

# CAMP Y-WOOD

## INFORMATION & ENROLLMENT PACKET SUMMER 2024

**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)

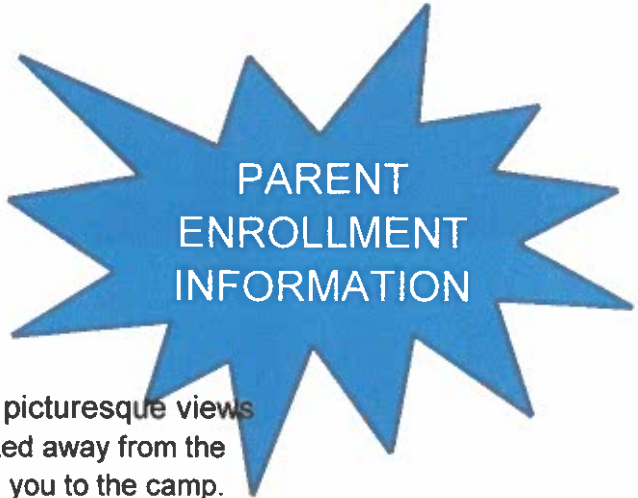
107 Winter Street, Haverhill, MA 01830 Tel: 978.374.6121

[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*



## PARENT ENROLLMENT INFORMATION

**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 main camp building, 2 outdoor covered pavilion, a full basketball court, 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 (10-13 children in 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 24<sup>th</sup> (\*July 4<sup>th</sup> Camp is closed) The program operates Monday-Friday from 8:30 AM to 4:30 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** for further information & fees.

**CAMP SESSIONS**

**8 Week Summer Camp\***

- Session #1: 06/24 - 06/28
- Session #2: 07/01 - 07/05\*
- Session #3: 07/08 - 07/12
- Session #4: 07/15 - 07/19
- Session #5: 07/22 - 07/26
- Session #6: 07/29 - 08/02
- Session #7: 08/05 - 08/09
- Session #8: 08/12 - 08/16

**Overnight Fun\***

- Girls Overnight – 07/27
- Boys Overnight – 08/03

**Step Up\***

- Session #1: 07/01 - 07/05\*
- Session #2: 07/08 - 07/12
- Session #3: 07/15 - 07/19
- Session #4: 07/22 - 07/26
- Session #5: 07/29 - 08/02
- Session #6: 08/05 - 08/09

**Camp Her\***

- Session #1: 07/15 - 07/26
- Session #2: 07/29 – 08/09

<b>MA STATE VOUCHER INFORMATION</b>
MA State Vouchers are available. Please inform the YWCA if you would be interested in using a voucher for camp.

**\*Please indicate which program you are signing up for on the application.**

**Transportation:**

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.

**Fees:**

Each Session is \$250. 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-imburement 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.

**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). For more information or assistance, call Kathy Ruiz, at 978-687-0331 x 2001 or email: [kruiz@ywcanema.org](mailto:kruiz@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 14<sup>th</sup> 2024** or the slot could be lost.
- Campers are ALLOWED to register **after June 24<sup>rd</sup> 2024**, the **full fee must be paid in full** at the time of registration for each session requested. Once the session 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 (*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 THEM TO THE YWCA**



# YWCA CAMP Y-WOOD ENROLLMENT APPLICATION 2024

Location: 59 Liberty Street, Captain's Pond, Salem, NH  
**For more information contact:**  
 Kathy Ruiz at 978-687-0331, or at [kr Ruiz@ywcanema.org](mailto:kr Ruiz@ywcanema.org)

**\*Program:** \_\_\_\_\_  
 (8 wk, Step Up, or Camp Her)

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
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 24, 2024.*

- |   |  |
|---|--|
| <input type="checkbox"/> Jun 24 – Jun 28 \$ _____   | <input type="checkbox"/> Jul 22 – July 26 \$ _____ |
| <input type="checkbox"/> Jul 01 – Jul 05** \$ _____ | <input type="checkbox"/> Jul 29 – Aug 02 \$ _____  |
| <input type="checkbox"/> Jul 08 – Jul 12 \$ _____   | <input type="checkbox"/> Aug 05 – Aug 09 \$ _____  |
| <input type="checkbox"/> Jul 15 -- Jul 19 \$ _____  | <input type="checkbox"/> Aug 12 – Aug 16 \$ _____  |

**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 27 Fee \$10**  
 **\*\*Overnight for Boys Aug 03 Fee \$10**

## Fees:

Each Session is \$250 including week 2\*\*\* which has 4 days. Fee includes transportation to and from YWCA Lawrence and Haverhill sites.

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

**Please check all that apply:**

- I need YWCA transportation  I do not need transportation

Signature Parent/Guardian	Date
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**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, 2024) 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.*)

If so, please describe: \_\_\_\_\_

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:  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 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?

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):

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# 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:  No  Yes: Explain:
- Food Allergies:  No  Yes: Explain:
- Hay Fever  No  Yes: Explain:
- Poison Ivy, etc.  No  Yes: Explain:
- Insect Stings/Bites  No  Yes: Explain:
- Dietary Restrictions/Needs:  No  Yes: Explain:
- Dizziness:  No  Yes: Explain:
- Headaches:  No  Yes: Explain:
- Glasses, or contacts  No  Yes: Explain
- Frequent Ear Infections  No  Yes: Explain
- Bleeding/Clotting Disorders  No  Yes: Explain:
- Any Activity restrictions?  No  Yes: Explain

Has your child been diagnosed with any of the following?

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

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

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

\_\_\_\_\_  
Date