



**Jamestown Family YMCA**

# Summer Day Camp 2008

Welcome 2008 Summer Day Campers! We have an exciting summer planned for you this year at the YMCA with tons of cool trips, great themes and as always, tons of activities to keep you having fun all summer long! **Camp Discovery**, designed for kids ages 5-7 years of age and **Camp Chautau** for kids ages 8-12 years of age will provide children with an experience of a lifetime! YMCA Day Camp staff are experienced, well-trained individuals who have a special interest in kids. You can depend on YMCA Day Camps to always focus on adventure and fun in a safe, caring environment! Register now for the 2008 summer program!



## 2008 Summer Camp Themes & Trips at a Glance...

Dates	Week	Discovery Themes	Discovery Trips	Chautau Themes	Chautau Trips
June 30- July 3*	1	<b>Red, White and Blue</b>	Waldameer	<b>Americana</b>	Waldameer
July 7-11	2	<b>Super Senses</b>	Erie Children's Museum	<b>France</b>	Niagara Falls Aquarium
July 14-18	3	<b>Nuts About Nature</b>	Allegheny State Park	<b>Ireland</b>	Grandview Farms
July 21-25	4	<b>Animal Adventures</b>	Erie Zoo	<b>Australia</b>	Tom Ridge Environmental Center/Presque Isle
July 28-Aug 1	5	<b>Storybook Heroes</b>	Chuck-E-Cheese	<b>Italy</b>	Chuck-E-Cheese
August 4-8	6	<b>Underwater Exploration</b>	Presque Isle	<b>Africa</b>	Erie Zoo
August 11-15	7	<b>Discovering our Community</b>	Tour Jamestown Fire & Police Departments	<b>China</b>	Harbor View Mini-golf/Presque Isle
August 18-22	8	<b>Pirate Week</b>	Waldameer	<b>Spain</b>	Waldameer

\* No camp on July 4, 2008

\*\*\*Camp scholarships are available on a limited basis for qualifying individuals.

Register on-line at [www.jamestownymca.org](http://www.jamestownymca.org)

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# Camp Details...

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## Hours of Operation

Monday-Friday 9:00am—5:00pm with early drop off beginning at 7:30am and late pick up at 5:30pm.

## Daily Schedule

Campers will begin and end each day in the Jamestown YMCA Youth Department. Parents are required to sign their children in and out each day. Any notices of daily schedule changes will be posted. Prior to the start of each week, campers will receive a newsletter in the mail with a daily agenda of activities and important details.

## Camp Fees

A \$10 non-refundable deposit per child per week is required upon registration. Weekly camp balances are due the Thursday prior to the next week of camp. Balance payments can be made in person or online at [www.jamestownymca.org](http://www.jamestownymca.org). All admission fees are included in the weekly camp fees. Extra spending money is optional. Occasionally, lunch for purchase may be available. See weekly newsletter for details. For questions, call the Jamestown YMCA at (716) 664-2802 ext. 222.

## Camp Shirts

The first week children attend camp, they will receive a Day Camp Shirt for weekly Big Trip days for safety purposes. Children will not be permitted to participate on trip day without their day camp shirt. Extra shirts can be purchased for \$7.00.

## Each day ALL campers will need:

✓Morning & Afternoon Snack ✓A Big Lunch ✓Comfortable Shoes ✓Sunscreen  
✓Swimming Suit & Towel ✓Jacket or Sweatshirt ✓Day Camp Shirt on Trip Day



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## Camp Discovery

## Ages 5-7

This camp is designed just for children ages 5-7 and will feature a nurturing environment with a caring staff and age appropriate activities designed to help children learn more about themselves and others. Weekly activities will feature storytelling, singing, arts & crafts, sports, gym games, swimming, science, drama, cooking, and so much more. Each week children will have the opportunity for outdoor play at local playgrounds as well as visits to local parks and recreation centers. Camp Discovery is a perfect opportunity to support the healthy growth and development for children throughout the summer months while having fun and making friends.



