

Central Connecticut Coast YMCA
 Campership Application
 YMCA Camp Hi-Rock



We build strong kids,
 strong families,
 strong communities.

Instructions:

1. Please circle all sessions for which you are requesting assistance and complete BOTH sides of this form.
2. Please include a completed registration form, a completed SCOPE form, and proof of public school enrollment (report card or letter from the school).
3. You must include documentation of all income sources in order for this application to be processed. Please refer to the checklist on the back of this page. (This information will be held confidential).

If you need assistance completing this application please contact our office at (413) 528-1227.
Separate applications and registration forms must be filled out for each camper.

Session (mark 1st and 2nd choices):

Session 1 6/27-7-10 (2 weeks)	Session 2 7/13-7/24 (2 weeks)	Session 3 7/25-8/7 (2 weeks)	Session 4 8/8-8/21 (2 weeks)
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Additional Fees:

Waterskiing: Campership rates can also be applied towards one week of waterskiing. Campers must be intermediate-level swimmers. Please indicate interest on the registration form.

Transportation: Transportation is offered from our major service areas. Please refer to the registration form for locations. **For 2010 the transportation cost per trip will be \$15, \$30, or \$45, depending on your level of assistance you receive.** Please contact us with any questions or problems.

Camp Store: Camp store deposits are not included in the campership award. Please add the camp store amount to your final offer and indicate clearly when sending payment.

Name _____ Date of Application _____
 Address _____ Home Phone: _____
 _____ Cell Phone: _____
 City/State/Zip _____

Place/Duration of Current Employment _____

Have you previously applied for financial assistance at the YMCA? Yes No

If yes, which YMCA? _____ When? _____

How do you feel the YMCA will help you/your family? If you would like to explain your current household situation, including extenuating income/expense circumstances, please do so here. Attach a separate page if necessary. (All income/expenses must be documented and included with application)

Total amount you feel you can pay per week for camp fees: \$ _____ /week

An amount must be entered.

Household Members (List all; continue on extra page if necessary)

Last Name	First Name	Age	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>Household Gross Income</u>	<u>Monthly</u>	<u>Annual</u>
Wages, Salaries & Tips (All Sources in Household)	\$	
Unemployment Compensation	\$	
Social Security Compensation	\$	
Disability Compensation	\$	
Child Support	\$	
Alimony	\$	
Aid to Dependent Children	\$	
Food Stamps	\$	
Other Sources of Income (Housing/Utility Assistance, 401K/Retirement, etc.)	\$	
Total Income	\$	

You must include documentation of all income sources. If necessary, include documentation of any special expenses, extenuating circumstances, or crisis expense situations of which we should be aware.

Documentation Needed

- Completed Open Door application form
- Proof of ALL income sources from ALL household members (including W-2's)
- Previous year's IRS tax return (1040)
- Last four weeks of pay stubs for each working adult in household
- Written documentation of any government assistance, including but not limited to Free/Reduced Price Lunches, Social Security, Medicaid, Public Assistance Benefits (copy of card), Unemployment, Disability, Aid to Dependent Children, HEAP, Food Stamps, and Housing or Utility Assistance
- Child support/alimony award or agreement letter
- Proof of any other income, such as 401K/retirement, rental property, or college loan income
- Completed SCOPE application form (3 pages), including "I want to go to camp" essay page
- Proof of public school enrollment (report card or letter from school)

I certify that the above information is true and complete to the best of my knowledge. If requested, I will provide further substantiation of all facts included above. I understand that applications take at least two weeks to process, after which a YMCA representative will contact me.

Applicant's Name (print) _____

Signature _____

Please return to:

YMCA Camp Hi-Rock, Attn: Director of Administration • 162 East Street • Mt. Washington, MA 01258

For questions, please call (413) 528-1227

<u>Office Use Only</u>	Date Received: _____
Membership Type/Program: _____	Financial Assistance Awarded (%): _____
Date(s) of Membership/Program: _____	Total Amount Due: _____
Branch Signature: _____	Date Approved: _____
(if applicable) Reason not approved: _____	



YMCA Camp Hi-Rock 2010 Registration Form

Return to:
162 East Street
Mt. Washington, MA 01258
(413) 528-1227
Fax: (413) 528-4234
info@camphirock.org

Please print clearly

Camper's Name: _____
 Gender: Male Female DOB(MM/DD/YY): ____/____/____ Grade in 2010-2011: ____
 Home Mailing Address: _____
 City: _____ State: _____ Zip: _____ Country: _____
 Home Phone Number: (____) _____ - _____ Camper Email: _____
 (Optional): Send mail to alternate/ additional address specified here:

Parent 1 Name _____	Parent 2 Name _____
Home Phone (____) _____ - _____	Home Phone (____) _____ - _____
Cell Phone (____) _____ - _____	Cell Phone (____) _____ - _____
Email Address _____	Email Address _____
Employer _____	Employer _____
Occupation _____	Occupation _____
Work Phone (____) _____ - _____	Work Phone (____) _____ - _____

This parent will be considered authorized to pick up the camper unless specified otherwise here:

This parent will be considered authorized to pick up the camper unless specified otherwise here:

Camper lives with: Mother Only Father Only Both Parents Guardian Other

Emergency Contact (other than parent/guardian): _____

Emergency Phone Number: (____) _____ - _____ Alternate Phone: (____) _____ - _____

This contact will be considered authorized to pick up the camper unless specified otherwise here:

Mandatory Section

It is your responsibility to inform the camp office of anyone authorized to pick up your child. We will not release campers to anyone without written authorization and photo ID. If there are any custodial issues of which we should be aware, please inform the camp office in writing. These details will remain confidential but will enable us to act responsibly and within the law. Please have identification available at both check-in and check-out. Please list names and phone numbers of anyone authorized to pick up your child other than the parents or emergency contact indicated above:

THINGS WE SHOULD KNOW	Names of siblings at camp this summer: _____	How did you first hear about us? <input type="checkbox"/> Friend* <input type="checkbox"/> Hi-Rock Website <input type="checkbox"/> Other Website* <input type="checkbox"/> A.C.A. <input type="checkbox"/> Camp Fair* <input type="checkbox"/> YMCA* <input type="checkbox"/> Publication* <input type="checkbox"/> Newspaper* <input type="checkbox"/> Other: _____ *Please indicate the name of the above (i.e. which newspaper, YMCA, friend etc.): _____	Camper allergies: _____
	<p>YMCA Membership: Campers must have a current 2010 YMCA membership. Camp Hi-Rock membership fee of \$30 will be automatically assessed for campers without a current membership.</p> <p>If your camper already has a current facility membership, please write the name and location of the facility here:</p>	<p>Has your camper already been to Camp Hi-Rock in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", how many summers has your camper already been to Hi-Rock? _____ summer(s)</p>	<p>Is the camper a vegetarian? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Optional Cabin bunk mate request (limit to one only): _____</p> <p>We will try to honor your request, but do not guarantee that we will. No sibling cabin mates. No more than 2 year age gap.</p> <p>To ensure the best chance for your child to bunk with his/her friend please make sure both families make the request (limit one only). See page 4 for more information.</p>

Parent/Guardian Signature: My signature here affirms: that all information above is accurate; that I have read the information on page 4, outlining the most important details of my child's stay at camp; and that I will read through the Parent Handbook at www.camphirock.org or by contacting camp to request a copy, and will make sure that my camper and I understand its contents. **Sign:** _____ **Date:** _____

YDAY CAMP 2010

Camper Name: _____

Each day, the caring and creative Day Camp staff provide a safe and enriching program for 5 - 12 year olds on our beautiful mountain site! The fun begins at 9:00am and continues until 4:00pm. With field games, arts and crafts, swimming, and more, the summer will fly by. A constantly changing program and options for camper choice keep our Day Camp exciting, whether your camper comes for a week or for the entire summer. Campers 8 years and older have the opportunity to participate in some Resident Camp activities, and may attend an optional overnight every two weeks to add to the fun!

