FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Saugus Family YMCA

CAMP SACHEM REGISTRATION CHECKLIST

The following materials are necessary at time of registration for camp sessions:

- ☐ Registration Form
- ☐ Health History, Emergency Contact, & Consent Form
- ☐ Immunization Record
- ☐ Recent Photo
- ☐ Bank Draft Form/Payment Authorization Form
- ☐ Medication Administration Release Form (if needed)
- ☐ Transportation Authorization Form (if Lynn/Revere Bus)

**Please be advised that if any of the materials listed above are not provided at time of registration, you may not be able to register your camper for desired sessions until said materials are presented.*

Saugus Family YMCA
CAMP SACHEM REGISTRATION FORM

CAMPER'S NAME:_____ Gender: Male ☐ Female ☐

Address:_____ City:_____ Zip Code:_____

Date of Birth:_____ Age as of June 19, 2017:_____ Grade for 2017-2018 school year: _____

School: _____ How did you hear about Camp Sachem?_____

T-shirt size: Youth Small ☐ YM ☐ YL ☐ Adult Small ☐ AM ☐ AL ☐ AXL☐ A2XL☐

PARENT/GUARDIAN INFORMATION/APPROVED TO DISMISS: Name:_____

Address:_____ City:_____ Zip Code:_____

Home Phone:_____Work Phone:_____Employer:_____

Cell Phone:_____Email:_____

PARENT/GUARDIAN INFORMATION/APPROVED TO DISMISS: Name:_____

Address:_____ City:_____ Zip Code:_____

Home Phone:_____Work Phone:_____Employer:_____

Cell Phone:_____Email:_____

CAMPER FEES

Our goal is to make YMCA of Metro North Summer Camps affordable for everyone. If you need assistance please complete an ACCESS application available online or at your Y. YMCA of Metro North is a 501(c)3 charitable organization. Your tax-deductible contribution goes directly to support our Annual Campaign for camperships, which offers opportunities for all children to attend summer camp regardless of their ability to pay. To make a gift, visit us online ymcametronorth.org/give/

MEMBERSHIP TYPES	YOUNG EXPLORERS AGES 4 - 5	CAMPERS AGE 6	CAMPERS AGES 7 – 14	TEEN LEADER AGES 12-15	AM CARE AT 7:00AM	PM CARE TIL 6:00PM	AM BUS / PM BUS
YMCA FAMILY	$235	$235	$205	$205	$25	$25	$25 each way
YOUTH MEMBER	$255	$255	$225	$225	$25	$25	$25 each way
NON-MEMBER	$285	$285	$260	$260	$25	$25	$25 each way

- There is a 10% discount for each additional child when enrolling more than one child in the same household. Not applicable with financial assistance.
- Camp Age is determined by the camper's age on June 19, 2017. Camp Age does not change during the summer.
- To receive membership discounted rates or ACCESS, a membership must be active at the time of registration and remain active throughout all sessions the camper attends.
- There is a minimum $25.00 non-refundable and non-transferable deposit per week due at the time of registration. The remaining balance of each session is due **one week** before the session begins.
- CAMPER SCHEDULE | Please MARK ☒ each option for which you are registering your child.

SESSIONS	ONE* June19- June 23	TWO June26- June30	THREE** July 3 - July 7	FOUR July 10- July 14	FIVE July 17 - July 21	SIX July 24 - July 28	SEVEN July 31 - Aug 4	EIGHT Aug 7 - Aug 11	NINE Aug 14- Aug 18	TEN Aug 21- Aug 25	ELEVEN* Aug 28- Sept 1
CAMP 9 am - 4 pm	CAMP ☐	CAMP ☐	CAMP ☐	CAMP ☐	CAMP ☐	CAMP ☐	CAMP ☐	CAMP ☐	CAMP ☐	CAMP ☐	CAMP ☐
AM CARE 7 am – 9 am	AM CARE ☐	AM CARE ☐	AM CARE ☐	AM CARE ☐	AM CARE ☐	AM CARE ☐	AM CARE ☐	AM CARE ☐	AM CARE ☐	AM CARE ☐	AM CARE ☐
PM CARE 4 pm – 6 pm	PM CARE ☐	PM CARE ☐	PM CARE ☐	PM CARE ☐	PM CARE ☐	PM CARE ☐	PM CARE ☐	PM CARE ☐	PM CARE ☐	PM CARE ☐	PM CARE ☐
AM BUS Lynn/Revere		AM BUS ☐	AM BUS ☐	AM BUS ☐	AM BUS ☐	AM BUS ☐	AM BUS ☐	AM BUS ☐	AM BUS ☐	AM BUS ☐	
PM BUS Revere/Lynn		PM BUS ☐	PM BUS ☐	PM BUS ☐	PM BUS ☐	PM BUS ☐	PM BUS ☐	PM BUS ☐	PM BUS ☐	PM BUS ☐	

