

WELCOME TO CAMP!



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

6/20 6/23

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WEEK 1*

WEEK 2

WEEK 3*

WEEK 4

WEEK 5

WEEK 6

WEEK 7

WEEK 8

WEEK 9

WEEK 10

*No camp on June 19th & no bus transportation for week 1. No camp on July 4th.



ACTIVITIES

Camp is an outdoor experience: campers may get messy during arts & crafts, be sore from working hard on the ropes course, or skin their knee playing an epic game of soccer. These are great indicators your child had a fun day at camp!

United Way

The safety and wellbeing of children is our primary concern, and if there is ever a serious injury or accident, our camp nurse will assess their condition and provide care.

- Swimming
- WIBIT
- Ropes Course
- Archery (7+)
- Boating
- Paddle Boarding (8+)
- Arts & Crafts
- Sports & Team Building
- Transportation (\$)



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.

CAMP DESCRIPTION

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. Camp Clark 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.















REGISTRATION FORM A

Comman's Full Name (Final Lock)

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

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	WEEK 8 8/7- 8/11	WEEK 9 8/14- 8/18	WEEK 10 8/21- 8/25	\$53/day \$13/day \$13/day MEMBER FEE PER WEEK* \$265 \$265	\$63/day \$13/day \$13/day NON-MEMBER FEE PER WEEK* \$315 \$315	TOTAL NO. OF WEEKS	TOTAL AMT. DUE
7/31- 8/4	8/7-8/11	8/14-	8/21-	\$13/day \$13/day \$13/day MEMBER FEE PER WEEK* \$265 \$265	\$13/day \$13/day NON-MEMBER FEE PER WEEK* \$315	NO. OF	AMT.
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7/31- 8/4	8/7-8/11	8/14-	8/21-	\$13/day MEMBER FEE PER WEEK* \$265 \$265 \$265	\$13/day NON-MEMBER FEE PER WEEK* \$315	NO. OF	AMT.
7/31- 8/4	8/7-8/11	8/14-	8/21-	MEMBER FEE PER WEEK* \$265 \$265	NON-MEMBER FEE PER WEEK* \$315	NO. OF	AMT.
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	eek Session			Included	\$490		
ot cover e	extended	d care					
				\$65	per week		
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PAYMENT POLICY

All payments are due in full by 6/16 or upon registration thereafter. Prior to 6/16, 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 6/16. 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.

in weekly or even monthly installments you have chosen until 6/16! *First payment will be required at point of sale.

Signature	2
Date	

TRANSPORTATION (ADDITIONAL FEE: AM or PM \$60 per week / AM & PM \$90 per week)



BLUE BUS	Week 2-9 Only
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Town	Stop	Stop Location	AM	PM
Marshfield	Α	Library	8:05	4:50
Plymouth	В	183 Court Street	8:30	4:25
		(Former Benny's Plaza)		

GREEN BUS | Week 2-9 Only

Town	Stop	Stop Location	AM	PM
Plymouth	Α	Nathaniel Morton (Front of School)	8:10	4:45
Plymouth	В	North High School	8:20	4:35
Plymouth	C	Manomet Post Office	8:35	4:20
Plymouth	D	Tiny Town	8:43	4:13
Plymouth	Е	Shaws	8:50	4:10

RED BUS | Week 2-9 Only

Town	Stop	Stop Location	AM	PM
Kingston	Α	Elementary School	8:10	4:45
Plymouth	В	Hedge Elementary	8:20	4:35
Plymouth	C	Redbrook YMCA Parking Lot	8:40	4:10

YELLOW BUS | Week 2-9 Only

Town	Stop	Stop Location	AM	PM
Carver	Α	Carver Elementary School	8:10	4:45
Plymouth	В	Flintlocke and Rt. 44	8:20	4:35
Plymouth	C	Algonquin Heights	8:30	4:20

PURPLE BUS | Week 10 Only

Stop	Stop Location	AM	PM
Α	Library	8:00	4:55
В	Elementary School	8:20	4:35
С	183 Court Street (Former Benny's Plaza)	8:30	4:30
D	Nathaniel Morton (Front of School)	8:35	4:25
Е	North High School	8:45	4:15
	A B C	A Library B Elementary School C 183 Court Street (Former Benny's Plaza) D Nathaniel Morton (Front of School)	A Library 8:00 B Elementary School 8:20 C 183 Court Street 8:30 (Former Benny's Plaza) D Nathaniel Morton (Front of School) 8:35

ORANGE BUS | Week 10 Only

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Stop	Stop Location	AM	PM
Α	Carver Elementary School	8:00	4:55
В	Algonquin Heights	8:20	4:35
C	Manomet Post Office	8:35	4:20
D	Tiny Town	8:45	4:15
	A	A Carver Elementary School B Algonquin Heights C Manomet Post Office	A Carver Elementary School 8:00 B Algonquin Heights 8:20 C Manomet Post Office 8:35

BUS INFORMATION

YMCA Camp provides a bus monitor on each bus. Campers must be supervised by an adult at pick-up and drop-off 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. Bus accommodations will not be confirmed until camp payment is received in full. Please indicate your preferred stop and bus color on the registration form. Busing services are not guaranteed 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.

