyymca.org
Camp Director • 781-857-9773 • JTowne@oldcolonyymca.org

FAQS

SPECIAL EVENTS & OPEN HOUSES

MARCH 23RD

10AM-1PM

Spin-a-thon
& Open House

APRIL 20TH

10AM-1PM

Healthy Kids Day

MAY 18TH

10AM-1PM

Water Safety Day

JUNE 7TH

5PM-7PM

Staff Meet
& Greet

BREAKFAST & 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.

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

FIELD TRIPS With multiple field trips a week, enjoy a summer like no other! Join us for backyard adventures including Hopewell Park, Taunton Public Library, our very own YMCA pool - and trips to some distant lands-Altitude, Water Wizz, 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!

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.

DROP OFF / PICK-UP

Your child should come wearing sneakers and light cotton clothing; and pack swimsuit, towel, water proof shoes/sandals, water bottle.

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.

LATE FEE AGREEMENT:
Parents picking up after 5 minutes after program end will be subject to late fees.

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:** Week 2-5 (6/24-7/19) & Weeks 6-9 (7/22-8/16.) Please note, registration for the full four weeks is required.