*Session ONE and ELEVEN are available at daily options. Please indicate days on next page.

Session THREE rates deduct **$50 off; there is NO Camp on JULY 4.

Please return this registration form with payment to the Saugus Family YMCA.

For Office Use only:
Date Entered:_____
Amount paid:_____
Receipt #:_____
Entered by:_____

CAMPER'S NAME:_____

*SESSION ONE AND ELEVEN DAILY OPTIONS

If your camper is attending during WEEK 1 OR WEEK 11, please indicate which days you wish to enroll them during these weeks.

	Monday	Tuesday	Wednesday	Thursday	Friday
SESSION 1	☐	☐	☐	☐	☐
SESSION 11	☐	☐	☐	☐	☐

TUITION PAYMENTS, REFUNDS, CANCELLATION AND LATE FEE POLICIES

- Cancellations for a session must be made in writing on a Camp Change Form **15** days before the session begins. A program credit will be issued for cancellations less deposits. Refunds on tuition are made only for serious/significant medical reasons and with the Branch Executive Director approval. Documentation from a physician may be required.
- Each session's tuition must be paid in full one week in advance of the session. A fee of $15 per week per child will be assessed for all late payments. Children cannot be admitted to camp until payment has been received. Payment Plans avail.
- A late pick-up fee of $8.00 will be charged for each ten minute period or part thereof after the registered dismissal time; 4:00pm for regular camp, 6:00pm for extended care. After a 60 minute period of time and no contact has been made the Saugus Police Department and the Department of Children and Families may be notified.

PARENT/GUARDIAN PERMISSIONS

Please read carefully, and mark NO ☒ if you want to deny permission. If you do not mark NO ☒, you are granting permission.

The YMCA of Metro North, ACA and YMCA of the USA may make, have, use, publish and reproduce photos and/or video of my child for its record, public relations purposes, camper recognition, slide shows and/or camp projects.	NO ☐

PARENT/GUARDIAN AUTHORIZATIONS

Please read carefully and sign the bottom.

- I understand this document serves as the permission slip for my child to attend off-site field trips for his/her age group and to travel on transportation arranged by the YMCA. I understand that all field trips are mandatory and that if my child is not attending a field trip, my child cannot attend camp that day. I understand that my child must wear the provided Camp Sachem shirt when going on off-site field trips.
- I understand that all field trips are subject to change and that not all camper groups are scheduled for off-site camp adventures each week. I understand that YMCA staff will provide information for confirmed weekly field trips, but it is my responsibility to check at the front desk or online for exact destinations.
- I understand that parents/guardians must present a valid photo ID to YMCA and Camp staff to pick up my child from camp. I authorize the YMCA to release my child to the emergency contacts that I designate on this registration application and on the Health History form. I understand that an emergency contact also must present a valid photo ID to YMCA and Camp staff in order to pick up my child at camp. I give permission for the YMCA to contact the listed emergency contacts if I cannot be reached.
- I understand that my child must comply with the camp's rules and standards of conduct and that the organization may terminate my child's participation in the camp program if he/she does not maintain these standards.
- I hereby authorize certified staff of the YMCA of Metro North to give First Aid and CPR to my child as needed. In the event of an emergency, I hereby authorize my child transported to the nearest medical facility as deemed appropriate by responding medical personnel, and secure necessary medical treatment including, but not limited to: hospitalization, injections, anesthesia and/or surgery. In the event that I cannot be reached, I hereby authorize the physician attending to my child to secure and administer treatment as necessary. I understand that the staff will make every effort to notify me and/or my emergency contacts of the emergency immediately.

