



Parent Check List

Due May 1st

- Parental Consent Form-
REQUIRED: *Complete and return to Camp. Form Due May 1st*

- Camper Health History Form 1 (4 pages)
REQUIRED: *Must be completed in full by parent/guardian and re turned to Camp. Form Due Prior To Attending Camp. The earlier the better (May 1st).*

- Camper Health History Form 2 (1page)
REQUIRED: *Dr's Office copy OR our form completed and signed by Dr. must be returned to camp. Due Prior To Attending Camp. The earlier the better (May 1st).*

- Copy of your Health Insurance Card (FRONT & BACK)
REQUIRED if insured and sent to camp. ***Due May 1st.***

- Prescription Insurance Claims Form
If you have a Prescription Claims Card please fill this out, if not: NA ***Due May 1st***

- EPI Pen & Inhaler Form
To be filled out **ONLY** if your child will be needing an EPI pen or inhaler.
Due May 1st.

- Parent and Camper Information Sheets
These are to familiarize yourselves with our Camp Policies and to give you a guideline of how to prepare for Camp. **These are for you to keep.**

Please Mail or Scan Only—DO NOT FAX

If you register after May 1st, please get your paperwork as soon as possible. Children are not able to attend Camp without this paperwork.



North Woods and Pleasant Valley Camps

www.bostoncamps.org

PARENTAL CONSENT FORM

Camper's Name: _____ Male Female DOB: ____/____/____

Camper Session/s (circle): 1 (6/24-7/7) 2 (7/8-7/21) 3 (7/22-8/4) 4 (8/5-8/18) 1 wk sess. (7/1-7/7) (8/12-18/18)

Parent/Guardian Name: _____ Employer/Occupation _____

Parent/Guardian Name: _____ Employer/Occupation _____

Parental Consent/Release & Acknowledgements — *Please initial each item and sign on the bottom of this page*

1. Parent Information Acknowledgement: _____ **Yes** _____ **No**

I have received the North Woods and Pleasant Valley Parent Information. I agree to familiarize myself and my child, when appropriate, with the information and understand that it constitutes the policies of the YMCA of Greater Boston -- Camping Services Branch. I understand that it is my responsibility to discuss any questions with the camp staff.

2. Understanding of Inherent Risk and Permission to Participate: _____ **Yes** _____ **No**

It is my sincere wish that my child enjoy the experience afforded at camp and I understand that even after reasonable precautions have been taken, many activities such as swimming, hiking, target sports, boating, horseback riding, water skiing, challenge courses, etc. have inherent risks. I will not hold the YMCA of Greater Boston responsible for accidents resulting in injury or death as a result of my child's participation in the camp program. *I understand that by signing, I certify that my child is healthy and free from conditions that may be deleterious to his/her happiness or that of other campers.* Certain activities have a minimum age and/or swim level requirement in order to participate. I understand that hiking and canoe trips out of camp will involve my child being transported in a camp leased vehicle.

3. Payment Agreement: _____ **Yes** _____ **No**

I understand that 1/2 the tuition is due April 1st and the remainder is due by June 1st. I understand that my child will not be allowed to stay in camp if the tuition is not paid. Payments may be made by mail to PO Box 10, Mirror Lake, NH 03853-0010. FINANCIAL AID IS AVAILABLE.

4. Promotional Release: _____ **Yes** _____ **No**

I hereby grant consent to the release of photographs and/or video footage of my child to the YMCA of Greater Boston and North Woods and Pleasant Valley Camps, for commercial and art purposes in any medium of advertising, communication, publication, or publicity that will promote YMCA programs and services, and/or recognition of participants. It is my understanding that the YMCA is a nonprofit organization.

5. Cell Phone Policy: _____ **Yes** _____ **No**

I understand that **CELL PHONES** are not permitted on Camp as they are disruptive to the operation of quality Camp experience for all. Campers found with a cell phone are subject to dismissal with no refund.

6. Parent Acknowledgement of the YMCA Core Values: _____ **Yes** _____ **No**

I understand caring, honesty, respect and responsibility are the values you expect all campers to demonstrate while at camp. I understand that dismissals for behavioral problems are non-refundable.