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## Camp Chautau

## Ages 8-12



This camp is designed just for 8-12 year olds and will feature tons of activities to keep kids learning, growing and engaged, challenged and having fun all summer long. Local trips throughout the week will allow lots of time for outdoor fun as well as other activities including arts & crafts, sports, field activities, swimming, games, cheerleading, music, drama, dance, nature and so much more. Campers will learn more about themselves and others, make new friends, and experience the summer of a lifetime!

# Jamestown YMCA 2008 Day Camp Registration Form

Camper Name \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_ Age \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Other phone \_\_\_\_\_ DOB \_\_\_\_\_  
 Mother \_\_\_\_\_ Day Time Phone \_\_\_\_\_  
 Father \_\_\_\_\_ Day Time Phone \_\_\_\_\_  
 Please list any siblings who will also be attending camp \_\_\_\_\_  
 Parent email address \_\_\_\_\_

**Please check one:** \_\_\_\_ YMCA Member \_\_\_\_ Potential Member

**Conditions of Acceptance of Registration:**

I understand that the fee must be paid in full one week prior to the start of the camp period, or the space will be cancelled. This application is accompanied by a \$10 non-refundable, non-transferable deposit for EACH camp period. All camp fees paid are non-refundable, non-transferable regardless of child's attendance. Please make checks payable to the YMCA. Campers are expected to follow camp rules and regulations for the health, safety, and rights of all campers. Camp staff will exercise a reasonable amount of discipline to enforce these rules. Parents will be notified to take home any camper who infringes on the rights of others, without refund. Each camp week is subject to a minimum and maximum enrollment. The YMCA reserves the right to alter or cancel programs based on enrollment if necessary. In the event that a camp is altered or cancelled, parents will be notified at least 2 weeks prior to the camp week.

I have read the brochure relating to program fees, refund policy and the above information. I agree to these conditions and I grant permission for the YMCA to access my child's school records for the 2007-2008 school year. I also grant permission for my child to leave camp on supervised field trips and for the use of his/her photo in camp promotions.

X \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*This form must be signed before child can attend camp.

**Please check (✓) which camp your child will be attending:**

**Day Camp Rates per week:**    \$110 YMCA Member    \$150 Potential Member  
 \*(Week 1 only is a 4 day camp week)    \$88 Y Member    \$120 Potential Member

Dates	Camp Discovery	Camp Chautau	Amount Deposited	Receipt Number	Date	Balance Due	Balance Paid	Receipt Number	Date
June 30- July 3*	<input type="checkbox"/> week 1	<input type="checkbox"/> week 1							
July 7-11	<input type="checkbox"/> week 2	<input type="checkbox"/> week 2							
July 14-18	<input type="checkbox"/> week 3	<input type="checkbox"/> week 3							
July 21-25	<input type="checkbox"/> week 4	<input type="checkbox"/> week 4							
July 28-Aug 1	<input type="checkbox"/> week 5	<input type="checkbox"/> week 5							
August 4-8	<input type="checkbox"/> week 6	<input type="checkbox"/> week 6							
August 11-15	<input type="checkbox"/> week 7	<input type="checkbox"/> week 7							
August 18-22	<input type="checkbox"/> week 8	<input type="checkbox"/> week 8							

**Come Home...to YMCA Camp Onyahsa**

Celebrating it's 110th season of excellence this summer, ACA Accredited Resident Camp Onyahsa offers an exciting, genuine, and rewarding experience for any camper. Nestled in it's own wooded bay on northern Chautauqua Lake, we offer traditional youth camp sessions, specialty camps, academic programs, teen activities, leadership development programs, extensive waterfront classes, outdoor environment education, a North County Day Camp, family sessions, adult outings, group rentals and much more. Each of our weeks has a fun and exciting theme as the focus of its activities, and the general theme for 2008 is Supercentarian Summer, as we celebrate turning "eleventy". We'll have fun recreating some of the best Onyahsa programming from the last 110 years. For more information, contact YMCA Camp Onyahsa at [www.onyahsa.org](http://www.onyahsa.org), (716)664-2802 ext. 238 & 223, or [office@onyahsa.org](mailto:office@onyahsa.org). Camp Onyahsa...for fun, for family and for friends.

