



BEST SUMMER EVER™

2019 SUMMER CAMP INFO



SUNSHINE CAMP 5&6 YEAR OLDS JUNE 14TH - AUGUST 30TH

The perfect place to fill your summer with excitement! Campers will participate in field trips and activities that promote confidence, character and self-esteem. Your camper will enjoy games, activities, arts & crafts, swimming and more in a safe, fun and supervised environment. Hours will be 6:30AM - 6:00PM.

FEE: \$140/week or \$30/day (2 day minimum)



YMCA OF NORTHERN ROCK COUNTY SUMMER DAY CAMP REGISTRATION FORM

TEL: 608-754-9622

EMAIL: kcomella@ymcajanesville.org

WEB: ymcajanesville.org

ADDRESS: 221 Dodge St. Janesville, WI 53548

PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS CAMPER INFORMATION

Child's Name: _____

Male Female Member Non-Member

School: _____ Grade: _____ Age: _____ Birth Date: _____

Mother's Name: _____ Work/Cell Phone: _____

Father's Name: _____ Work/Cell Phone: _____

Other Guardians/Authorized Personnel to pick up/drop off: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

SHIRT SIZE: Child S (6-8) Child M (10-12) Child L (14-16) Adult S Adult M Adult L Adult XL

****T-SHIRTS MUST BE WORN ON ALL FIELD TRIP DAYS!**

PLEASE SELECT THE WEEKS YOUR CHILD WILL BE ATTENDING

Week 1 - June 14 - Camp Rotamer

Week 7 - July 22 - Snappers Game

Week 2 - June 19 - Theatres of Whitewater

Week 8 - July 31 - Troll Beach Fun Park

Week 3 - June 26 - Rockford Children's Museum & Alpine Park

Week 9 - August 7 - Riversedge Bowl

Week 4 - July 3 - Fort Atkinson Aquatics Center

Week 10 - August 14 - Madison Children's Museum

Week 5 - July 10 - Henry Vilas Zoo

Week 11 - August 21 - Camp Olympics

Week 6 - July 17 - Edgerton Pool

Week 12 - August 28 - Riversedge Bowl

ADDITIONAL INFORMATION AND PERMISSIONS

ALLERGIES/MEDICATIONS (SELECT ONE):

No Allergies/Daily Medication

Yes, my child requires medication and I attached the administer medications form (available from camp office)

Other Considerations: _____

CAMP SNACK (SELECT ONE):

Yes, my child can eat all camp snacks without limitations (may include cheese, nuts, gluten, etc.)

No, do not provide snack, I will send an appropriate snack from home

PERMISSIONS:

- I certify that the listed child's immunizations are up to date and can provide a copy upon request.

- I give permission for the listed child to walk/ride the bus for field trips, parks and the Public Library.

- I understand that there is assumed recreational risk with camp activities and the child listed has adequate medical insurance to cover any injuries.

- I give consent for camp staff to act in the best interest of the child in case of an injury or ailment which may include first aid, EMS or contacting a parent/guardian.

- I give permission for the listed child's picture to be taken for security, camp projects and general YMCA marketing.

- I understand the discipline policy includes redirection, education reinforcement, and age appropriate time outs to resolve conflict; severe or repeat inappropriate behavior may lead to dismissal from the program.

Signature _____ Date _____

****A confirmation letter containing additional program information will be mailed to your listed address prior to the first day of camp.****