

# STILES POND 2023 CAMP REGISTRATION

**BEST  
SUMMER  
EVER™**



**CAMPERS MUST BE 6 YEARS OLD OR ENTERING FIRST GRADE**

**MAKE SURE YOU HAVE THE FOLLOWING COMPLETED  
& TURNED IN WITH YOUR CAMP REGISTRATION–  
Check off each form completed:**

- |   |   |
|---|---|
| <input type="checkbox"/> Camp Registration Form | <input type="checkbox"/> Camp Payment Form          |
| <input type="checkbox"/> Medical Form           | <input type="checkbox"/> Recent Photo of Your Child |

Note that an up-to-date immunization form must be provided prior to the start of summer camp.



**DANVERS COMMUNITY YMCA**  
34 Pickering Street  
Danvers, MA 01923  
978-774-2055 • Fax 978-750-4457  
[www.danversymca.org](http://www.danversymca.org)



**FOR YOUTH DEVELOPMENT®**  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# CHOOSE YOUR 2023 SUMMER ADVENTURE!



## DANVERS Y STILES POND DAY CAMP

**A weeklong waterfront camp located on beautiful Stiles Pond in Boxford. 8 themed weeks for those who love the great outdoors and water activities!**

**Includes swimming, nature, science, hikes, sports, arts & crafts, fishing, and boating.**

**Bus Pickups in Danvers, Topsfield, Middleton, & Boxford—  
Fee for transportation.**



## ADVENTURE CAMP AT THE Y

**10 themed adventure weeks at the Danvers YMCA.**

**NEW!** This is now only offered as a Weeklong Camp— 5 days, or a 3-Day Camp (Tuesday-Thursday). We also offer early drop-off or late pick-up at this location.

**Each day includes games, sports, nature, arts & crafts, and cooling off in the pool time (Mon-Thu). Special Fridays include off-site Fieldtrips some weeks.**

## **Our summer camp hours are 9:00am-4:00pm.**

Extended day is available at the Danvers YMCA location. Refer to registration forms for more details. Each week camp families will receive a newsletter with key dates and information about any special activities that week.

## **Questions about camp or registration please contact:**

### **Adventure Camp**

Child Care Director Paula Roderick, [proderick@danversymca.org](mailto:proderick@danversymca.org)

Adventure Camp & After-School Director Meaghan Carr, [mcarr@danversymca.org](mailto:mcarr@danversymca.org)

### **Stiles Pond Camp**

Assistant Director Deb Barrowclough, [dbarrowclough@danversymca.org](mailto:dbarrowclough@danversymca.org)



**STILES POND CAMP REG. 2023 – 6 or Entering 1st grade • Hours: 9:00am-4:00pm**

Camper: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Grade Entering in Sept. 2023: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Danvers Y Member: Yes \_\_\_ No \_\_\_ Are Siblings Attending Camp? \_\_\_ Check if Yes

Parent/Guardian Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

**WEEKLONG RATES:** Family Member General Member Community  
 \$255 \$290 \$330

Circle weeks attending camp on chart below along with transportation details.  
 Please complete a separate form for each child. Siblings receive a 5% discount.

SUMMER KICK-OFF 6/26-6/30	Holiday Week 7/3-7/7 (deduct \$55)	Survivor Week 7/10-7/14	Safari Week 7/17-7/21	Decades Week 7/24-7/28	Olympics Week 7/31-8/4	Under the Sea 8/7-8/11	Carnival Week 8/14-8/18
WK 1	WK 2	WK 3	WK 4	WK 5	WK 6	WK 7	WK 8

**AFTER CARE (At the Y):** \$50 per week (less \$10 week 2)  
 Closes at 6:00 pm— Check off Weeks

WK 1	WK 2	WK 3	WK 4	WK 5	WK 6	WK 7	WK 8
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**BUS TRANSPORTATION:** \$25 per week

WK 1	WK 2	WK 3	WK 4	WK 5	WK 6	WK 7	WK 8
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**PAYMENT:**

\$35 deposit per child, per week.

Check or CC. Please complete all paperwork then call or come in to pay at the Y.