DAY CAMP (5-12 years old) Please fill in all fees which apply:										
Annual YMCA Membership - required (see p.1 if your camper already has a current YMCA membership)	\$30	\$30								
2-week sessions (check all that apply): <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">SESSION 1 6/28-7/9</td> <td style="text-align: center;">SESSION 2 7/12-7/23</td> <td style="text-align: center;">SESSION 3 7/26-8/6</td> <td style="text-align: center;">SESSION 4 8/9-8/20</td> </tr> </table>	SESSION 1 6/28-7/9	SESSION 2 7/12-7/23	SESSION 3 7/26-8/6	SESSION 4 8/9-8/20	\$450/ 2-week session					
SESSION 1 6/28-7/9	SESSION 2 7/12-7/23	SESSION 3 7/26-8/6	SESSION 4 8/9-8/20							
1-week sessions (check all that apply): <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Week 1A 6/28-7/2</td> <td style="text-align: center;">Week 1B 7/5-7/9</td> <td style="text-align: center;">Week 2A 7/12-7/16</td> <td style="text-align: center;">Week 2B 7/19-7/23</td> <td style="text-align: center;">Week 3A 7/26-7/30</td> <td style="text-align: center;">Week 3B 8/2-8/6</td> <td style="text-align: center;">Week 4A 8/9-8/13</td> <td style="text-align: center;">Week 4B 8/16-8/20</td> </tr> </table>	Week 1A 6/28-7/2	Week 1B 7/5-7/9	Week 2A 7/12-7/16	Week 2B 7/19-7/23	Week 3A 7/26-7/30	Week 3B 8/2-8/6	Week 4A 8/9-8/13	Week 4B 8/16-8/20	\$265/week	
Week 1A 6/28-7/2	Week 1B 7/5-7/9	Week 2A 7/12-7/16	Week 2B 7/19-7/23	Week 3A 7/26-7/30	Week 3B 8/2-8/6	Week 4A 8/9-8/13	Week 4B 8/16-8/20			
"Opt-Out" Meal Plan: Your camper will be automatically enrolled in the meal plan unless otherwise indicated here (Please contact the office before the start of camp to make any changes):	\$20/week	\$20/ week								
Included Transportation: Bus/van transportation is included in the Day Camp fees. Please mark your desired pick-up/drop-off site. The route times and locations will follow in your Day Camp Parent Handbook. Sites will ultimately depend on interest and availability. Please write: "AM": Morning "PM": Afternoon "✓" / "BOTH": AM & PM _____Sheffield _____Austerlitz _____Hillsdale _____S. Egremont _____Stockbridge _____Gt. Barrington (Big Y) _____Gt. Barrington (Price Chopper) _____Salisbury _____Mt. Washington _____Other: _____	No Charge									
Water Skiing (weekly fee) Camper must be an intermediate-level swimmer	\$130/week									
Camp Store Spending Money We suggest \$40 for each 2-week session; multiples of \$5 please										
Donation to Strong Kids Campaign see p.4										
Donation to Hi-Rock Forever Fund: Contributions to this fund are used specifically to improve and upgrade our facilities and equipment, and have a direct and immediate impact on each camper's experience. Please consider a donation today to help keep our camp strong.										
TOTAL - includes \$75 deposit										
\$75 Deposit Required w/ registration (non-refundable)	-\$75	-\$75								
Remaining balance due by June 1st (Total - Deposit)										
PAYMENT METHOD: (VISA/MasterCard/checks only) <input type="checkbox"/> Deposit included; balance will be sent with check by June 1 <input type="checkbox"/> Deposit included; please use credit card for balance on June 1 <input type="checkbox"/> Use credit card for deposit; balance to be paid with check by June 1 <input type="checkbox"/> Use credit card for deposit now and balance on June 1 <input type="checkbox"/> Use credit card for monthly payments from now through June 1 <input type="checkbox"/> Use credit card now for full balance Note: Registrations will not be processed without deposit and/or approved payment plan. Full payment is due by June 1.										
Name on Card: _____ Card # _____ - _____ - _____ - _____ Exp ____/____ 3-digit CVV: _____ (back of card) Cardholder's Signature: _____ Date: _____										

Please call ahead to make an appointment with one of our friendly tour guides.

Please note the following:

1. No camper will be admitted to camp without a completed Hi-Rock medical form documenting: a.) a physical examination conducted within one year prior to attendance at camp & signed by a physician; b.) a completed vaccination record showing current compliance with Massachusetts Public Health Code; and c.) a copy of health insurance information.
2. All camp balances are due by May 1 (Day Camp fees due June 1). After the due date, fees are only refundable if camper is unable to attend for medical reasons verified in writing by a physician. **Campers who leave due to homesickness or violation of the Camper Code of Conduct will not be given a refund.**
3. Financial assistance forms are available upon request.
4. Changes to this form must be made in writing and submitted to the office, including session dates, transportation requests, emergency contacts, specialty activity sign ups, and cabin mate requests.
5. The camp administration will make every attempt to ensure that campers are placed in cabins with other children of the same grade and/or level of social and emotional development. Parents are welcome to contact us to provide any information that will be helpful to this effect. Campers should not expect to be placed in any particular Unit since the overall distribution of ages varies each year and each session, depending on enrollment.

Health and Safety Policy Highlights

1. Daily medical care is provided by the medical staff in accordance with our standing orders from our consulting medical practice, Macony P.C. Our medical staff is available 24 hours a day. A sick call is available periodically throughout the day for mildly ill campers. First aid kits are kept in the program areas and the campers' living areas. They are also carried on hikes and overnight trips. The majority of first aid will be administered by the medical staff. The general staff will administer first aid when necessary. Individuals administering first aid are qualified in at least basic first aid. Staff members will call for assistance in any situation where procedure is unclear.
2. Medications of any kind, including over-the-counter medications and vitamins, can only be administered with a current and complete YMCA Camp Hi-Rock Medication Administration Release form, signed by both the parent/guardian and the prescribing physician. All medications will be locked in the camp infirmary. All administration of medication will take place under the direct supervision of camp medical staff. Should a medication be required to be kept on the camper's person, a physician must provide a written authorization for the medication to be with the camper at all times (usually in the case of albuterol or epinephrine). YMCA Camp Hi-Rock has standing orders to administer some typical over-the-counter medications as deemed necessary by our medical staff, including acetaminophen (Tylenol), Benadryl, milk of magnesia, oxygen, VoSol (ear drops), oral glucose, Chloraseptic, activated charcoal, and others as deemed necessary by our consulting physicians.
3. Emergency medical care is administered by the medical staff, and, if necessary, campers will be transported to a hospital or doctor's office for further treatment. In the case where the camp emergency vehicle is inadequate given the patient's needs, or in any other case deemed necessary by camp staff, the Emergency Medical System will be activated.
4. The camp must comply with the regulations of the State of Massachusetts Department of Public Health and be licensed by the local Board of Health.
5. Copies of our background check, complete health care and discipline policies and our procedures for filing grievances are available to parents upon request.

