



YMCA Camp Abnaki Day Camp For Boys

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

Nothing says summer camp like swimming, playing, and making friends. Boys form friendships and have experiences that last a lifetime at YMCA Camp Abnaki.

Our experienced staff provide a safe, fun, and flexible environment that allows boys the opportunity to play and grow.



Who: boys ages 6-10

**When: 1 & 2 week sessions,
June-August**

**Where: YMCA Camp Abnaki,
in North Hero**

Cost: \$235-\$285 per week



**Contact: Jon or Adam
802.652.8180
info@campabnaki.org**



www.CampAbnaki.org

Day Camp for Boys at YMCA Camp Abnaki

THE PROGRAM

Our day camp program is designed to provide campers with opportunities to learn new skills while making friends and experiencing the best of what camp has to offer. Campers participate in archery, waterfront activities, arts & crafts, and other great camp activities.

TRANSPORTATION

In partnership with YWCA Camp Hochelaga for girls, we offer bus transportation with convenient stops in Essex, Colchester, and South Hero. Campers can also be dropped off or picked up at Camp Abnaki.

FOOD

Camp Abnaki provides lunch and an afternoon snack each day. Campers should bring a healthy snack for the morning. There is water available throughout camp; campers are encouraged to bring a water bottle.

STAFF

Day campers are under the supervision of the Day Camp Director and three counselors. The staff are selected for their experience, education, and understanding of boys ages 6-10, as well as their skills in the areas campers will experience.

There is a nurse on site 24 hours a day at Camp Abnaki, and all staff are CPR and First Aid certified. Waterfront activities are supervised by our Waterfront Director and lifeguard staff.

STORE

Day campers receive \$10 per week of camp to spend in the camp store on extras like drinks, snacks, and souvenirs. Campers will receive a price sheet with information on other items, and parents can send payment for more expensive items with their campers if they wish.

REGISTRATION/PAYMENT

Registration is ongoing. Space is limited to 24 campers per week. To register, complete the attached registration form and return to the camp office or register online. A \$25 per session non-refundable deposit is required at the time of registration. Final payment is due June 2, 2015 for sessions 1-3 and July 1, 2015 for sessions 4-6. Financial assistance is available.

After your registration is received, you will receive a confirmation packet within 1-2 weeks. This will contain health forms and other paperwork required to attend camp.

CONTACT INFORMATION

Until May 15, please call the Camp Abnaki office at 802.652.8180. After May 15, please call the summer office at 802.372.9622. You can also learn more online at: www.campabnaki.org.

TIERED PRICING

Recognizing that families have differing abilities to pay, we offer three pricing tiers for campers.

Tier A is our historically low rate and does not fully cover camp operating expenses

Tier B reflects our operating expenses including repairs and maintenance

Tier C helps us to cover long-term depreciation and growth

This program is voluntary and offers an opportunity for families to support the true cost of operating the camp. The tier you choose in no way influences your camper's experience.



YMCA Camp Abnaki

Day Camp for boys ages 6-10



2015 DAY CAMP REGISTRATION FORM —PAGE 1

"Help the Other Fellow"

Personal Information (Please complete one form for each child registered)

Camper's Name _____ Date of Birth _____ Present Grade _____

Address _____ City _____ State _____ Zip _____ Phone _____

Primary Parent/Guardian _____ D.O.B. (Required) _____
(Check if custodial) Month/Day/Year

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work Phone _____

Email _____ Occupation/Organization _____

Secondary Parent/Guardian _____ D.O.B. (Required) _____
(Check if custodial) Month/Day/Year

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work Phone _____

Email _____ Occupation/Organization _____

Emergency Contacts (Must be different than adults listed above)

Name: _____ Day Phone: _____ Relationship to Camper: _____

Name: _____ Day Phone: _____ Relationship to Camper: _____

Session Selection

Please select which session(s) you'd like your son to attend. Please note that each day camp session runs Monday through Friday. A non-refundable deposit of \$25 *per session* is due upon registration. Cost includes \$10/week for camp store.

ONE WEEK SESSIONS

- | Session # | Session Dates |
|-------------------------------|-----------------|
| <input type="checkbox"/> DC 1 | June 22-June 26 |
| <input type="checkbox"/> DC 4 | July 27 - 31 |
| <input type="checkbox"/> DC 5 | August 3 - 7 |
| <input type="checkbox"/> DC 6 | August 10 - 14 |

Select your price tier:

TWO WEEK SESSIONS

- | Session # | Session Dates |
|-------------------------------|-----------------|
| <input type="checkbox"/> DC 2 | June 29-July 10 |
| <input type="checkbox"/> DC 3 | July 13 - 24 |

Select your price tier:

For a full explanation of tiered pricing, please see

Bus Stop Selection*

Please indicate the bus stop you'd like your child picked up and dropped off at. You may select different locations for drop off and pick up. If you will pick up or drop off your child at camp, select "Camp Abnaki."

Drop Off (Time)	Location	Pick Up (Time)
<input type="checkbox"/> 7:45 a.m.	Essex High School	<input type="checkbox"/> 5:35 p.m.
<input type="checkbox"/> 8:05 a.m.	Chimney Corners Park & Ride	<input type="checkbox"/> 5:15 p.m.
<input type="checkbox"/> 8:35 a.m.	Folsom Education Center	<input type="checkbox"/> 4:45 p.m.
<input type="checkbox"/> 8:55 a.m.	Camp Abnaki	<input type="checkbox"/> 4:25 p.m.

The bus will also stop at Camp Hochelaga at 8:25 a.m. and 4:55 p.m., but this stop is not available for Camp Abnaki pick up or drop off.

*Times subject to change, depending upon enrollment.