CIT APPLICATIONS FOR 13-15 YEAR OLDS WILL BE POSTED BY END OF FEBRUARY.

**The Stiles Camp Bus leaves the Y promptly at 7:55am.**

Drop-off at the Y opens at 7:40 (no earlier), on the far side of the parking lot.

Drop-Off at Stiles Camp: Between 8:30-9:00am

Pick-up at Stiles Camp: 4:00pm

For early pick-up/late drop-off, please call or send an email.

**DON'T MISS THE BUS!**

Arrive 10-15 minutes before pick-up/drop-off time.

If parent is not waiting at stop for pick-up, bus will bring child to the Y.

**CHECK OFF WHICH BUS STOP YOUR CHILD WILL USE FOR PICK-UP AND DROP-OFF:**

Bus #1 (Approx. Times)	Pick Up	Drop Off
<u>Danvers:</u>		
YMCA	7:55 am	4:34 pm
Pope's Landing	8:00 am	4:30 pm
Walgreen's Parking Lot	8:03 am	4:27 pm
Collins St./ Rail Trail crossing	8:09 am	4:21 pm
Centre/Watson Pkwy	8:13 am	4:17 pm
<u>Middleton:</u>		
Richardson's Dairy	8:20 am	4:10 pm
Howe Manning School	8:24 am	4:06 pm
East/Locust Street	8:30 am	4:00 pm
<u>Boxford:</u>		
Cole School	8:41 am	3:49 pm
AR/LV Stiles Pond Camp	8:45 am	3:45 pm

Bus #2 (Approx. Times)	Pick Up	Drop Off
<u>Danvers:</u>		
YMCA	7:55 am	4:35 pm
DHS Tennis Courts	8:00 am	4:29 pm
Popular/Trask St.	8:05 am	4:24 pm
Forest/Maple	8:08 am	4:21 pm
Summer/North	8:12 am	4:17 pm
<u>Topsfield:</u>		
Co-Op/So. Main	8:17 am	4:12 pm
Library	8:22 am	4:09 pm
Route 97/Rowley Rd.	8:28 am	4:03 pm
Route 97/Pond St.	8:29 am	4:01 pm
<u>Boxford:</u>		
Ipswich/Georgetown Rd.	8:32 am	3:58 pm
Ipswich/Valley Rd.	8:37 am	3:53 pm
AR/LV Stiles Pond Camp	8:45 am	3:45 pm

X Deposit Paid: \_\_\_\_\_ Date: \_\_\_\_\_  
 Staff (First Name): \_\_\_\_\_

CIRCLE IF COMPLETE: PAID IN FULL MEDICAL FORM PHYSICAL/IMMUN. ALLERGIES? YES/NO

CAMPER'S NAME - LAST, FIRST:



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## DANVERS YMCA— SUMMER CAMP MEDICAL FORM

2023

### **\* MUST PROVIDE CURRENT PHYSICAL AND IMMUNIZATIONS \***

Campers Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell: \_\_\_\_\_

#### **Child Pick-Up Permission/Emergency Contact**

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

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

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

\*Parents are allowed to pick up unless noted otherwise\*

\*Anytime a child is to be picked up early from camp, please call or email the camp director. Unless the note specifies another person, the camper will only be released to someone on the pick-up list.

\*All adults wishing to pick up campers must be ready to show their identification to a staff member. Campers will not be released from camp without proper identification.

**Adventure Camp:** proderick@danversymca.org

**Stiles Pond Day:** dbarrow.clough@danversymca.org

#### **DANVERS YMCA**

978-774-2055

www.danversymca.org

#### **Not Allowed to Pick Up Child**

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

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

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

(Proper paperwork required)

**SUNSCREEN WAIVER-** The Danvers YMCA strongly recommends that you put sunscreen on your child(ren) before they arrive at camp. The staff are scheduled to be sure the children in their groups re-apply the sunscreen between noon and 12:30.

I give permission to the Danvers YMCA to allow my child(ren) to apply sunscreen provided by the Danvers YMCA as a topical if needed.