Pick-up Authorization

All Campers must be signed in/out at camp by a parent/guardian or authorized pick-up person. The following people may pick-up or drop-off my camper:

Name: _____ Relationship: _____ Phone: (____) _____

Name: _____ Relationship: _____ Phone: (____) _____

Please call for All Registration and Optional Program Sign ups if not on application: 603-569-2725

1. Horseback Riding: \$295/session
2. Water Skiing: \$295/session
3. Holdover: \$125/date (Supervision for the overnight between two sessions).
4. Store: \$30 minimum or other
5. Bus: One way/Round trip \$80/\$100 (offered 1st and last day of camp for 2 week sessions only)

Half of Total Payment is due April 1 and Final Payment June 1. Please call for payment plans if needed.

PLEASE READ AND SIGN THE FOLLOWING

The YMCA staff and volunteers are not allowed to transport children at any time outside of the YMCA program. I am not to drop my child off at the YMCA resident camps and/or the Central Branch bus stop unless a YMCA staff or volunteer is there to receive and supervise my child. My child will not be allowed to leave the camping program with an unauthorized person. Any person authorized to pick-up my child must be listed with the YMCA. Should a person arrive who appears to be under the influence of drugs or alcohol to pick up my child, for the child's safety, staff may have no recourse but to contact the police. The YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

Parent/Guardian Signature

Date

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: _____
 First Middle Last
 Birth Date: _____
 Month/Day/Year

Immunization History: Provide the month and year for each immunization. Starred (★) immunizations must be current. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.

Immunization	Dose 1 Month/Year	Dose 2 Month/Year	Dose 3 Month/Year	Dose 4 Month/Year	Dose 5 Month/Year	Most Recent Dose Month/Year
Diphtheria, tetanus, pertussis★ (DTaP) or (TdaP)						
Tetanus booster★ (dT) or (TdaP)						
Mumps, measles, rubella★ (MMR)						
Polio★ (IPV)						
Haemophilus influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (chicken pox)	<input type="checkbox"/> Had chicken pox Date: _____					
Meningococcal meningitis (MCV4)						

Tuberculosis (TB) test Date: _____ Negative Positive

If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.

Signature of Custodial Parent/Guardian: _____ Date: _____ Relationship to Camper: _____

Medication: This camper will not take any daily medications while attending camp.
 This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. **Please review camp instructions about required packaging/containers. Many states require original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.**

Name of medication	Date started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. **Cross out those the camper should not be given.**

- | | |
|---|---|
| Acetaminophen (Tylenol) | Ibuprofen (Advil, Motrin) |
| Phenylephrine decongestant (Sudafed PE) | Pseudoephedrine decongestant (Sudafed) |
| Antihistamine/allergy medicine | Guaifenesin cough syrup (Robitussin) |
| Diphenhydramine antihistamine/allergy medicine (Benadryl) | Dextromethorphan cough syrup (Robitussin DM) |
| Sore throat spray | Generic cough drops |
| Lice shampoo or cream (Nix or Elimate) | Antibiotic cream |
| Calamine lotion | Aloe |
| Laxatives for constipation (Ex-Lax) | Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol) |

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: _____
First Middle Last
Birth Date: _____
Month/Day/Year

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

- | | |
|---|---|
| 1. Ever been hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Had fainting or dizziness? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Passed out/had chest pain during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have recurrent/chronic illnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Had mononucleosis ("mono") during the past 12 months?... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease? <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. If female, have problems with periods/menstruation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury? <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Have problems with falling asleep/sleepwalking? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had asthma/wheezing/shortness of breath?..... <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Ever had back/joint problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Have a history of bedwetting?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have problems with diarrhea/constipation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have any skin problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Wear glasses, contacts, or protective eyewear? <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Traveled outside the country in the past 9 months?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.

