

# CAMP Y-WOOD

## INFORMATION & ENROLLMENT PACKET SUMMER 2022

### Captain's Pond in Salem, NH

#### OFFICE LOCATIONS

38 Lawrence Street, Lawrence, MA 01840 Tel: 978.687.0331 [www.ywcanema.org](http://www.ywcanema.org)

530 Broadway Street Lawrence, MA 01841 Tel: 978.332.9061 [www.ywcanema.org](http://www.ywcanema.org)

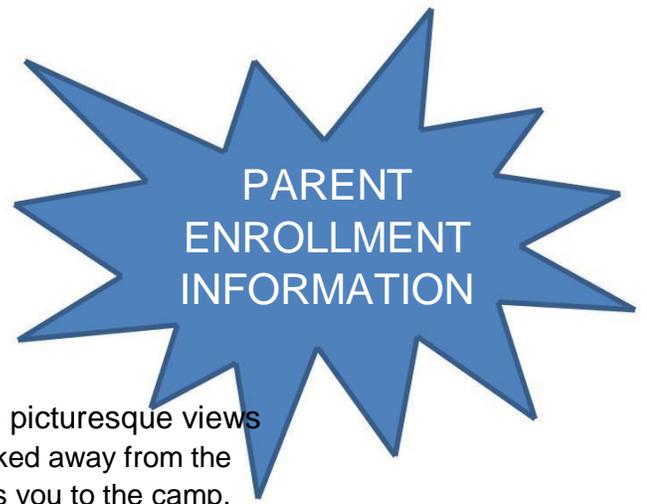
107 Winter Street, Haverhill, MA 01830 Tel: 978.374.6121 [www.ywcanema.org](http://www.ywcanema.org)

**eliminating racism  
empowering women** **ywca**

# YWCA CAMP Y-WOOD

*A day camp for children ages 5 to 13*

*Located on Captain's Pond in Salem, NH*



**Camp Y-Wood** is a beautiful 22-acre campground that has picturesque views at every turn. Situated on Captain's Pond in Salem, NH, it is tucked away from the hustle and bustle of the city. When you arrive, the dirt road leads you to the camp.

Our sandy beachfront provides hours of fishing, swimming, and boating as well as other recreational and water activities. The sprawling fields allow us to have sports and games while the "nature" lovers can explore other fields and hike in the wooded areas finding frogs and other forest friends. Plenty of private changing areas, bathrooms, a new main camp building, 2 outdoor covered pavilions and activity cabins are strategically scattered around the property. Swing sets and picnic areas also attract campers throughout the day. We are often told that Camp Y-Wood is the best-kept secret!

It is the summer camp adventure that any parent would want their child to experience. Our unique approach to outdoor fun and adventure leaves children of all ages wanting more. We keep our groups small to ensure individualized care and safety. It's our goal to see that the all campers have an opportunity to make new friends, explore interests, face challenges, build self-esteem and have lots of fun!

## **Camp Philosophy:**

We feel strongly that children want and need to explore and discover at their own pace and in their own way. We set broad weekly themes but we are not limited by them. Sometimes the children "take over" – and we let them. Our options are many!! Below are some of the choices your child will pick from throughout their days at camp.

Nature lovers enjoy hiking through the woods seeing frogs, birds and butterflies just to name a few. Microscopes, magnifying glasses, and nets are available to aid the camper in their discoveries. Sports fans enjoy a multitude of sports & games throughout each day to capture the interest of all the age groups. Kickball, baseball, football, capture the flag, tag, jump rope, hula -hoops, hopscotch, or even a simple game of catch. Swim lessons are part of our daily activities. Children are grouped by Red Cross standards and a swim assessment is completed on each child and a progress report is sent home weekly.

**Opening and Closing Ceremonies** are part of our traditional daily exercises. This is a very special time for everyone. Opening Ceremonies consist of raising the flag and preparing for the day. Closing ceremonies are full of recognition and sharing before we lower the flag. It is considered a high privilege and honor for campers who are chosen to lead this exercise.

**Water Safety:** We believe that all children should be educated in water safety and learn how to swim to the best of their ability. Daily "swim buddy" drills, weekly lost swimmer drills and boating and water safety skills are all part of the waterfront program and smaller campers learn to do their part as well.

**Campfires:** Weekly campfires are a big hit! Notices are sent home in preparation for this event.

**Olympic Days:** Children create their own Olympics and the campers select the events. Preparation to this event is very special for everyone. When the day comes, we celebrate everyone's success.

