



Lake Lauderdale Summer Day Camp

Administered by the Cambridge Youth Commission

Schedule & Times

DATES – The program begins on **July 2th** and ends on **August 10th** operating Monday through Friday at Lake Lauderdale. (No program on July 4th)

FREE MORNING PROGRAM (9 – 11:30am) - The morning portion will feature a variety of fun and engaging activities in a beautiful natural environment. **Swimming lessons based on the American Red Cross curriculum** will be given to each child. They will also participate in other activities including organized sports, art & crafts, music and drama, camp games and nature & science activities.

Children will be assigned to a counselor and **placed in groups with others of their own age**. Their groups will rotate through the activities, which will be organized and taught by adults who have shown expertise in the topic. Our mission is to fill the morning with **new experiences, important skills and fun for all!**

LUNCH (12pm) – If your child is staying for the afternoon program, please send a bagged lunch for them. The campers will eat with their friends under the pavilion. Pizza will be available on Fridays for a small fee.

FULL DAY CAMP PROGRAM (Afternoon 7:00am – 5:30pm) The afternoon portion of the program is our Recreation Program meant to **allow kids time to relax and have a blast with their friends**. There will be time to play on the playground and in the sand. Scheduled free swim times will be set as well as fun with board games, sports, camp games, nature walks and much more! Additional enrichment opportunities will be provided as well to offer structured activities in various areas.

Rates

MORNING PROGRAM – Thanks to the contributions from local municipalities, the Washington County Youth Bureau and our sponsors. **There is no fee to participate** in the morning program for children in participating Towns/Villages. Be sure to thank your Town and Village representatives as well as our sponsors for helping to provide this program to

your children. These include the Town and Village of Cambridge, The Town of Jackson, the Town and Village of Salem and the Town of White Creek.

FULL DAY CAMP PROGRAM – There is a fee of \$80 per week for your child to utilize the full day camp (7:30am-5:30pm). *Families with three or more children may pay \$70 per child per week.*

EARLY DROP-OFF PROGRAM – There is a fee of \$25 per week for your child to utilize the early drop-off program (7-9:00am). Children who are routinely dropped-off early will be charged for this service.

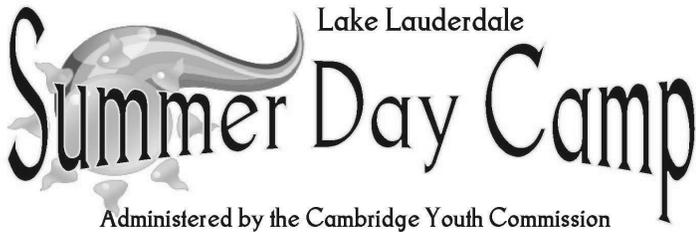
SCHOLARSHIPS – We want every child to be able to participate in the summer program regardless of their family's financial status. **Please contact us to ask about scholarships! Call our Director Directly, Meaghan Wilkins, 677-3086 to inquire.**

Odds and Ends

WHO CAN PARTICIPATE? All children who will be in kindergarten to 8th grade in the fall of 2012& who reside in the **Towns of Cambridge, Jackson, Salem or White Creek may attend**. If space allows, children from other towns may attend but must pay an out of district tuition of \$100 for the summer.

WHAT TO BRING: Dress child comfortably and in clothes and shoes appropriate for a variety of activities. Sneakers are recommended. **NO FLIP FLOPS** Please also bring: Backpack, Reusable water bottle, Swimsuit & Towel, Waterproof Sunscreen, Insect Repellent, Bagged lunch if staying for lunch.

MONEY: Children may bring money to use at our snack bar, but other than that money is not necessary. If you do not wish to send money with your child you may purchase a **snack bar card when you register**. This card will be kept on file with CYC staff, so your child won't be in danger of losing it.



Office use only
Date received _____
Date Confirmation Mailed _____
Notes _____

CHILD'S NAME _____ NICKNAME _____

BIRTH DATE _____ GENDER _____ RACE (For grant records) _____

FALL 2012 Grade _____ HAVE YOU BEEN TO CYC CAMP BEFORE: Y N

PARENT OR GUARDIAN _____

HOME ADDRESS _____
(street address) (city & state) (zip)

PHONE NUMBER _____
(home) (work) (cell)

EMAIL _____

Please circle where you live: (This is where your home's property taxes are paid)

Town of Cambridge

Town of Jackson

Town of Salem

Town of White Creek

Village of Cambridge

Village of Salem

Other _____

PLEASE PUT MY CHILD IN A CAMP GROUP WITH _____

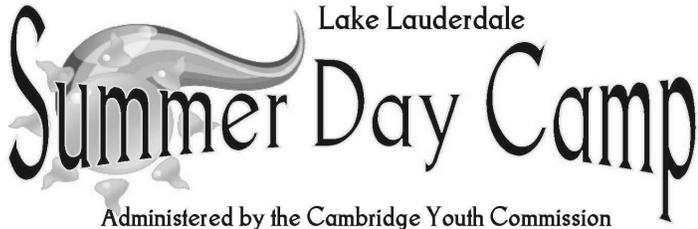
We will do our best to accommodate your requests.

Please list up to three people who are authorized to pick-up your child other than those listed on the Parent or Guardian Line. Your child will not be released to anyone but the five people listed on this form. A photo ID may be required by these adults, please inform those on this list.