Has the camper:

- | |
|---|
| 1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever been treated for emotional or behavioral difficulties or an eating disorder?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. During the past 12 months, seen a professional to address mental/emotional health concerns?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a significant life event that continues to affect the camper's life?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others) |

Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.

Health-Care Providers:

Name of camper's primary doctor(s): _____ Phone: (_____) _____
Name of dentist(s): _____ Phone: (_____) _____
Name of orthodontist(s): _____ Phone: (_____) _____

What Have We Forgotten to Ask? Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. **Attach additional information if needed.**

Parents/Guardians: STOP here. The rest of this is form is completed when the camper arrives at camp. Keep a copy for your records.

**CAMPER HEALTH-CARE RECOMMENDATIONS
by LICENSED MEDICAL PERSONNEL FORM 2**

Developed and reviewed by: American Camp Association,
American Academy of Pediatrics Council on School Health, &
Association of Camp Nurses

Mail this form to the address below by _____ (date)

To Parent(s)/Guardian(s): Complete this section and give this form (FORM 2) and a copy of your completed CAMPER HEALTH HISTORY FORM (FORM 1) to your child's health-care provider for review.

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp _____
Month/Day/Year

Camper home address: _____

City _____ State _____ Zip Code _____

Custodial parent(s)/guardian(s) phone: (_____) _____ (_____) _____

Parent(s)/guardian(s) stop here. Rest of form to be completed by medical personnel.

The following non-prescription medications are commonly stocked in camp Health Centers and are used on an as needed basis to manage illness and injury. **Medical personnel: Cross out those items the camper should not be given.**

- Acetaminophen (Tylenol)
- Ibuprofen (Advil, Motrin)
- Phenylephrine (Sudafed PE)
- Pseudoephedrine (Sudafed)
- Chlorpheniramine maleate
- Guaifenesin
- Dextromethorphan
- Diphenhydramine (Benadryl)
- Generic cough drops
- Chloraseptic (Sore throat spray)
- Lice shampoo or scabies cream (Nix or Elimate)
- Calamine lotion
- Bismuth subsalicylate (Pepto-Bismol)
- Laxatives for constipation (Ex-Lax)
- Hydrocortisone 1% cream
- Topical antibiotic cream
- Calamine lotion
- Aloe

Medical Personnel: Please review the CAMPER HEALTH HISTORY FORM (FORM 1) and complete all remaining sections of this form (FORM 2). Attach additional information if needed.

Physical exam done today: Yes No (If "No," date of last physical: _____)
Month/Day/Year

ACA accreditation standards specify physical exam within last 24 months.

Weight: _____ lbs Height: _____ ft _____ in Blood Pressure _____ / _____

Allergies: No Known Allergies

To foods (*list*):

To medications: (*list*):

To the environment (*insect stings, hay fever, etc.—list*):

Other allergies: (*list*):

Describe previous reactions:

Diet, Nutrition: Eats a regular diet. Has a medically prescribed meal plan or dietary restrictions: (*describe below*)

The camper is undergoing treatment at this time for the following conditions: (*describe below*) None.

Medication: No daily medications. Will take the following prescribed medication(s) while at camp: (*name, dose, frequency—describe below*)

Other treatments/therapies to be continued at camp: (*describe below*) None needed.

Do you feel that the camper will require limitations or restrictions to activity while at camp? No Yes

If you answered "Yes" to the question above, what do you recommend? (*describe below—attach additional information if needed*)

"I have reviewed the CAMPER HEALTH HISTORY FORM (FORM 1), and have discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above.)"

Name of licensed provider (please print): _____ Signature: _____ Title: _____

Office Address _____
Street City State Zip Code

Telephone: (_____) _____ Date: _____

Do not forget your Health Insurance Card Copies!!

FRONT

BACK



PRESCRIPTION INSURANCE CLAIMS

We will contact our local pharmacy to attempt to work with your insurance carrier in relation to a child's *immediate illness prescriptions*, if needed during the summer. As you can imagine, occasionally pediatric ailments especially ear, nose and throats can arise during the months at camp, and are not foreseen.