**Please Check: YES\_\_ NO\_\_ Parent Signature** \_\_\_\_\_

**MEDICAL INFORMATION-** Your child must have current immunizations for smallpox, tetanus, diphtheria, whooping cough, hepatitis B, polio, measles and chicken pox. If you do not immunize your child for any reason, you must sign the back of the immunization form stating that you do not immunize your child. Your child will not be allowed into camp without immunization records on file. **Please attach the medical form with the physicians signature or provide to the Y prior to the week before camp.**

**Emergency Authorization-** I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the Danvers Community YMCA to transport my child to the nearest hospital and to secure for my child the necessary treatment. I understand the staff is trained in basics of the First Aid/CPR and I authorize them to give my child First Aid/CPR when appropriate.

\*Is there any reason for prohibiting your child from regular physical activity: \_\_\_\_\_

\*If YES, for what reason? \_\_\_\_\_

\*Does your child have allergies? \_\_\_\_\_ If YES, Please explain? \_\_\_\_\_

\*Parents are obligated to notify us if your child is exposed to a contagious disease from two weeks before and during the camp period.

#### **I have read the above:**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HEALTH INFORMATION:** I understand that I must provide a copy of my child's latest physical (dated no more than 24 months prior) and Immunization Record to camp PRIOR to my child attending. I further understand that I will be given a Parent Packet that will include other medical information that I will need to send in, PRIOR to my child's 1st day of camp. I am aware that the Danvers Community YMCA does not provide Health or Accident Coverage and it is my responsibility to obtain Health & Accident coverage for my child.

**I attest that all of the above information is correct and I understand my responsibilities.**

Sign here: \_\_\_\_\_ Date: \_\_\_\_\_

CAMPER'S NAME - LAST, FIRST:



# Danvers YMCA STILES POND

## Summer Camp Payment Form-2023

CAMPER'S NAME - LAST, FIRST:

CAMPER'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

PAYMENT OPTIONS: Cash \_\_\_\_\_ Check \_\_\_\_\_ (Payable to Danvers Y, include campers name on check.)  
Credit Card (see below) Please check if your child has an active voucher \_\_\_\_\_

CREDIT CARD PAYMENT (CHECK ONE): \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa \_\_\_\_\_ American Express \_\_\_\_\_ Discover

Name on card (Print Clearly): \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVS: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Charge: Deposit(s) \_\_\_\_\_ Full Balance: \_\_\_\_\_ Balance charged 1 Week Prior to Session.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### BILLING POLICIES- Camp must be paid in full prior to first day of camp week.

- 1.) There is a non-refundable, non-transferable deposit of \$35 PER WEEK, PER CAMPER to reserve spot; this fee is applied to the total balance due for each session.
- 2.) If balance is not paid in full the Friday prior to the session, the Y reserves the right to cancel the registration. If a camp enrollment is cancelled due to non-payment, the \$35 deposit fee for that session is forfeited.
- 3.) Changes in enrollment MUST be received in writing 5 days PRIOR to requested change. Please note that we will make every effort to accommodate, but may not always due to licensing restrictions. There may be a \$5 administrative fee.
- 4.) Late Fees: a \$15 late fee will be charged for payments received after the first day of scheduled camp session.
- 5.) If an account has been in collection with the YMCA (including an outstanding balance in another Y program), it must be paid in-full upon registration. *Money order, cash, or credit card only.*
- 6.) If an enrollment is cancelled due to behavioral issues, the Y reserves the right to retain camp fees for the current session.
- 7.) There will not be any refunds after the first day of the session.
- 8.) The Y does not pro-rate fees or reimburse due to missed days by campers.

**I have read, fully understand, and agree to the DANVERS YMCA's Summer Camp Billing Policies.**

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**A completed enrollment packet, physical (within the last 2 years) and immunization records  
MUST be submitted prior to your child's camp start date.**

### CAMP STAFF AND LICENSING

All camp staff are well trained to provide the best experience and safe environment for campers, pass a child abuse awareness program, pass criminal background checks and hold valid CPR/First Aid/AED certificates. This/These camps must comply with regulations of the Massachusetts Department of Public Health and be licensed by the local board of health. Parents may request copies of YMCA's policies for background checks, health care and discipline policies as well as procedures for filing grievances. Please email any request to attn.: HUMAN RESOURCES info@danversymca.org.