**Scatters:** Our afternoons are full of choices. Each counselor proposes an activity that the campers may choose to participate in. (Ages and skills are kept in mind as we make our plans). Your camper can switch activities at the designated time to try them all or if they are engrossed and want to stay that's okay too. We have designed this for optimum flexibility and fun!

**Fun Fridays:** The campers plan and put together a schedule of events for their fun Friday. Options may include dancing, singing, special games; sandcastle building tournament, frog races, scavenger hunt, potato sack races, piggy back races, building pyramids, the list goes on and on! We build up to this day each week and the special activities are as creative as the children themselves.

### **Camp Units (8-10 children each)**

Children are grouped in a variety of different ways to ensure maximum participation as well as age-appropriate skill development. The major grouping is by age in the following categories: ages 5-6; ages 7-8; ages 9 -10; and ages 11-13. Children are also involved in a larger "color group" for camp theme activities. There are times each day when the various "groups" are merged to form broader groups in order to grow camp spirit, share experiences, recognize achievements and create "big brother" and "big sister" opportunities. Team building, life skills, environmental education, swimming and boating are only a few of the activities packed into every day. Campers also enjoy a special events day held at least once a week, featured theme days and "special guests" who share special skills with the children.

### **Staff:**

Camp Y-Wood has excellent camper-to-staff ratios following state guidelines. They are creative, enthusiastic, professionals experienced in the fields of childcare, education, and coaching and all have CPR and First Aid certifications. There is also a full-time First Responder on site each day. Adult staff members remain with their groups throughout the day and assist certified instructors in specialty areas. All staff is subject to criminal background checks.

### **Sessions, Days & Hours:**

Camp Y-Wood is offered in 8, one-week sessions starting June 27<sup>th</sup> (July 4<sup>th</sup> Camp is close) The program operates Monday-Friday from 8:00 AM to 5:00 PM. Choose as many sessions as you like. (Extended hours for parents who work may also be available). Contact the **Camp Office at 978-687-0331 X 1060** for further information & fees.

### **CAMP SESSIONS**

*Session #1: 6/27 - 7/01*

*Session #2: 7/05 - 08*

*Session #3: 7/11 - 15*

*Session #4: 7/18 - 22*

*Session #5: 7/25 - 7/29*

*7/29 Girls Overnight*

*Session #6: 8/01 - 05*

*8/05 Boys Overnight*

*Session #7: 8/08 - 8/12*

*Session #8: 8/15 - 8/19*

### **Transportation:**

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Camp Y-Wood is easy to get to and parents are encouraged to provide their own transportation if they are able to do so. The transportation cost is included in the fee for children who use the camp bus that picks up and drops off at YWCA sites. A \$20/week transportation fee may be charged if additional buses need to be added to accommodate new route

### **MA STATE VOUCHER INFORMATION**

MA State Voucher is available. Please inform the YWCA if you would be interested in using the MA state Voucher for camp.

**Fees:**

Each Session is \$225. Week 2 will not be prorated( Camp is close July 4<sup>th</sup>) For multiple siblings enrolled in the **same** Session, a \$15/week discount automatically applies. There are NO make-up days or re-imbursement for missed days.

**Financial Assistance:**

The YWCA accepts Massachusetts Childcare Vouchers. We also offer limited scholarship assistance for income eligible families. For more information about financial assistance contact the Camp Office at 978-687 -0331 X 1060.

**Enrollment:**

Enrollment is accepted on a first-come, first-serve basis. You can register in person at YWCA sites in Lawrence and Haverhill or you can download the Registration Packet online through our web site at either [www.ywcanema.org](http://www.ywcanema.org), or [www.ywcahaverhill.org](http://www.ywcahaverhill.org). For more information or assistance, call Javier Fantauzzi, Camp Director at 978-687-0331 X 1060 or email: [jfantauzzi@ywcanema.org](mailto:jfantauzzi@ywcanema.org)

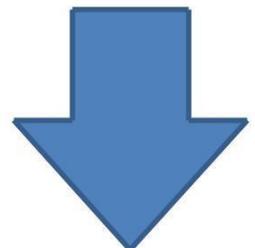
**Reservations, Deposits and Payments:**

- To reserve a spot for your child a non-refundable, non-transferable deposit of \$10 is required for EACH session you want to hold. All balances must be **paid in full by June 24<sup>th</sup>, 2022 or the slot could be lost.**
  - Campers are ALLOW to register **after June 4th, 2021**, the **full fee must be paid in full** at the time of registration for each session requested. Once the season has begun, paid fees are NOT refundable.
- Make check payable to the **YWCANEMA**. Complete the application in full, sign it in all appropriate places and either drop it off at our Lawrence or Haverhill sites, or mail with your check to:  
YWCA Camp Y-Wood  
38 Lawrence Street  
Lawrence, MA 01840