To facilitate the pharmacy's efforts, they have asked us to collect the following information from you which will be kept on file at the pharmacy – child's name, birth date, medication allergies, copy of your **prescription** card front and back.

In an effort to serve you better, please take a minute to fill out the following. **If you do not** return this form, we will simply bill you as usual for the full amount of prescriptions need during the summer.

Camper Name:
Date of Birth:
Medication Allergy Information:

Attach Photocopy (front and back) of Prescription Card

Please print phone number of insurance carrier

Please note some plans have a separate card or policy number for prescriptions as opposed to the general health insurance card.

Since we are in New Hampshire, you might want to contact your insurance company to inform them that your child may be "out of region", as many require advance note for coverage. Our pharmacy will make a phone call to the insurance carrier on behalf of our camper at the time a prescription is fill. **If the insurance company is not compliant, the attempt has been made and you will be billed in the traditional manner for the medication, and you will need to submit the claim yourself after the camp bill has been satisfied.**

We hope this effort succeeds in reducing your costs for medicine while your child is at camp.

Return to:

North Woods and Pleasant Valley Camps
YMCA Camping Services
PO Box 10
Mirror Lake, NH 03853
Phone: (603) 569-2725

FAX: (603) 569-5869



**EPI PEN/INHALER PERMISSION TO POSSESS
AT NORTH WOODS AND PLEASANT VALLEY CAMPS**

I, _____ (parent/guardian), give permission for my child to keep an epi-pen or inhaler in his/her possession at camp. I will also provide an extra epi-pen or inhaler that will be kept in the camp Health Center for emergencies.

Parent Signature

Date

_____ (name of camper) is attending North Woods/Pleasant Valley Camp this summer. The following information is on file at the camp in the camper health form or will be provided on the original label of prescription medications brought to camp.

1. The child's name
2. The name and signature of the licensed prescriber and business and emergency number.
3. The name, route and dosage of medication.
4. The frequency and time of medication administration or assistance.
5. The date of the order.
6. A diagnosis and any other medical conditions requiring medications, if not a violation of confidentiality or of not contrary to the request of the parent or guardian to keep confidential.
7. Specific recommendations for administration.
8. Any special side effects, contraindications, and adverse reactions to be observed.
9. The name of each required medication

Any severe reactions that may occur to another child for whom the epinephrine auto-injector is not prescribed, should such a child receive a dose of the medication.

As the child's physician, I give permission for this child to possess and use

_____ Epinephrine Auto-Injector

_____ Asthma Inhaler

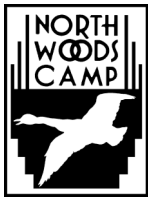
My signature below provides verification that this child has the knowledge and skills to safely possess and use the identified medication(s) in a camp setting.

Physician's Signature

Date

Physician's Printed Name

Address and Phone Number



North Woods and Pleasant Valley Camps

Camper & Parent Information and Policy Sheet



Welcome to North Woods and Pleasant Valley Camps! The following information is your guide to a successful summer. Please keep this information for future reference and feel free to call our office with any questions or concerns that you have.

North Woods and Pleasant Valley Camps:
P.O. Box 10
Mirror Lake, NH 03853-0010
PH: 603-569-2725 Fax: 603-569-5869
Website: www.bostoncamps.org

Executive Director: Artie Lang
Pleasant Valley Director: Liz Young
North Woods Director: Graeme Donald
Business Manager: Amy Goodman

What to Bring: We suggest the following be taken into consideration when packing for camp. Quantities depend on personal habits and length of stay.

Please label all of your child's belongings!

Remind your child of his/her responsibility to keep track of his/her belongings while at camp. We are not responsible for lost, stolen or forgotten items. **Please note: all unclaimed lost and found items are donated to charity two weeks after the close of camp.**

Bedding: pillow & case, blankets, sheets, sleeping bag. If your child has episodes of bed wetting, please send extra sets and make a notation on your child's medical form.