EXTENDED CARE

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

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

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 3:00 - 4:00 PM.

REGISTRATION FORM C

Please complete the entire Registration packet for each camper and return it with your non-refundable deposit to: Old Colony YMCA - Plymouth Branch 200 Hedges Pond Road, Plymouth, MA 02360 or email paperwork to campclark@oldcolonyymca.org

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

CAMPER AND FAMILY INFORMATION

CAMI ER AND I AMIET INTORMATIC	711			
Camper's Full Name (First, Last) :				Date of Birth: / /
Age: Male Female Address:			City:	Zip Code:
<preferred communication=""> *Phone:</preferred>	Em	ail:		
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				
MORNING ARRIVAL: AM Extended Care (8:00-9:00am) Addit Parent Drop Off at Camp (8:45-9:00am) Arrival by Bus Bus Color WEEK 10 - ONLY AM Extended Care (8:00-9:00am) Parent Drop Off at Camp (8:50-9:00am) Arrival by Bus Bus Color	Stop#	PM Exter Departur WEEK 10 - Parent Pi PM Exter	ck-up from Camp (3:45-4:00 ded Care (4:00-5:00pm) Add to by Bus Bus Color ONLY ck-up from Camp (4:00-4:10 ded Care (4:00-5:00pm)	ditional cost per week Stop#
Please note: A photo ID will be required be whom your child may be released to for dismic completed authorized person pick up card. In	issal or in case of illness o	or injury. Your camper will	not be released to any per	sons without a photo ID and a
THE FOLLOWING ADULTS ARE AUTHORIZE	ED TO PICK UP CHILD/RI	EN AND ARE SUITABLE E	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?	Is there a restrainin who may have conta		of the court order is n	
Yes No No	Yes No No		file. Please attach it to	the registration form

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):		Ph	one:
Do you have medical insurance?	Carrier:	Pc	licy/Group #:
HEALTH			
Does your camper have allergies to any of the	e 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 Diabetes Diabetes	Autism Hy	/peractivity/Behavioral	Headaches
Other:	Please comment on in	ndicated history:	
MEDICATION			
Will camper be taking medication(s) while at o	:amp? Yes 🗌	No (Medications include epi-pens, in	halers, prescriptions, over-the-counter, vitamins, etc.)
If marked Yes, which medications?			
IF MEDICATION WILL BE PROVIDED TO THE C			
(found online at www.oldcolonyymca.org.	/clark)		
SUPPORT AT CAMP Tell us how best to support your child at cam medical conditions, accommodations or service What do we need to know to help your child behavioral Plan Sensory Activities	thrive at summer ca	ride to make summer successful, etc.) amp?	ans, sensory sensitivity, dietary needs or restrictions, Play Restrictions
Is your child on an IEP or 504 plan? Yes] No [] If ye	es, please provide a copy of the plan.	
This health history is correct so far as I know	, the person herein d	described has permission to engage in	all prescribed camp activities except as noted.
cannot be reached in an emergency. I hereby	give permission to the gery for my child as	ne physician selected by the Old Colony named above. This form may be photo	ine tests, and treatment for my child, in the event I // Y to hospitalize, secure proper treatment for, and to ocopied for use out of camp. I understand that the Old id 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 v	vith the director to	o discuss your child's history to b	etter serve your camper.
I am requesting a pre-camp meeting to	discuss my child's	s history 🔲	

MEETING REQUEST CONTACT Catherine Colantuone | 508-888-2290 x204 | ccolantuone@oldcolonyymca.org