B y signing below, I acknowledge that: (1) I have granted or denied the above permissions; (2) I agree to the parent/guardian authorizations; (3) I have read the Camp Sachem Family Handbook and agree to abide by all the policies, including those regarding my financial responsibilities; (4) I understand that my child cannot attend camp until there is a current Health History form and a current immunizations record on file at camp; said form and record needs to be on file by **June 1**. Any registrations after June 1 must be submitted with the Health History form and current immunizations record **at the time of registration**. (5) I confirm that the information stated in this application, in the Health History form, and any form I submitted online is accurate and complete. (6) I realize that participation in camp activities has some inherent risks. The camper herein described has permission to engage in all camp activities, except as noted on the Health History form. I agree to indemnify and hold harmless the YMCA, its directors, officers, employees, and agents from any loss, liability, damage or costs that may incur as a result of camp participation whether caused by negligence or otherwise.

PARENT/GUARDIAN SIGNATURE REQUIRED FOR PROCESSING: Signature: Date:

Saugus Family YMCA
CAMP SACHEM HEALTH HISTORY, EMERGENCY CONTACT, AND CONSENT FORM

Attach or send a current PHOTO of your child; this photo will be kept in your child's file as part of our safety protocols. You can email it from your mobile device!

Camp Sachem - Saugus Family YMCA
campsachem@metronorthymca.org

CAMPER'S NAME:_____ Date of Birth:_____ Age:_____
Home Address:_____ City:_____ Zip Code:_____

PARENT/GUARDIAN 1 INFORMATION/APPROVED TO DISMISS:

Name:_____ Home Phone:_____

Address:_____ City:_____ Zip Code:_____
Work Phone:_____ Cell Phone:_____

PARENT/GUARDIAN 2 INFORMATION/APPROVED TO DISMISS:

Name:_____ Home Phone:_____

Address:_____ City:_____ Zip Code:_____
Work Phone:_____ Cell Phone:_____

EMERGENCY CONTACTS/APPROVED TO DISMISS:

Name:_____ Relationship:_____ Phone:_____

Name:_____ Relationship:_____ Phone:_____

Name:_____ Relationship:_____ Phone:_____

Name:_____ Relationship:_____ Phone:_____

Is there someone that you would like us to be aware of that cannot pickup your child? _____

_____

*Please note: If person listed above is also a legal parent/guardian, a court order is required to refuse release.

**only individuals indicated on this form will be approved to dismiss with a valid photo ID.*

ADDITIONAL EMERGENCY CONTACT INFORMATION:

Travel location(s) and telephone number(s) of the camper's parent(s)/guardian(s) if the parent(s)/guardian(s) will be traveling while the camper is attending camp:_____

Name of campers' primary Health Care Provider or Health Maintenance Organization:_____

Address:_____ Phone: _____

Name of dentist(s):_____ Phone:_____

Name of orthodontist(s):_____ Phone:_____

PLEASE PROVIDE any additional information about the camper's health that you think is important or that may affect the camper's ability to fully participate in the camp program. Attach additional information if needed.

CAMPER'S NAME:_____

ALLERGIES: (do not leave blank)

☐ No known allergies. DESCRIBE BELOW FOR: ☐Food ☐Medication ☐Seasonal/Environmental (insect stings, hay fever, etc.)

☐ Other (Please describe below the allergy/reactions.) ☐Prescribed an Epi-Pen* ☐Prescribed Inhaler* *SEE PAGE 4

DIET/ NUTRITION:

☐ Camper eats a regular diet ☐ Vegan/Vegetarian ☐ Lactose intolerant ☐Gluten intolerant. ☐Other, please explain:

RESTRICTIONS:

☐ I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.

☐ I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations:

QUESTIONNAIRE: PHYSICAL, MENTAL, EMOTIONAL, SOCIAL, AND GENERAL HEALTH HISTORY

Has/does the camper:

1.	Ever been hospitalized?	☐Yes	☐No	11.	Have problems with menstruation/periods?	☐Yes	☐No
2.	Ever had surgery?	☐Yes	☐No	12.	Have problems with sleepwalking?	☐Yes	☐No
3.	Had a recent infectious disease?	☐Yes	☐No	13.	Ever had back/joint problems?	☐Yes	☐No
4.	Had a recent injury?	☐Yes	☐No	14.	Had asthma/wheezing/short breath?	☐Yes	☐No
5.	Had headaches?	☐Yes	☐No	15.	Have a history of bed-wetting?	☐Yes	☐No
6.	Wear glasses/contacts?	☐Yes	☐No	16.	Had seizures?	☐Yes	☐No
7.	Had fainting or dizziness?	☐Yes	☐No	17.	Have problems with diarrhea/constipation?	☐Yes	☐No
8.	Passed out/chest pain during exercise?	☐Yes	☐No	18.	Have diabetes?	☐Yes	☐No
9.	Had mononucleosis during the past year?	☐Yes	☐No	19.	Have any skin problems?	☐Yes	☐No
10.	Have recurrent/chronic illnesses?	☐Yes	☐No	20.	Traveled outside USA the past 9 mos.?	☐Yes	☐No

21. Take any medication during the school year that he/she will not be taken during the summer? ☐Yes ☐No
22. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (ADHD)? ☐Yes ☐No
23. Ever been treated for emotional or behavioral difficulties or an eating disorder? ☐Yes ☐No
24. During the past 12 months, seen a professional to address mental/emotional health concerns? ☐Yes ☐No
25. Had a significant life event that continues to affect the camper's life? (History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others). ☐Yes ☐No
26. Have tuberculosis in a communicable form, or have evidence of symptoms of tuberculosis? ☐Yes ☐No
27. Take medication in the summer? (If yes, please fill out the authorization to administer medication to a camper form) ☐Yes ☐No

PLEASE EXPLAIN any YES answers in the following space, noting the number of the question.

PARENT/GUARDIAN AUTHORIZATIONS

I hereby authorize certified staff of the YMCA of Metro North to give First Aid and CPR to my child as needed. In the event of an emergency, I hereby authorize my child transported to the nearest medical facility as deemed appropriate by responding medical personnel, and secure necessary medical treatment including, but not limited to: hospitalization, injections, anesthesia and/or surgery. In the event that I cannot be reached, I hereby authorize the physician attending to my child to secure and administer treatment as necessary. I understand that the staff will make every effort to notify me and/or my emergency contacts of the emergency immediately. I authorize the YMCA of Metro North to contact and to release my child to the emergency contacts that I designate on this form.

I hereby confirm, this health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

PARENT/GUARDIAN SIGNATURE:

_____DATE: _____

AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER

DO NOT FILL OUT this form if your child does not need medication at camp.

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. If the camper brings any medication from home, a written authorization to administer the medication must be signed by a parent or guardian. This is the written authorization. We must have this on file two weeks before you camper attends camp.

Name of Camper: _____ Date of Birth _____ Parent/Guardian Name: _____

Food/Drug Allergies: _____ Diagnosis (at parent's discretion): _____

Name of Licensed Prescriber: _____ Telephone #: _____

Name of Medication: _____ Dose given at camp: _____

Route of Administration: _____ Frequency: _____ Date Ordered: _____

Duration of Order: _____ Quantity Received: _____ Expiration date of Medications Received: _____

Special Storage Requirements: _____

Specific Directions (e.g., on empty stomach/with water): _____

Specific Precautions: _____

Possible Side Effects/Adverse Reactions: _____

Other medications (at parents' discretion): _____

Location where medication administration will occur: _____

DEPARTMENT OF PUBLIC HEALTH REGULATIONS REGARDING MEDICATION ADMINISTRATION:

105 CMR 430.160(A)

- Medication prescribed for campers shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statements, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container. All over the counter medications for campers shall be kept in the original containers containing the original label, which shall include the directions for use.

105 CMR 430.160(C)

- Medication shall only be administered by the health supervisor* or by a licensed health care professional authorized to administer prescription medications. The health care consultant shall acknowledge in writing the list of medications administered at the camp. If the health supervisor is not a licensed health care professional authorized to administer prescription medications, the administration of medications shall be under the professional oversight of the health care consultant. Medication prescribed for campers brought from home shall only be administered if it is from the original container, and there is written permission from the parent/guardian.

105 CMR 430.160(D)

- When no longer needed, medications shall be returned to a parent or guardian whenever possible. If the medication cannot be returned, it shall be destroyed.
- *Health Supervisor – A person who is at least 18 years of age, specially trained and certified in at least current American Red Cross First Aid (or its equivalent) and CPR, has been trained in the administration of medications and is under the professional oversight of a licensed health care professional authorized to administer prescription medications.