Clothing: underwear, pajamas, practical swim suits (2), socks, hiking boots, t-shirts, shoes, sneakers, shorts, long-sleeved shirts, raincoat, sweater, jeans, jacket, sweatshirt, flip flops for shower/waterfront. Please pack comfortable, practical, and casual clothes and refrain from sending new clothing to camp. **(Pleasant Valley Campers in the Lifeguard Training Program must wear one piece suits.)**

Laundry Service: available **free** on a weekly basis for all campers. Two-week campers will have only one opportunity to do laundry.

Other Necessities: face cloths, flashlight & batteries, book, camera & film, bath towels, pens, stationary, self-addressed stamped envelopes for letter writing, hat, beach towels, sunscreen, bug repellent, toiletries, water bottle (**we do not sell BATTERIES in the camp store**).

Optional Equipment: musical instruments, playing cards, Frisbee, baseball glove, backpack, sunglasses, tennis racket, plastic bucket (to carry toiletries), sports gear for competitions (cleats, shin guards, batting/goalie gloves, etc.). Certain equipment may be required to be locked for the safety of all in camp.

Footlockers & trunks: Footlockers and trunks should be approximately 32" x 18" x 13" and should be constructed of materials that will not collapse when someone stands or sits on it. These lockers or trunks do not have to fit underneath the bunks, but it does make it easier if they do.

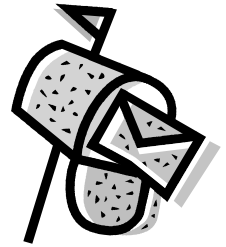
Things NOT PERMITTED: **Cell Phones, I-PODS/MP3 PLAYERS**, cash, computer games, expensive jewelry, pagers, food/candy, stereos. Camp is not responsible for lost or damaged items.

Cell Phones: Are strictly prohibited at Camp. Possession of a cell phone may result in an dismissal without refund. Please do not send your children to Camp with a cell phone(s).

Your child will be dismissed from camp if he/she brings any of the following items to camp:

Alcohol/Drugs Animals Cigarettes Firearms/Weapons Cell Phones

Sending Mail to Campers: Getting mail at camp is a memorable event and we strongly encourage parents and family members to write to campers. Sending faxes and emails to the office are strongly discouraged because we cannot guarantee a timely delivery to your child. **Please note packages sent** to campers are opened in front of staff. All food will be confiscated and given to a local charity. We recommend using the Bunk1 service available on our website. Bunk1 emails are printed at 10:00 and delivered to campers with the days mail. You can create your account at www.bostoncamps.bunk1.com



US Postal Service:

North Woods Camp (Boys)	Pleasant Valley Camp (Girls)
PO Box 230	PO Box 465
Mirror Lake, NH 03853	Mirror Lake, NH 03853
Camper's Name/Cabin	Camper's Name/Cabin

Shipping Fed Ex or UPS:

North Woods/Pleasant Valley Camps
144 Governor Wentworth Highway
Mirror Lake, NH 03853

Getting to Camp: Do Not Use Map Quest it will send you the wrong way!

From the South: Travel Route 93 to Concord, NH, to Exit 15E at 393/4/202. Travel approximately 8 miles from the exit to the first circle (Epsom). Travel 3/4 way around the circle onto Rte. 28N towards Alton. Travel approximately 21 miles to the next circle (Alton Circle), pass by McDonald's and head straight to Wolfeboro staying on 28N. Travel approximately 9 miles to Wolfeboro. See "**From Wolfeboro**"

Or: Travel Route 95 North to the Spaulding Turnpike at Portsmouth, which becomes Route 16 West. Take Exit 15 (Farmington/Alton) and travel on Route 11 towards Alton. Travel to Route 28 North into Wolfeboro and follow directions below.

From the West: Travel Route 89 to 93 North. Exit to Route 4 East and follow Route 28 North to Wolfeboro.