# YMCA 2008 Youth Health History Form

Information on this form is not part of the camper acceptance process, but is gathered to assist us in identifying appropriate care.

Name \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Number \_\_\_\_\_ cell \_\_\_\_\_  
 1st Parent or Guardian \_\_\_\_\_ Relationship \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_ cell \_\_\_\_\_  
 2nd Parent or Guardian \_\_\_\_\_ Relationship \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_ cell \_\_\_\_\_

If those listed above cannot be reached in case of an emergency, I give permission for camp staff to release my child to and to notify the following individuals:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Cell / other \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I hereby authorize the YMCA day camp staff to release my child to the following individuals over 18 years of age. All individuals should be prepared to show picture ID.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

### Health History:

(Check, give approximate dates)

\_\_\_\_\_ Frequent ear infections \_\_\_\_\_  
 \_\_\_\_\_ Heart defect/disease \_\_\_\_\_  
 \_\_\_\_\_ Convulsions \_\_\_\_\_  
 \_\_\_\_\_ Diabetes \_\_\_\_\_  
 \_\_\_\_\_ Bleeding/clotting disorders \_\_\_\_\_  
 \_\_\_\_\_ Hypertension \_\_\_\_\_  
 \_\_\_\_\_ Mononucleosis \_\_\_\_\_

### Diseases

\_\_\_\_\_ Chicken pox \_\_\_\_\_  
 \_\_\_\_\_ Measles \_\_\_\_\_  
 \_\_\_\_\_ German Measles \_\_\_\_\_  
 \_\_\_\_\_ Mumps \_\_\_\_\_

### Allergies

\_\_\_\_\_ Hay Fever \_\_\_\_\_  
 \_\_\_\_\_ Ivy Poisoning \_\_\_\_\_  
 \_\_\_\_\_ Insect Stings \_\_\_\_\_  
 \_\_\_\_\_ Bee Stings \_\_\_\_\_  
 \_\_\_\_\_ Penicillin \_\_\_\_\_  
 \_\_\_\_\_ Other Drugs \_\_\_\_\_  
 \_\_\_\_\_ Asthma \_\_\_\_\_  
 \_\_\_\_\_ Food or other (Please List) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### FOR FEMALE:

Has this person menstruated? \_\_\_\_\_  
 If not, has she been told about it? \_\_\_\_\_  
 If so, is her menstrual history normal? \_\_\_\_\_  
 Special Consideration \_\_\_\_\_

### Medical Information

Operations or serious injuries & date: \_\_\_\_\_  
 Chronic or recurring illness or medical condition \_\_\_\_\_  
 Activities encouraged or limited by physician \_\_\_\_\_  
 Dietary restrictions \_\_\_\_\_  
 Allergies \_\_\_\_\_  
 Current medications \_\_\_\_\_  
 (Contact director 2 weeks prior to the start of camp for details regarding emergency medication administration policies)  
 Other diseases \_\_\_\_\_  
 Name of dentist/orthodontist \_\_\_\_\_ phone \_\_\_\_\_  
 Name of family physician \_\_\_\_\_ phone \_\_\_\_\_  
 Do you carry family medical/hospital insurance? \_\_\_Yes \_\_\_No  
 If so, Carrier \_\_\_\_\_ Policy or Group # \_\_\_\_\_  
 Suggestions on health related information for camp personnel: \_\_\_\_\_  
 \_\_\_\_\_

Vaccines	Year of basic immunization	Year of last booster	Vaccines	Year of basic immunization	Year of last booster
DPT			Tuberculin test given		
Oral Polio			(HIB)		
Injectable Polio			Hepatitis B		
Measles			Tetanus		
Mumps			Other		
Rubella					

## IMPORTANT – THIS BOX MUST BE COMPLETED FOR CAMP ATTENDANCE

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted.

### Authorization for Treatment:

I hereby give permission to camp staff to assist in the application of sunscreen to my child and understand that all campers are required to wear sunscreen during outdoor activities. I give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. The completed forms may be photocopied for trips out of camp.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

\*If for religious reasons, you cannot sign this, then the camp should be contacted for a legal waiver which must be signed for attendance.