**Conditions of Enrollment:**

- Each application must be completed in full, signed by the parent/guardian along with the \$10 deposit for each week desired. The application will not be processed without the non-refundable fee.
- A completed Health/Medical Form **signed by the child's physician** must be on file before the child may attend camp; (The Doctor's office will provide.) **No Exceptions**
- There are no credits or fee adjustments for campers who arrive late, leave early, or miss part of the camp program for any reason.
- It is the parent's responsibility to bring any special concerns regarding their child to the attention of the Director.
- The YWCA reserves the right to terminate the registration of any camper when it is deemed by the Director to be in the best interest of the child or camp. In such a case it is understood that an appropriate refund will be issued.
  - The parent must sign this agreement on the application form.

**COMPLETE THE FOLLOWING FORMS  
AND RETURN TO THEM TO THE YWCA**



# YWCA CAMP Y-WOOD ENROLLMENT APPLICATION 2022

Location: 59 Liberty Street, Captain's Pond, Salem, NH

**For more information contact:**

- Camp Director Javier Fantauzzi at Camp Office: 978-687-0331 X 1060, or at [jfantauzzi@ywcanema.org](mailto:jfantauzzi@ywcanema.org)

Mail completed Application to:

**YWCA Camp Y-Wood  
38 Lawrence Street  
Lawrence, MA 01840**

**INSTRUCTIONS**

**Complete this 5-page Enrollment Packet and mail it with the proper deposit or full-payment to either YWCA address shown in the above right corner.**

**GENERAL INFORMATION Please print clearly and complete one application per child**

\_\_\_\_\_

**Camper's Last Name**                      First                      Nick Name                      Date of Birth                      Age                      Gender

\_\_\_\_\_

Street                      City                      State                      Zip                      Home Tel

\_\_\_\_\_

School in the Fall                      Grade

Ethnicity:  Latino  Caucasian  Asian  African American  Native American  Other

**FAMILY INFORMATION** Are you the  Parent or  Guardian

\_\_\_\_\_

Mother's Name

\_\_\_\_\_

Father's Name

\_\_\_\_\_

Employer

\_\_\_\_\_

Employer

\_\_\_\_\_

Employer Address

\_\_\_\_\_

Employer Address

\_\_\_\_\_

Work Telephone                      Cell Phone

\_\_\_\_\_

Work Telephone                      Cell Phone

\_\_\_\_\_

Email:

\_\_\_\_\_

Email:

**Sessions:** Please enroll my child in the following Sessions: ***I have included a \$10 deposit for each session requested*** or full payment if after June 3, 2022.

- |   |   |
|---|---|
| <input type="checkbox"/> #1 Jun 27 – Jul 01 \$ _____    | <input type="checkbox"/> #5 Jul 25 – July 29** \$ _____ |
| <input type="checkbox"/> #2 Jul 05 – Jul 08 \$ _____    | <input type="checkbox"/> #6 Aug 01– Aug 05** \$ _____   |
| <input type="checkbox"/> #3 Jul 11 – Jul 15 \$ _____    | <input type="checkbox"/> #7 Aug 08 – Aug 12 \$ _____    |
| <input type="checkbox"/> #4 July 18 -- July 22 \$ _____ | <input type="checkbox"/> #8 Aug 15 – Aug 19 \$ _____    |

**Sibling Discount:**  
The first child pays full rate; Siblings enrolled in the **same** session then receive a \$15 discount per week.

- \*\*Overnight for Girls July 29 Fee \$5**
- \*\*Overnight for Boys Aug 5 Fee \$5**

**\*Camp Her Weeks**

**TOTAL AMOUNT ENCLOSED \$ \_\_\_\_\_**

**Fees:**

\* Each Session is \$225 including Week 2 which has 4 days [includes Transportation with some exceptions-see information packet].

