



## **Teen Adventure Camp Registration Checklist:**

\_\_\_ Completed registration packet

\_\_\_ Signed payment plan form

\_\_\_ \$250.00 non-refundable deposit upon registration

\_\_\_ A physical examination or a Youth Camp Exam Record Form completed by campers physician

\_\_\_ Admin of Med Form or Self Admin Form (must be signed by parent and physician) you will not be able to leave medicine in YMCA without these forms!

***Your child will not be able to start Summer Camp WOW 2012 unless you have paid full tuition. If your child receives Care 4 Kids you must pay half of the tuition before camp begins.***



**Stamford Family YMCA  
Teen Adventure Summer Camp 2012**  
909 Washington Blvd  
Stamford, CT 06901

**Upper Camp Registration Form**

<u>Registration Information:</u>		<u>Today's Date:</u>	
_____	_____	Male or Female Circle One	_____
Camper's Last Name	First		Name of School
_____	_____	Grade completed in June 2012	
Camper's DOB			
_____	_____	_____	_____
Street Address	City	State	Zip Code
_____	_____	/	
Mother's/Guardian's Name	Home Phone Number	Work # & Extension / Cell #	
_____	_____	_____	
Mother's work address	City	State	Zip Code
_____	_____	_____	_____
Mother's e-mail address	_____		
_____	_____	/	
Father's/Guardian's Name	Home Phone Number	Work # & Extension / Cell #	
_____	_____	_____	
Father's work address	City	State	Zip Code
_____	_____	_____	_____
Father's e-mail address	_____		
Does your child have any special health or food requirements? _____ Explain if yes: _____			
_____			

Is your child attending the weeklong overnight trip from August 6<sup>th</sup>-August 10<sup>th</sup> ?    \_\_\_YES \_\_\_NO

**Check Membership Type:**

- A) \_\_\_ Member
- B) \_\_\_ Non-Member
- C) \_\_\_ Person to Person Camper

**Check Program Desired:**

\*\*All campers must pay a \$50 non-refundable registration fee after April 1<sup>st</sup>, 2012.  
 \*\*All campers must pay a \$250.00 non-refundable deposit fee upon registration.  
 \*\*If your child receives Care 4 Kids, you must pay half of the camp tuition before camp starts.  
 \*\*All Camp program fees are to be paid in full before June 25<sup>th</sup>, 2012.

___ Full Season Program (June 25- August 17)	Member	\$1,500.00
	Non- Member	\$1,750.00
___ Session One (June 25- July 6)	Member	\$375.00
	Non- Member	\$437.50
___ Session Two (July 9- July 20)	Member	\$375.00
	Non- Member	\$437.50
___ Session Three (July 23- August 3)	Member	\$375.00
	Non- Member	\$437.50
___ Session Four (August 6- August 17)	Member	\$375.00
	Non- Member	\$437.50
___ Early Care (7:30am-9am)		\$50.00 per session
___ After Care (4pm-6pm)		\$50.00 per session
___ Extended Care (7:30am-6pm)		\$75.00 per session

**Payment Method:**

\_\_\_ Cash    \_\_\_ Check (Payable to the Stamford YMCA) check #: \_\_\_\_\_

\_\_\_ Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Credit Card (Check One)    \_\_\_ Visa    \_\_\_ MasterCard    \_\_\_ American Express    \_\_\_ Discover

Name On Credit Card \_\_\_\_\_

Signature \_\_\_\_\_

\*\*\*\*\* A \$28 Fee will be charged for Non-Sufficient Funds\*\*\*\*\*

## EMERGENCY CONTACT INFORMATION

PLEASE LIST BELOW TWO EMERGENCY CONTACTS OTHER THAN YOURSELF OR YOUR SPOUSE THAT WE COULD CALL IF IT BECOMES NECESSARY FOR AN EMERGENCY OR ILLNESS AND YOU CANNOT BE REACHED:

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

**PLEASE INDICATE INDIVIDUALS WHO ARE NOT AUTHORIZED TO REMOVE YOUR CHILD FROM THE AFTER SCHOOL PROGRAM. IF THIS PERSON IS THE CHILD'S FATHER OR MOTHER THE AFTER SCHOOL DIRECTOR MUST HAVE A COPY OF THE COURT ORDER.**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

CELL # \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

CELL # \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

CELL # \_\_\_\_\_

# CAMP WOW SUMMER 2012

## AUTHORIZATION/ PERMISSION FORM

### PARENT CONTRACT

I, \_\_\_\_\_, WILL ATTEND THE PARENT ORIENTATION ON JUNE 13<sup>th</sup>, 2012 FROM 6PM-7PM, TO GET ALL THE INFORMATION NEEDED TO ENRICH MY CHILD'S SUMMER CAMP EXPERIENCE.