Is your son a vegetarian? Yes _____ No _____

This will be my son's _____ year at camp

He previously attended '10 '11 '12 '13 '14

PAYMENT CALCULATION

Cost For All Selected Sessions \$ _____
(Include all sessions at selected tier)

Amount enclosed, must include \$25 deposit per session registered -\$ _____

Balance Due on or before June 2/July 1, 2015 \$ _____
(Payment for sessions 1-3 is due June 2, sessions 4-6 July 1)

PAYMENT INFORMATION

DEPOSIT
BALANCE

- I am paying my deposit by enclosed check
- I am paying my deposit by credit card or electronic funds transfer (EFT) from a bank account.
-Please complete the enclosed Payment Authorization Form

- I will pay my balance (due June 2/July 1, 2015) by:
Credit Card or EFT (please complete enclosed PAF)
Please process my balance in full on June 2 for sessions 1-3 and July 1, 2015 for sessions 4-6.

- I am applying for financial assistance from Camp Abnaki.
Note: financial aid applicants must pay the \$25 deposit per session to secure a space.
I am receiving payment from a third party:
-Name of person/organization: _____

- Please Complete Reverse Side of the Registration Form -



YMCA Camp Abnaki

Day Camp For Boys Ages 6-10

2015 DAY CAMP REGISTRATION FORM —PAGE 2



"Help the Other Fellow"

Parent/Guardian Authorization

In order that Camp Abnaki may provide each camper maximum opportunity for his personal development, I understand in signing this application that I certify my son is healthy and free of problems that could be deleterious to his happiness and that of other campers. I agree that in the event this application is accepted and a place reserved for him at Camp Abnaki, he will remain in camp until the end of the period for which the reservation has been made unless he is dismissed by the camp authorities for misconduct or for cause considered sufficient by the camp. In case of voluntary dismissal for cause as herein provided, I understand there will be no refund of camp charges paid for the time reserved. In the event of withdrawal on account of serious illness, a pro rata refund will be made for the un-expired portion of the term. It is my sincere wish that my son enjoy the experiences afforded to boys at the camp, and I understand fully that even after reasonable precautions have been taken, many activities such as swimming, hiking, boating or archery, etc., may involve hazards for which the camp cannot be held responsible. In case of sickness I wish my son held at the camp infirmary, and in the event of apparent serious illness, I wish him sent to a reliable hospital and skilled medical aid called at once, for which charges I will be responsible. I authorize the medical designates of the camp to administer any urgent or emergency treatment considered necessary by the camp medical staff. I desire that notification of such illness be sent to me by prompt means of communication. Camp Abnaki reserves the right to cancel this application should governmental action or other circumstances make camp operation impossible or unwise. Camp Abnaki also reserves the right to decline to accept an application and to dismiss a boy from camp. The camp assumes no responsibility for loss or damage by any cause to personal property of campers. I grant permission for my child to be photographed or video taped for uses such as program brochures, staff training and other YMCA promotional/internal business. If I am concerned about my child being photographed, I will notify the director in writing. It is my desire that my son be enrolled, as indicated on the reverse side, subject to the indicated conditions. I enclose the registration fee and agree to pay the full tuition within the terms stated on the enrollment information. In signing this application I certify that my son is covered by health and accident insurance or Medicaid and that I am obliged to provide the camp with the name of the carrier and policy number. I understand that if my account falls delinquent I am responsible for all fees accrued, including the cost of collections activities.

Parent Signature _____ Date _____

Camper Signature _____ Date _____

"I wish to attend Camp Abnaki and agree to do my best to abide by the rules of conduct and customs at camp."

If you prefer, you can register online at www.campabnaki.org

TIERED PRICING

Recognizing that families have differing abilities to pay, we offer three pricing tiers for campers.

- Tier A** is our historically low rate and does not fully cover camp operating expenses
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- Tier C** helps us to cover long-term depreciation and growth

This program is voluntary and offers an opportunity for families to support the true cost of operating the camp. The tier you choose in no way influences your camper's experience. *Financial assistance is available for those who request it.*

For standard paper registration:

Please send this form with your \$25 non-refundable deposit per session to:

YMCA Camp Abnaki
266 College St., Burlington, VT 05401
(802) 652-8180

All registration forms received after June 2nd (sessions 1-3) or July 1st (sessions 4-6) 2015 require payment in full at time of registration.

Additional forms such as health form, camper information form, and parent handbook will be mailed once the registration is processed.

For Office Use Only	
Date Received:	_____
Into DAXKO:	_____
On Spreadsheet:	_____
Director's Approval	_____
Confirmation Sent	_____





YMCA CAMP ABNAKI PAYMENT AUTHORIZATION FORM

I hereby authorize the Greater Burlington Y to automatically transfer my Camp Abnaki payment from the checking, savings, or credit card account listed below for:

Child Name(s): _____

CHOOSE ONE:

_____ Checking Account (must attach voided check or copy of)

_____ Savings Account (must attach savings deposit slip)

_____ Credit Card Account (VISA, MasterCard, American Express)

_____ Use payment information currently on file with the Y

_____ Credit Card Number

_____ Expiration Date

_____ Card ID

(On back Visa & MC, front of AMEX)

I understand that my payment(s) less my deposit(s) will be processed in accordance with the payment option I selected on my registration form, with the balance paid in full by **June 2 or July 1** for Camp Abnaki Day Camp Sessions.

If I decide or need to make any changes to the provided information, I will notify the Greater Burlington Y to ensure my account does not fall into arrears. I understand if my payment is declined, the Y will attempt to reprocess it one time before contacting me. I have read and understand the Y Financial Policies.

Name _____

Billing Address _____

City _____ Phone# _____
(In case of questions/clarification)

State _____ Zip Code _____

Signature _____ Date _____

Return this authorization form with your completed registration form.