**Please check all that apply:**

I need YWCA transportation  I do **not** need transportation

Signature Parent/ Guardian \_\_\_\_\_

Date \_\_\_\_\_



**CONDITIONS OF ENROLLMENT**

- Each Enrollment Application must be completed in full, signed by the parent/guardian and include a non-refundable \$10 deposit [if before June 24th, 2022] or full payment for each session desired. *Application will not be processed without deposit or full payment per session.*
- A **signed Physician’s Consent Form** [available at your doctor’s office] must be on file at the YW before the camper’s session.
- There are no fee adjustments or credits for campers who miss Camp for any reason, including arriving late or leaving early.
- Parent/Guardian is responsible for bringing any special concerns regarding their child to the attention of the Camp Director.
- The YWCA reserves the right to terminate the registration of any camper when it is deemed by the Camp Director to be in the best interest of the child or Camp.

**PARENTAL/GUARDIAN CONSENT: PHOTOGRAPHS**

The YWCA has permission to take photos of my child that may appear in the:

- |                                    |                              |                             |
|------------------------------------|------------------------------|-----------------------------|
| Newspaper:                         | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| YWCA Newsletter:                   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| YWCA Promotional Publications:     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| YWCA Web Page/Social Media Outlets | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

**PARENTAL/GUARDIAN CONSENT: RESPONSIBILITIES**

- I give permission for sunscreen to be administered and /or applied to my camper as deemed necessary by the camp staff.
- No** I will apply sunscreen to my camper before she/he arrives each day.
- I understand that campers should leave valuable and electronic devices at home. The YWCA and its employees are not responsible for lost or stolen items.

**PARENTAL/GUARDIAN CONSENT: CAMP ACTIVITIES**

My child has my permission to participate in all Camp activities, except: \_\_\_\_\_

**The following have permission to pick up or receive my child from Camp Y-Wood. They will be asked to present a photo ID.**

1. Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_ Cell Tel: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_ Cell Tel: \_\_\_\_\_

**My child may *NOT be released* to the following person[s] for any reason:**

_____	_____
Name	Relationship to the Child

**I affirm, to the best of my ability, that the information provided to the YWCA is true and valid.**

\_\_\_\_\_  
Signature Parent/Guardian

\_\_\_\_\_  
Date

# CAMPER QUESTIONNAIRE

We want to get to know your child's interests and personality so that we can better design a program that *fits* their individual needs. Please complete the following as accurately as possible.

**Child's Name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Name of Parent/Guardian:** \_\_\_\_\_

1. Check the blocks that best describe your child.

- |   |  |                                       |  |
|---|--|---------------------------------------|--|
| <input type="checkbox"/> Outgoing               | <input type="checkbox"/> Calm                          | <input type="checkbox"/> Shy          | <input type="checkbox"/> Nervous                   |
| <input type="checkbox"/> Likes to take charge   | <input type="checkbox"/> Organized                     | <input type="checkbox"/> Talkative    | <input type="checkbox"/> Prefers to be with others |
| <input type="checkbox"/> Stubborn               | <input type="checkbox"/> Cautious                      | <input type="checkbox"/> Disorganized | <input type="checkbox"/> Daring                    |
| <input type="checkbox"/> Likes to know the plan | <input type="checkbox"/> Prefers others to take charge |                                       | <input type="checkbox"/> Likes spontaneity         |

2. Does your child have any learning disabilities and/or special needs?  Yes  No

(Examples: *dyslexia, hearing or vision problems, etc.*)

Comments: \_\_\_\_\_

3. Does your child have difficulty with authority figures?  Sometimes  Yes  No

Comments: \_\_\_\_\_

4. Does your child get along well with peers?  Sometimes  Yes  No

Comments: \_\_\_\_\_

5. Does your child prefer to play with children who are:  The same age  Older  Younger

6. Please check the box that best describes your child's preference in play style.

- One to one  Small group  Large group  Self-directed  Instructor guided

**Please list up to three things you would like your child to gain from their camp experience this summer.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Please check the box that describes where your child has had the most swimming exposure:**

- Swimming Pool  Ocean Front  Lake  Pond  Other

**Which of the following best describes your child's skill in the water?**

- Likes the water  Afraid of water  Swims  Can't swim  Swims with a float

Comments: \_\_\_\_\_

Is there anything you would like us to know about your child that might make their experience more successful? [Such as favorite things, to do, special interests, sports or leadership interests]:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# YWCA HEALTH FORM

## TO BE COMPLETED BY THE PARENT or GUARDIAN

Each child must have a completed Health Form on file in the Camp Office at least two weeks before starting.

Camper's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

### EMERGENCY INFORMATION:

I understand that YWCA staff is trained in the basics of first aid and CPR and I authorize them to administer such when appropriate. I also understand that the YWCA will make every effort to contact me in the event of an emergency requiring medical attention for my child. If I am unable to be reached, I authorize the YWCA to transfer my child to the nearest medical care facility.