I hereby authorize the Camp Health staff to administer, to my child listed on this form the medication(s) listed above, in accordance with 105 CMR 430.160.

Parent/Guardian Signature: _____ Date: _____

For Office Use
Screened by: _____
Date: _____
Meds received date: _____
Meds returned date: _____
Notes: _____

CERTIFICATE OF IMMUNIZATION

A current immunization record must be submitted by June 1. You may submit the immunization history on your Doctor's form.

NAME: _____ DATE OF BIRTH: / / SEX: ☐ FEMALE ☐ MALE

If combination vaccine is administered, please indicate vaccine type (e.g., DTaP-Hib, etc.)

VACCINE		DATE	VACCINE TYPE
Hepatitis B (e.g., HepB, HepB-Hib, DTaP-HepB-IPV, HepA-HepB)	1		
	2		
	3		
	4		
Diphtheria, Tetanus, Pertussis (e.g., DTP, DTaP, DT, DTaP-Hib, DTaP-HepB-IPV, DTaP-IPV/Hib, DTaP-IPV, Td, Tdap)	1		
	2		
	3		
	4		
	5		
	6		
	7		
Haemophilus influenzae type b (e.g., Hib, HepB-Hib, DTaP-Hib, DTaP-IPV/Hib)	1		
	2		
	3		
	4		
Polio (e.g., IPV, DTaP-HepB-IPV, DTaP-IPV/Hib, DTaP-IPV)	1		
	2		
	3		
	4		
	5		
Pneumococcal Conjugate (e.g., PCV7, PCV13)	1		
	2		
	3		
	4		

VACCINE		DATE	VACCINE TYPE
Rotavirus (e.g., RV5: 3-dose series, RV1: 2-dose series)	1		
	2		
	3		
Measles, Mumps, Rubella (e.g., MMR, MMRV)	1		
	2		
Varicella (e.g., Var, MMRV)	1		
	2		
Meningococcal Conjugate (MCV4) or Polysaccharide (MPSV4)	1		
	2		
Seasonal Influenza Inactivated (Intramuscular) or Live (Intranasal)	1		
	2		
	3		
	4		
H1N1 Influenza Inactivated (Intramuscular) or Live (Intranasal)	1		
	2		
Pneumococcal Polysaccharide (PPSV23)	1		
	2		
Hepatitis A (e.g., HepA, HepA-HepB)	1		
	2		
Human Papillomavirus (e.g., HPV quadrivalent, HPV bivalent,)	1		
	2		
	3		
Other:	1		
	2		

Serologic Proof of Immunity		Check One	
Test (if done)	Date of Test	Positive	Negative
Measles	/ /		
Mumps	/ /		
Rubella	/ /		
Varicella*	/ /		
Hepatitis B	/ /		
* Must also check Chickenpox History box.			

CHICKENPOX HISTORY

☐ Check the box if this person has a physician-certified reliable history of chickenpox.

Reliable history may be based on:

- physician interpretation of parent/guardian description of chickenpox
- physical diagnosis of chickenpox, or
- serologic proof of immunity

I certify that this immunization information was transferred from the above-named individual's medical records.

DOCTOR OR NURSE'S NAME *(please print)*: _____ DATE: / /

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YMCA OF METRO NORTH
Lynn YMCA | Melrose Family YMCA | Saugus Family YMCA
Torigian Family YMCA | YMCA of Metro North Gymnastics Center

EFT/CREDIT/DEBIT CARD AUTO DRAFT AUTHORIZATION FORM FOR CHILD CARE AND CAMP PAYMENTS

Parent/Guardian Name: _____
Child(ren) Name(s): _____

Draft Authorization Agreement:
I (we) hereby authorize the YMCA of Metro North, Inc. to draft my (our) EFT (Checking) or debit/credit card for the amount owed by me, by initiating debit entries to my (our) account indicated below. I (we) authorize and request my bank or credit card company to accept any debit entries by the YMCA of Metro North, Inc. to my (our) account and to charge the same to such account for the tuition as agreed upon in the tuition contract; I (we) have given authority to _____ (Bank/Credit Card Name) at _____ (Bank Address if known) to honor preauthorized withdrawal by you on my account for child care/camp program payments as indicated below. It is understood that your sending of this preauthorized withdrawal to the bank/credit card company as a payment becomes due shall constitute valid notice of such payment due on the child care/camp program. When the bank/credit card company honors the preauthorized withdrawal by charging my (our) account, such withdrawal shall constitute my (our) receipt for payment. Should any preauthorized withdrawal not be honored by my (our) bank/credit card company when received by them, then it is understood that the payment is to be made by me (us) in the amount of said payment.