Strong Kids Campaign:

At YMCA Camp Hi-Rock, we are able to offer a quality traditional camp experience at a reasonable price because of our annual support campaign. The money raised helps fund all youth programs offered at Camp Hi-Rock and bolsters our financial assistance fund. Please consider contributing to this effort to help maintain a strong camp for all children.

Leader In Training Program Program A: 6/27 - 7/24; Program B: 7/25 - 8/21

The LIT program is a four-week program for sixteen year-olds or teens entering their junior year of high school. Participants will develop leadership skills through a variety of activities with an emphasis on working with children. LITs attend workshops addressing topics including child development stages, positive leadership tactics, and the role of a camp counselor. LITs will practice their skills by working with campers under the supervision of camp staff. Placements will be made starting February 1. The fee for each four-week program is \$1,750.

Camp Hi-Rock Activities

A Cappella	Dance	Kayaking**	Soccer
Adv. Swimming**	Digital Photography	Low Ropes Course	Softball
Air Riflery (BB guns)	Drama	Martial Arts	Swimming
Archery	Fishing	Outdoor Living Skills	Tennis
Arts & Crafts	Fitness	Rock Climbing	Volleyball
Basketball	Flag Football	Rocketry	Wakeboarding**
Canoeing	Frisbee Games	Row Boating	Waterskiing**
Cooking	High Ropes Course*	Sailing**	Web Journalism
Creative Writing	Hiking	Snorkeling**	Windsurfing - and more!

*Enrollment in certain activities is limited according to age and swimming ability. *High ropes participants must be 12 years old or over. ** Some aquatic activities require an advanced swim level.*



CAMP NAME:

YMCA Camp Hi-Rock

SCOPE SUMMER CAMP OPPORTUNITIES PROVIDE AN EDGE CAMPER APPLICATION – 2010

CAMPER'S FULL NAME: _____

BIRTH DATE: _____ AGE AS OF 7/1/10: _____

CIRCLE ONE: Male Female

PUBLIC SCHOOL: _____ GRADE (in 9/10): _____

Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Telephone: _____

Home Telephone: _____

I certify that all the information in this application is true and correct. I consent to the use of photographs, letters, and images taken of my child taken at camp for SCOPE public relations efforts. I understand that I must complete all of the paperwork requested by the camp, and a physician must complete the medical form sent by the camp about my child's health history. I understand that this summer camp opportunity is a privilege provided courtesy of the Summer Camp Opportunities Provide an Edge, Inc., and I will make sure that my child arrives promptly at camp on the designated start date. I understand that the application to the SCOPE program does not guarantee participation. I further understand that SCOPE is merely a funder for this project and is not liable for any issues between a camp and an enrolled child.

Signature of Parent/Guardian

Printed Name

Date

TO BE COMPLETED BY THE CAMP:

COMPLETED APPLICATION MUST BE RETURNED
BY _____ TO THE FOLLOWING ADDRESS:

**This is to acknowledge that I have received
verification of Camper's financial eligibility.**



Camp Name & Address:

YMCA Camp Hi-Rock
162 East Street
Mount Washington MA 01258

Signature of Camp Director (Signature Required)

**REQUIRED DOCUMENTATION FROM
PARENT/GUARDIAN**

I. PUBLIC SCHOOL ENROLLMENT

Please attach a copy of **ONE** of the following:

1. Recent report card
2. Letter from school indicating child's enrollment

II. PROOF OF INCOME

Please attach a copy of **ONE** of the following:

1. Letter on school letterhead verifying that the child qualifies for Federal USDA Free or Reduced Lunch Program
2. Award letters from: SSI, Food Stamps, or Medicaid with eligibility dates
3. Copy of Public Assistance Benefit Card
4. Application for 2010 USDA Free or Reduced Lunch signed by a parent and a reviewing official –i.e. school administrator, camp director, CBO representative.
5. Copy of 2009 Tax return

***THE FOLLOWING WILL NOT BE ACCEPTED:**

1. W-2 FORM
2. PAY CHECK