From Wolfeboro: In Wolfeboro, 28N veers off to the right. DO NOT FOLLOW 28N, but at the Junction of Rte. 109, continue straight on the main road through the center of Wolfeboro. You should now be traveling on 109N, not 109A. From Wolfeboro, travel approximately 5 and a half miles to camp. Four miles outside of Wolfeboro, you should pass the Libby Museum on your right, and shortly thereafter Mirror Lake Church on your right. Within a quarter mile you will see our sign and Northwood's Road is on the left. Turn onto Northwood's Road, stop at first building on left. **Please respect our 10 mph speed limit.**

Transportation: For families that cannot make the trip to New Hampshire, we offer a **Boston-New Hampshire Bus Service**. The bus service runs from the YMCA at 316 Huntington Avenue in Boston to camp on the first day of the session, and from camp to Boston on the last day of **two week sessions only**. No one is permitted to drop a child off unless a YMCA staff member or volunteer is there to receive and supervise the camper. Please be at the bus stop 30 minutes prior to drop off or pick up. **WE DO NOT PROVIDE TRANSPORTATION TO AND FROM THE AIRPORT.**

Bus Schedule: Sunday — Bus leaves Boston at 12 p.m. and arrives at camp at 3 p.m.
Saturday — Bus leaves camp at 8:30 a.m. and arrives in Boston at 11:30 a.m.

Please see website for places to stay in the area.

www.bostoncamps.org



The YMCA of Greater Boston is dedicated to improving the health of mind, body and spirit of individuals and families in our communities. We welcome men and women, boys and girls of all incomes, faiths and cultures.

Visitor Policy: Visits to camp are not allowed during two-week sessions. During any 4-week/month sessions, visits to camp are limited to holdover period between the two-week sessions.

Arrival and Departure: Sessions **start on Sunday and end on Saturday for all campers.** No one is permitted to drop off children unless the YMCA staff and volunteers are ready to receive and supervise campers. Each camper must be signed in and out by a responsible adult.

Arrivals: Sunday between 1 p.m. and 3 p.m.

Departure: Saturday between 9:30 a.m. and 11:30 a.m.

Medical Concerns: We want you to feel comfortable leaving your child in our care. You will be notified by a Director if we have any concerns about your child, including homesickness, behavior issues, adjustment concerns, sickness or injury. A camp nurse will call if it becomes necessary for your child to spend the night in the infirmary, be seen by a doctor, or be taken to the hospital. If you are sending medication for your child, please send only enough for the length of stay your child will be attending camp. **Health Forms Due June 1.** Our health forms (4 pgs) MUST BE fully completed and signed by you. Your doctors form (1pg) must be completed and signed by your physician. **Epi Pen/Inhaler Release Forms** required where applicable- Doctor's signature is required. **Health Insurance Card as well as Prescription card must be copied front and back and attached to health forms.**

(Do not forget to pick up your camper's meds at the Roehrig Center at check out.)

Phone Calls: Campers may not receive phone calls at camp unless there is an emergency. They are disruptive to our program and make a camper's transition to overnight camp more difficult.

Meals at Camp: Three well-balanced meals are served every day at camp. Our kitchen staff strive to provide a menu that is attractive to children. An extensive salad bar is available at lunch and peanut butter and jelly is available for those who do not wish to eat the main entrées. All meals are served family-style and good manners are expected from campers and staff alike. Everyone is expected to help with set-up and clean-up when it is their turn.

Cabin Assignments: We do not accept cabin mate requests. Camp is a very special place where independence, self-worth, and life-long friendships are made. Each summer parents make cabin assignment requests so that their child might be placed with a friend, cousin, neighbor, etc... These requests hamper our staff's ability to develop these attributes in the children. Cabin assignments are based primarily upon age and grade, but our staff strives to eliminate cliques which can form when a disproportionate number of campers in one cabin know each other prior to arriving at camp.

Camp Store: **Prior to coming to camp,** a store account must be opened with a minimum of \$30. We sell souvenirs, stationery, water bottles and toiletries. Items purchased at the camp store are deducted from the camper's store account. **WE DO NOT SELL FOOD, CANDY, DRINKS, BATTERIES, OR FILM IN THE CAMP STORE.**

Please visit our on-line store:

Pleasant Valley's Store: www.bostonycamps.org/shop/pleasant_valley_online_store/

North Wood's Store: www.bostonycamps.org/shop/north_woods_online_store/

Here you will be able to order all your Camp Logo apparel!