Debit/Credit Card Draft Agreement:
- The EFT or bank/credit card draft is payment for a child care/camp slot. I understand that the draft will remain in effect until I (we) initiate its termination.
- I understand that if I wish to terminate this program, I must give the YMCA written two week notice.
- Should a draft not be honored by my bank for any reason, I understand that I will be responsible for payment in order to keep my child care/camp slot.
- I understand that should a draft not be honored by my financial institution for any reason I will be responsible for that payment for that week(s) plus, an administrative fee of up to $15.
- I understand that after two consecutive unpaid drafts, the YMCA will terminate my draft and I will be responsible for keeping my child care/camp account current. Continuation of child care/camp will depend upon proper settlement of my account.
- I understand that my child care/camp tuition will be drafted on a weekly basis unless alternative arrangements have been made with the Branch Administrator.
- I authorize the YMCA of Metro North to extend my credit card expiration date on file by two years upon completion of its current expiration date.

Authorized Signature: _____
Date: _____/_____/_____

For your security, this information will be shredded once entered into our computer system.

Account Holder's Name (as it appears on the account/card): _____

Account Holder's Address: _____

Checking/EFT Account Number: _____ Bank Routing Number: _ _ _ _ _ _ _ _ _

or

Card Number: _____ Card Type (please circle): MC VISA DISC AMEX

Expiration Date: _____/_____/_____ CVV#: _____

Staff Initials: _____

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2017 CAMP SACHEM TRANSPORTATION AUTHORIZATION

This transportation form is valid for the 2017 camp season. This form is not for field trips. Please only fill this out if your child will be taking the YMCA bus to and from camp or if your child will be taking the bus one way. Spots are limited!

Camper's Name:_____

Parent's/Guardian's Name/Authorized to pick up:_____

Phone Number to best reach Parent/Guardian:_____

Parent's/Guardian's Name/Authorized to pick up:_____

Phone Number to best reach Parent/Guardian:_____

- Additional authorized pick-ups are listed on the Health History and Emergency Contact form.

My Child has an inhaler and/or an EpiPen, as indicated on his/her health history form (Please circle): Yes No

I authorize for my child to be transported by the Y from the following pickup locations (Mark with your initials):

Location	AM Morning Pick up Times	Select (Mark with initials)
The Lynn YMCA	8:00 am	
A.C. Whelan School, Revere	8:25 am – 8:40 am	

I authorize for my child to be transported by the YMCA to the following drop-off locations (Mark with your initials):

Location	PM Afternoon Drop off Times	Select (Mark with initials)
The Lynn YMCA	4:50 pm – 5:05 pm	
A.C. Whelan School, Revere	4:20 pm – 4:35 pm	

***There is no bus transportation for the first week of camp (June 19th – 23rd) and no bus transportation for the last week of camp (August 28th – September 1st).**

My Child will depart from the bus by (Mark with your initials):

- Parent/Guardian pick-up following camp procedures for release of child._____
- Unsupervised walk home (This option is only available for children 12 years or older)._____

Acknowledgements:

- I understand that there is a $25 per week charge for the AM Bus and $25 a week charge for the PM Bus.
- I understand that I assume complete responsibility for my child once he/she is released from the bus as I have indicated. I understand that I must arrive at least 5 minutes prior to the scheduled bus arrival, that the bus is unable to wait and will continue on to its other stops. I understand that the times listed are approximations and that the bus will make every safe effort to arrive timely, but may have delays due to unforeseen traffic, weather or other issues.
- A late pick-up fee of $8.00 will be charged for each ten minute period or part of after 5:05 pm at the Lynn YMCA. After a 60 minute period of time and no contact has been made the Police Department and the Department of Children and Families may be notified.
- Any other transportation requests must be stated in writing and maintained in the child's file or the above plan will be implemented. All changes to this plan must be approved by the Camp Administration.

Parent/Guardian Signature: **Date:**