I GIVE PERMISSION FOR MY CHILD, \_\_\_\_\_, TO ATTEND CAMP WOW PROGRAM AND TO PARTICIPATE IN ALL ACTIVITIES. I AUTHORIZE THE CAMP WOW PROGRAM TO USE PHOTOGRAPHS OF MY CHILD (REN) FOR THE PURPOSE OF TELLING THE PROGRAM STORY AND PROMOTING THE MESSAGE OF THE PROGRAM. I UNDERSTAND THAT THE PROGRAM IS NOT RESPONSIBLE FOR THE PERSONAL PROPERTY OF THE PARTICIPANT(S). IN CASE OF AN EMERGENCY, I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO REACH THE PARENT (S) OR GUARDIAN (S) OF THE PARTICIPANT (S). IN CASE I CANNOT BE REACHED, I GIVE PERMISSION TO THE YMCA STAFF TO USE THEIR DISCRETION WHEN TRANSPORTING MY CHILD (REN) TO THE HOSPITAL AND/OR EMERGENCY MEDICAL CENTER. I UNDERSTAND THAT TRANSPORTATION CAN BE MADE THROUGH AN AMBULATORY SERVICE, 911, OR VIA STAFF VEHICLE OR YMCA VEHICLE AND WILL BE RESPONSIBLE FOR ALL THE EXPENSES INCURRED.

I GIVE PERMISSION TO THE PHYSICIAN SELECTED BY THE CENTER TO HOSPITALIZE, SECURE PROPER TREATMENT FOR (INJECTIONS, ANSTHESIA, OR SURGERY) FOR MY CHILD AS NAMED ABOVE.

I ALSO GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN ALL FIELD TRIPS/PROGRAM TRIPS ORGANIZED BY THE CAMP WOW PROGRAM. I ALSO GIVE PERMISSION FOR PHOTOGRAPHS AND VIDEOTAPES OF MY CHILD TO BE USED FOR STAMFORD YMCA MARKETING & PUBLICITY PURPOSES.

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PARENTS SIGNATURE

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DATE

# Field Trip Emergency Sheet

Child's Name: \_\_\_\_\_

Birth date: \_\_\_\_\_

Parent / Guardians Name: \_\_\_\_\_

Day time #: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

## PLEASE ANSWER QUESTIONS BELOW

- |     |    |                                                                             |
|-----|----|-----------------------------------------------------------------------------|
| Yes | No | Is there any person NOT allowed to pick up your child?                      |
| Yes | No | Do you have any concerns about your child's general health?                 |
| Yes | No | Does your child have any specific illness problems?                         |
| Yes | No | Does your child have any allergies?                                         |
| Yes | No | Does your child takes any medications?                                      |
| Yes | No | Does your child need to take any medications while they are at the YMCA?    |
| Yes | No | Does your child have any problems with vision, hearing or speech?           |
| Yes | No | Is there any concerns the YMCA should have while taking care of your child? |

## EXPLAIN ALL "YES" ANSWERS HERE:

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All information above is true and I will be responsible for making all changes as needed.

\_\_\_\_\_ (Full name of camper) has my permission to attend all (events) to Cove Beach. This Field Trip Emergency Form will be used as a blanket permission slip for your child to attend the scheduled trip for the day, if you fail to return the original permission slip. Please see below the dates that Camp WOW will be going to Cove Beach.

## Cove Beach (Fridays)

June 29  
July 20  
August 17

July 6th  
July 27

July 13  
August 3

On Fridays, parents are responsible for dropping and picking their child up at Cove Beach. **If your child is in early or after care**, children will be bused by the YMCA, to Cove Beach and back again to the YMCA.

In case of inclement weather, Camp WOW will take place at the Stamford Family YMCA instead of Cove Beach. Families will be alerted on Thursday if camp is going to be at the YMCA.

## Camp Hours

Camp Hours	9am-4pm
Early Care	7:30am-9am
After Care	4pm-6pm
Extended Care	7:30am-6pm

\*\*Late pick up charges apply for late pick up or early drop off. Campers can arrive 5-10 minutes before Camp WOW starts and must be picked up by 4pm to avoid late charges.