PREPARING FOR YOUR EXPERIENCE

First Time at Camp: Sending your child away to camp for the first time is a major milestone for most families, one that is often marked by excitement, anticipation, and perhaps even some anxiety. Though camp is certainly about making friends and having fun, it is also about being on your own and being a part of a community. The most important thing you as a parent can do to help prepare your child for both these aspects of camp, is to talk about it before he/she arrives. In fact, it may be better to have several occasional, shorter talks rather than one long conversation as children often absorb more when there is less to think about at one time. Also, children may do better with this sort of conversation if it is part of a more general conversation, and if it is part of a pattern of talking, either at the dinner table or while riding in the car doing errands.

The following are some sample topics for discussion that will help prepare you and your child emotionally for their experience at camp.

Friends: Camp is about making new friends. If you are shy about meeting new kids, then learn to get to know others by being a good listener. Remember also that not everyone in your cabin or group has to be your friend, and you don't have to be everyone else's friend. As long as you treat others with respect, and they do the same with you, then having one or two friends at camp is fine. If you have more, that's great.

Activities: There are many exciting things to do at camp, many of which you may never have tried before. If your child tends to be a bit homesick, or worried about being homesick, remind them about the excitement of going to camp. Remember when you first decided to go to camp, what made you so excited? You may not like all the activities, or you may be better at some more than others, and that's ok. I, however, hope you are willing to try. The more you put into camp, the more you will get out of it.

Cooperating: You, like every other camper there, will be part of a cabin or group. As your parent, I hope you will cooperate with others and help out. That's part of what makes camp so special is kids helping each other out. Most kids will help you if you are friendly and help them.

Give yourself time: One thing about camp is that almost everything is new, the kids, the activities, the routines, the bed you sleep in, and the bathroom. It takes a few days to get adjusted, so be patient with yourself. Most of the time you will be having so much fun you won't mind all the changes, but if you do, remember that you will get so used to things that by the time you come home, you will miss all those things.

Getting Help: Everyone has good days and bad days. If you are having a problem, your counselor is there to help you. You don't have to wait to tell us if you are upset about something. After all, if your counselor doesn't know what might be troubling you, he/she can't help you. Be honest and ask for what you need. If your counselor doesn't seem to be concerned or doesn't help you, then you can go to the Unit Director, Summer Program Director, etc.

Being Positive: It's a great thing to remind your first-time camper about his or her strong points. I would focus not just on what they do well, but their positive qualities as well, such as what makes them a good friend or the type of person other kids would want to know. Helping children identify their strengths can help them when they are having a setback, one of those inevitable growing pains all children have from time to time.

Talking with your child about these kinds of issues is a great way to show support as your child gets ready to take this important step on the road to being more resilient and self-reliant. For you as a parent, it can give you more peace of mind as you allow your child to participate safely in a broader world.

Homesickness: Homesickness is a normal occurrence whether a child is away from home for the first or fifteenth time. Most children, early in their camping session, show some symptoms related to "homesickness". Our counselors receive detailed training in dealing with homesick children. However, for both your child's and our counselor's success, we depend upon your cooperation. Please do not encourage your child to call home while at camp, as there are no phones available for campers to use. It is not surprising to receive a letter early in a session in which your child sounds distressed. Feel free to contact us immediately. We will follow-up with your child and his/her counselor. Please do not arrive at camp unannounced or arrange a deal in which if your child is unhappy they can come home. It may worsen the homesickness for your child and spread these concerns to others. It is helpful to either send a letter before your child arrives at Camp or leave it at the office on drop-off day so that your child has mail right away. It is great if this letter helps to inspire confidence in your child. For example, we are so proud of you for going to Camp. We know that you will have a great time at all of your activities. I know you may miss home, but two weeks is not very long and we can't wait to hear stories of all the fun you had and new friends you made. We want you to have fun, make friends and we'll see you in two weeks.

Homesick parents make homesick campers; we need your support to provide your child with the best possible experience.