Child's Doctor: \_\_\_\_\_ Office Number: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### EMERGENCY CONTACTS:

The YWCA will FIRST try to contact, you, the parent/guardian of the camper listed on the Enrollment Application. If you are **unable** to be reached, we have your permission to contact the following people:

**1st** Choice \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone #1: \_\_\_\_\_ Day Phone #2: \_\_\_\_\_ Day Phone #3: \_\_\_\_\_

Address/City/ST/Zip: \_\_\_\_\_

**2nd** Choice \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone #1: \_\_\_\_\_ Day Phone #2: \_\_\_\_\_ Day Phone #3: \_\_\_\_\_

Address/City/ST/Zip: \_\_\_\_\_

**3rd** Choice \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone #1: \_\_\_\_\_ Day Phone #2: \_\_\_\_\_ Day Phone #3: \_\_\_\_\_

Address/City/ST/Zip: \_\_\_\_\_

### INSURANCE INFORMATION:

The above named child is covered by health insurance:  YES  NO If Yes, provide the following information to expedite emergency treatment:

Policy Holder's (PH) Name: \_\_\_\_\_

Address: \_\_\_\_\_ Relation to Camper: \_\_\_\_\_

PH's Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Policy #: \_\_\_\_\_ Plan #: \_\_\_\_\_

Phone number of Insurance Company: \_\_\_\_\_

**MORE →**

Camper's Name: \_\_\_\_\_

### MEDICAL INFORMATION

Physician's Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Date of Last Health Exam: \_\_\_\_\_

Is the child *currently* under the care of a physician or psychologist?

YES  NO

If YES, explain: \_\_\_\_\_

Child's Weight \_\_\_\_\_ Height: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

**Please complete the following if your child takes medication. Please note that medication must come to camp in its original container, clearly marked with the camper's name, date, dosage and times to be given.**

Name of Medication	Used to Treat What Condition	Side Effects

**Has your child experienced any of the following? If YES, please explain:**

Drug Allergies:	<input type="checkbox"/> No <input type="checkbox"/> Yes:	Explain:
Food Allergies:	<input type="checkbox"/> No <input type="checkbox"/> Yes:	Explain:
Hay Fever	<input type="checkbox"/> No <input type="checkbox"/> Yes:	Explain:
Poison Ivy, etc.	<input type="checkbox"/> No <input type="checkbox"/> Yes:	Explain:
Insect Stings/Bites	<input type="checkbox"/> No <input type="checkbox"/> Yes:	Explain:
Dietary Restrictions/Needs:	<input type="checkbox"/> No <input type="checkbox"/> Yes:	Explain:
Dizziness:	<input type="checkbox"/> No <input type="checkbox"/> Yes:	Explain:
Headaches:	<input type="checkbox"/> No <input type="checkbox"/> Yes:	Explain:
Glasses, or contacts	<input type="checkbox"/> No <input type="checkbox"/> Yes:	Explain
Frequent Ear Infections	<input type="checkbox"/> No <input type="checkbox"/> Yes:	Explain
Bleeding/Clotting Disorders	<input type="checkbox"/> No <input type="checkbox"/> Yes:	Explain:
Any Activity restrictions?	<input type="checkbox"/> No <input type="checkbox"/> Yes:	Explain

**Has your child been diagnosed with any of the following?**

<input type="checkbox"/> Autism	<input type="checkbox"/> No <input type="checkbox"/> Yes:	
<input type="checkbox"/> ADD / ADHD	<input type="checkbox"/> No <input type="checkbox"/> Yes:	
<input type="checkbox"/> Asthma:	<input type="checkbox"/> No <input type="checkbox"/> Yes:	
<input type="checkbox"/> Diabetes:	<input type="checkbox"/> Insulin <input type="checkbox"/> Non-Insulin	
<input type="checkbox"/> Eating Disorder:	<input type="checkbox"/> No <input type="checkbox"/> Yes:	
<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> No <input type="checkbox"/> Yes:	
<input type="checkbox"/> Heart Condition	<input type="checkbox"/> No <input type="checkbox"/> Yes:	
<input type="checkbox"/> Seizures/Convulsions:	<input type="checkbox"/> No <input type="checkbox"/> Yes:	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
<input type="checkbox"/> Other Health Problems?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Explain

**I affirm, to the best of my ability, that the information provided is true and valid.**

\_\_\_\_\_  
Signature Parent/Guardian

\_\_\_\_\_  
Date