## Moose River Outpost Weeklong Overnight Trip for TEEN ADVENTURE CAMPERS ONLY!

**Dates:** August 6<sup>th</sup>- August 10<sup>th</sup>

**Where:** Jackman, Maine

Camp Adventure teens will have the option to participate in a fun-filled, action packed, teambuilding, weeklong overnight trip to Moose River Outpost in Jackman Maine. Teens will experience the great outdoors and build an appreciation for nature while creating memorable experiences with the friends they make at Teen Adventure Camp. Activities include: waterfall hikes, mountainbike rides, rock climb and much more!

Teens must be registered for the full session or fourth session of camp to go on this trip. **Teens must also display positive behaviors and actions prior to this trip in order to attend.**

**There will be a mandatory parent meeting July 23<sup>rd</sup> from 6-7pm about the trip.**

## **Payment Plans for Summer Camp WOW**

All payments must be made prior to camp beginning. YOUR CHILD WILL NOT BE ALLOWED TO START CAMP UNLESS YOU HAVE PAID FULL TUITION. If your child receives Care 4 Kids, you must pay half of camp tuition before camp begins.

### **\_Full Session Payment Plans- \$1,500 members, \$1,750 non-members**

#### **Member Options: \$1,250 balance after \$250.00 deposit**

Plan A: 2 Payments of \$625.00 before June 25th

Plan B: 3 Payments of \$417.00 before June 25th

Plan C: 4 Payments of \$312.50 before June 25th

#### **Non-Member Options: \$1,500 balance after \$250.00 deposit**

Plan A: 2 Payments of \$750.00 before June 25th

Plan B: 3 Payments of \$500.00 before June 25th

Plan C: 4 Payments of \$375.50 before June 25th

### **\_Single Session Payment Plans -\$375 members, \$437.50 non-members**

#### **Member Options: \$125 balance after \$250.00 deposit**

Plan A: 2 Payments of \$62.50 before June 25th

Plan B: 3 Payments of \$41.50 before June 25th

Plan C: 4 Payments of \$31.25 before June 25th

#### **Non-Member Options: \$187.50 balance after \$250.00 deposit**

Plan A: 2 Payments of \$93.75 before June 25th

Plan B: 3 Payments of \$62.50 before June 25th

Plan C: 4 Payments of \$46.88 before June 25th

## **Double Session Payment Plans -\$750 members, \$875 non-members**

### **Member Options: \$500 balance after \$250.00 deposit**

Plan A: 2 Payments of \$250.00 before June 25th

Plan B: 2 Payments of \$166.50, 1 Payment of \$167.00 before June 25th

Plan C: 4 Payments of \$125.00 before June 25th

### **Non-Member Options: \$625 balance after \$250.00 deposit**

Plan A: 2 Payments of \$312.50 before June 25th

Plan B: 2 Payments of \$208.50, 1 Payment of \$209.00 before June 25th

Plan C: 4 Payments of \$156.25 before June 25th

## **Triple Session Payment Plans -\$1,125 members, \$1,312.50 non-members**

### **Member Options: \$875 balance after \$250.00 deposit**

Plan A: 2 Payments of \$437.50 before June 25th

Plan B: 2 Payments of \$291.50, 1 Payment of \$292.00 before June 25th

Plan C: 4 Payments of \$218.75 before June 25th

### **Non-Member Options: \$1,062.50 balance after \$250.00 deposit**

Plan A: 2 Payments of \$531.25 before June 25th

Plan B: 2 Payments of \$354.50, 1 Payment of \$355.00 before June 25th

Plan C: 2 Payments of \$266.00, 2 Payments of 266.25 before June 25th

# Camp WOW Summer 2012

## Payment Plan Form

Name: \_\_\_\_\_

Childs Name: \_\_\_\_\_

Grade Completed: \_\_\_\_\_

How many sessions is your child attending? \_\_\_\_\_one \_\_\_\_\_two \_\_\_\_\_three \_\_\_\_\_full session

Will you be paying in full or choosing a payment plan \_\_\_\_\_ full \_\_\_\_\_payment plan

Are you a member or non-member? \_\_\_\_\_member \_\_\_\_\_non-member

If you are choosing a payment plan, please write in and list the dates for each payment.

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

I \_\_\_\_\_ parent of \_\_\_\_\_, understand and agree that my child will not be allowed in Camp Wow 2012 this summer if I have no fulfilled my payments by June 25, 2012.

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Camp Director's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Date