1. _____

2. _____

3. _____



Name _____
 Fall 2012 Grade _____

PART 1 – FREE MORNING PROGRAM 9-11:30AM

Please check all weeks your child will attend the FREE morning program.

___ July 2-6 ___ July 9-13 ___ July 16-20 ___ July 23-27 ___ July 30-Aug 3 ___ August 6-10

PART 2 – FULL DAY CAMP PROGRAM (7AM-5:30PM)

Please check all weeks your child will attend the afternoon program (\$80/week)

___ July 2-6 ___ July 9-13 ___ July 16-20 ___ July 23-27 ___ July 30-Aug 3 ___ August 6-10

PART 3 – EARLY DROP OFF (7AM-9AM)

Please check all weeks your child will attend the afternoon program (\$25/week)

___ July 2-6 ___ July 9-13 ___ July 16-20 ___ July 23-27 ___ July 30-Aug 3 ___ August 6-10

Payment Calculation

_____ FULL DAY CAMP WEEKS x \$80\$ _____

_____ EARLY DROP OFF WEEKS x \$25\$ _____

_____ Snack Bar Cards x \$10.....\$ _____

Total Due...../.....\$ _____

Deposit (Must be at least \$75).....\$ _____

Balance (Total minus deposit. Due by June 1).....\$ _____

Make checks payable to Cambridge Youth Commission

MEDICAL FORM & RELEASE STATEMENT
Registration Not Accepted Unless Medical Form is Complete

NAME _____ BIRTH DATE _____ AGE AT CAMP _____

HOME ADDRESS _____
Street Address City State Zip

GENDER _____ GRADE AT CAMP _____

CONTACT INFORMATION IN CASE OF EMERGENCY

MOTHER'S NAME HOME PHONE # WORK PHONE # MOBILE PHONE #

FATHER'S NAME HOME PHONE # WORK PHONE # MOBILE PHONE #

EMERGENCY CONTACT HOME PHONE # WORK PHONE # MOBILE PHONE #

INSURANCE INFORMATION

IS THE PARTICIPANT COVERED BY FAMILY MEDICAL/HOSPITAL INSURANCE? _____ YES _____ NO

IF SO, INDICATE CARRIER OR PLAN NAME _____

GROUP # _____ A photocopy of the front and back of the health insurance card must be attached to this form.

NAME OF INSURANCE HOLDER _____

MEDICAL TREATMENT AUTHORIZATION

This health history is correct and complete. The person described in this form has permission to engage in all camp activities except as noted within.

I hereby give permission to the Cambridge Youth Commission to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for me/my child, as may be necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. I also give permission for the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Cambridge Youth Commission to secure and administer treatment, including hospitalization, for the person named above.

Signature of Parent or Guardian or adult staff: _____ Date _____

Printed Name _____ Relationship to camper _____

ALLERGIES

_____ No known allergies _____ This camper is allergic to: _____ Food _____ Medicine _____ Environmental (insect stings, hay fever, etc.)

Please describe below any allergies and the reaction seen:

HEALTH HISTORY

Circle "Yes" or "No" for each statement. Explain "Yes" answers below.

Please explain "Yes" Answers in the space below, noting the number of questions. For travel outside the country, please name countries visited and dates of travel.

Has/does the camper:

- | | |
|--|--|
| 1. Ever been hospitalized?..... Y N | 11. Had fainting or dizziness?..... Y N |
| 2. Ever had surgery?..... Y N | 12. Passed out/had chest pain during exercise?..... Y N |
| 3. Have recurrent/chronic illnesses?..... Y N | 13. Had mononucleosis during the past 12 months?..... Y N |
| 4. Had a recent infection disease?..... Y N | 14. If female, have problems with menstruation?..... Y N |
| 5. Had a recent injury?..... Y N | 15. Have problems with falling asleep/sleepwalking?..... Y N |
| 6. Has asthma/wheezing/ shortness of breath..... Y N | 16. Ever had back/joint problems?..... Y N |
| 7. Have diabetes?..... Y N | 17. Have a history of bed wetting?..... Y N |
| 8. Had seizures?..... Y N | 18. Have problems with diarrhea/constipation?..... Y N |
| 9. Had headaches?..... Y N | 19. Have any skin problems?..... Y N |
| 10. Wear glasses, contacts, other eyewear?..... Y N | 20. Traveled outside the country in the past 9 months?.. Y N |

Please explain "Yes" Answers in the space below, noting the number of questions. For travel outside the country, please name countries visited and dates of travel.

RESTRICTIONS AND OTHER INFORMATION

Please, list and explain anything else we should be aware of, including behavioral, emotional and physical issues.

IMMUNIZATIONS

Attach a copy of your child's up-to-date immunization record to this form.

Camp registration is not complete until Immunization Record is received.

Important Information

Name of Physician _____ Phone: _____

Address _____

Name of Dentist/Orthodontist _____ Phone _____

Address _____

Please check all over the counter medicines you would allow your child to have at camp:

- | | | | | |
|---------------------------|----------------|------------------------|-----------------|-----------------------|
| _____ Tylenol | _____ Motrin | _____ insect repellent | _____ sunscreen | _____ anti-itch cream |
| _____ antibiotic ointment | _____ Benadryl | _____ first aid cream | | |

Parent Signature _____ Date _____