REGISTRATION FORM E

WAIVERS & LIABILITY FORM

l, the undersigned ("my child"), a mir	d (legal relationship to student, e.g., "parent, guardian") of nor, do hereby consent to my child's participation in voluntary athletic or Recreation programs of the Old Colony YMC	(name of student) A.
assisting or parti causes of action	rever release the Old Colony YMCA, to all their employees, agents, board members, volunteers and any and all individ cipating in voluntary athletic or recreation programs of the Old Colony YMCA ("the Releasees") from any and all claim that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child o or child's participation in the Old Colony YMCA voluntary athletic or recreation programs.	s, rights of action and
been asserted in	indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any descript the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to my child or property articipation in the Old Colony YMCA voluntary camping, athletic, or recreation programs.	
these programs is 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 s voluntary and that my child and I am free to choose not to participate in said programs. By signing this Form, I affir to participate in Old Colony YMCA's camping, athletic, or recreation programs with full knowledge that the Releasees nal injuries and property damage my child or I may suffer in voluntary Old Colony YMCA or recreation programs.	m that I have decided
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 the Old Colony Y, its representatives, counselors or staff liable for any injury incurred by my child. I hereby give his participation in the program. In an emergency, I hereby give permission to the physician selected by the Old secure proper treatment for and to order injection and/or anesthesia and/or surgery for my child as named about the content of the program of the physician selected by the Old secure proper treatment for and to order injection and/or anesthesia and/or surgery for my child as named about the physician selected by the Old secure proper treatment for and to order injection and/or anesthesia and/or surgery for my child as named about the physician selected by the Old secure proper treatment for and to order injection and/or anesthesia and/or surgery for my child as named about the physician selected by the Old secure proper treatment for and to order injection and/or anesthesia and/or surgery for my child as named about the physician selected by the Old secure proper treatment for and to order injection and/or anesthesia and/or surgery for my child as named about the physician selected by the Old secure proper treatment for an accident to the physician selected by the Old secure proper treatment for an accident to the physician selected by the Old secure proper treatment for an accident to the physician selected by the Old secure proper treatment for an accident to the physician selected by the Old secure proper treatment for an accident to the physician selected by the Old secure proper treatment for an accident to the physician selected by the Old secure proper treatment for an accident to the physician selected by the Old secure proper treatment for a color proper treatment for a co	my approval for her/ I Colony Y to hospitalize,
	B. Photo Waiver	
Signature	It is understood and agreed that the Old Colony Y reserves the right to take and utilize pictures, likenesses, vic of participants for promotional purposes including, but not limited to; reports, publications, brochures, emails, instances of online presence. *If you do not approve, please write "DO NOT PHOTO" and attach a current phensure s/he does not appear in any media.	our website, and other
Signature	C. Sunscreen/Bug Spray I understand the following bug spray/sunscreen policy of Old Colony Y: We recommend that all campers and stands of SPF of at least 15 on all exposed skin, including lips, even on cloudy days. We recommend that all campers and DEET according to recommendations on product label. Parents/Legal Guardians will be responsible for providin sunscreen and bug spray (in sealed containers) to take with them for applications throughout the day. Please in each per child, labeled with your child's name. Camp staff will be responsible for ensuring thorough follow-up a hour in the water, after two hours of activity in the sun (due to perspiration), and/or any other times as needed mean your child may have sunscreen and bug spray applied to them by the camp staff. Please explain this to you	I staff use bug spray with g their child with enough nclude one container of pplications after one d. Please note, this will
	TO DISCUSS ANY QUESTIONS OR CONCERNS REGARDING THIS AGREEMENT, PLEASE CONTACT THE YMCA AT 50	8-888-2290
Signature	>I ACKNOWLEDGE THAT I AM OVER THE AGE OF EIGHTEEN (18) YEARS. I ACKNOWLEDGE THAT I HAVE CAREF READ AND UNDERSTAND THE TERMS CONTAINED IN THIS RELEASE AND WAIVER OF LEGAL LIABILITY. I UNDISIGNATURE ON THE LEFT, DEMONSTRATES ACCEPTANCE OF THE ABOVE TERMS IN THEIR ENTIRETY.	
	RELEASE TO TALK WITH SCHOOL PERSONNEL	
Signature		divide to a decide and
	This is to confirm that the School, its prin and counselors have my permission to release pertinent documents and to discuss with school personal regard authorized Old Colony YMCA staff person.	cipals, teachers, nurses, ling my child with an
Date	authorized old colony TMCA staff person.	



CONTACT

Camp Director | Catherine Colantuone • 508-888-2290 x204 • ccolantuone@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 APRIL 1ST APRIL 30TH
10AM-1PM 10AM-NOON 10AM-1PM

Spin-a-thon Open House at Mayflower
Brewing Company Healthy Kids Day at Plymouth North High School

RIL 30TH MAY 13TH
10AM-NOON

Open House
Water Safety Day

JUNE 16TH
6:30-7:30PM
Open House
Staff Meet
& Greet

ARRIVAL Extended care starts at 8:00am, regular dropoff is 8:50–9:00am. All dropoff 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! Children younger than 8 years old will be required to wear a life jacket while participating in all water activities. Children 8+ will be given the option to take a swim test to test out of wearing a lifejacket during swim time, but will still be required to wear a life jacket during other water activities. 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. 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.