



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Camp Shorwau
Duneland Family YMCA
Advance Payment Form

Date: _____

Child's Name: _____ School _____ Grade _____
(Entering Fall 2020)

Child's Name: _____ School _____ Grade _____
(Entering Fall 2020)

Child's Name: _____ School _____ Grade _____
(Entering Fall 2020)

Parent's Name: _____ Parent's Signature: _____

Please check the program you are registering your child for:

Weekly M-F Daily Summer School Weekly M-F

Attendance Program	Rates
Weekly M-F	\$120 per week per child
Summer School Weekly M-F	\$75 per week per child
Daily Rate (per day)	\$32 per day per child
Annual Camp Program Fee	\$50 per child
Kona Ice (every Tuesday)	\$2 per child

- Please register by 6:00pm the **WEDNESDAY PRIOR** to the week you wish to attend camp. Attendance request not received by the deadline will be subject to a \$10 late fee per camper. Email to register billing@dunelandymca.org
- Payments will be drafted each Monday of the current week of care with our convenient electronic draft system
- No credits except for hospitalization or death in immediate family. Credits will not be issued to accounts with balance due; the credit will be applied toward the balance
- Each additional child in the same family will receive 10% off the lower weekly tuition rate for the first child
- Any form of payment returned from the bank as unpaid will be subject to a \$30 NSF fee
- Camp Hours are 9:00a.m.-4:00p.m.; extended care is provided from 6:00-9:00a.m. and 4:00p.m.-6:00p.m. for no additional charge
- Campers may need to arrive earlier than 9:00a.m. on Field Trip days. (please see weekly information sheet)
- Kona Ice is available every Tuesday, \$2 per child. No refunds are given for unused funds.

Please **MARK** the days you are registering your child for:

Week:	Dates:	Theme	Camp 9am-4pm	Weekly Fee	Kona Ice
			<small>(Mark ALL days attending)</small>		
Camp Days	May 28-29	Game On	R F	Fee \$	
Week #1	June 1-5	We Are Family	M T W R F	Fee \$	Add \$
Week #2	June 8-12	The Kingdom of Camp Shorwau	M T W R F	Fee \$	Add \$
Week #3	June 15-19	My Camp's Got Talent	M T W R F	Fee \$	Add \$
Week #4	June 22-26	Mysteries Maps & Riddles	M T W R F	Fee \$	Add \$
Week #5	June 29-July 3	Star Spangled Everything	M T W R F	Fee \$	
Week #6	July 6-10	Game Show Mania	M T W R F	Fee \$	Add \$
Week #7	July 13-17	The Magic of Camp	M T W R F	Fee \$	Add \$
Week #8	July 20-24	Storytelling	M T W R F	Fee \$	Add \$
Week #9	July 27-31	Fear Factor	M T W R F	Fee \$	Add \$
Week #10	Aug 3-7	Super Challenge	M T W R F	Fee \$	Add \$
Camp Days	Aug 10 & 11	Final Farewell	M T	Fee \$	



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Camp Shorwau Registration Form

Child Information P1(*P1 is participant 1, P2 is participant 2, etc.) **Expected Start Date:** _____

First: _____ M.I. _____ Last: _____

Nickname: _____ D.O.B. ___/___/___ Gender: Male Female

Physical Address: _____ City: _____ State: _____ Zip Code: _____

Additional Participants					
	First and/or Nickname	M.I.	Last Name	D.O.B.	Gender
P2				___/___/___	M / F
P3				___/___/___	M / F

Parent/Guardian 1 (Will be responsible for all charges & fees; first to be contact in the event of any situation)

First Name: _____ M.I. _____ Last Name: _____

Relationship to Participant: _____ D.O.B: ___/___/___ Gender: Male Female

Primary Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Employer/Occupation: _____ Email Address: _____

Please check if physical address is the same as participant

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Parent/Guardian 2

First Name: _____ M.I. _____ Last Name: _____

Relationship to Participant: _____ D.O.B: ___/___/___ Gender: Male Female

Primary Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Employer/Occupation: _____ Email Address: _____

Please check if physical address is the same as participant

Mailing Address: _____ City: _____ State: _____ Zip Code: _____



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Authorized Pick-Ups (APU) * Parents are automatically entered as APUs

Name: _____ Relationship to Participant: _____
 Contact is an emergency? Primary Phone: (____) _____ - _____
 Work Phone: (____) _____ - _____

Name: _____ Relationship to Participant: _____
 Contact is an emergency? Primary Phone: (____) _____ - _____
 Work Phone: (____) _____ - _____

Name: _____ Relationship to Participant: _____
 Contact is an emergency? Primary Phone: (____) _____ - _____
 Work Phone: (____) _____ - _____

Name: _____ Relationship to Participant: _____
 Contact is an emergency? Primary Phone: (____) _____ - _____
 Work Phone: (____) _____ - _____

Medical Information

The following information allows our staff to provide your child with quality care according to their individual needs.

	Allergies (Seasonal, food, pet, eczema, etc.)	Medications (Dr.'s note required, if taken during attendance)	Other (Behavioral, developmental, etc.)
P1			
P2			
P3			

Medical Contacts

Doctor's Name: _____ Office Phone: _____

Dentist's Name: _____ Office Phone: _____



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Payment Options

- Deadline for your child to be added to attendance is at 6:00p.m. the **WEDNESDAY** prior to the week you wish to attend; Communication forms accepted are Advance Payment Sheet or email billing@dunelandymca.org
- Advance Payment sheets or email to billing@dunelandymca.org not received by the deadline will be subject to a \$10 late fee per child, unless stated for the rest of the year or an extending time period. (Time period will be determined and stated by the Childcare Office Manager)
- Additional child(ren) in the same family will receive 10% off the lower weekly tuition rate
- Any form of payment returned from the bank as unpaid will be subject to a \$30 NSF Fee
- No credits except for hospitalization of participant or death in immediate family. Credits will not be issued to accounts with balances due. The credit will be applied toward the balance.
- Summer Camp Program Fee: \$50
- If you have questions about your account, you can email billing@dunelandymca.org

Bank/Credit Card Account

this must be completed before first week of care

Bank Draft

Bank Name: _____

Account Holder: _____

Account Type: Savings Checking

Account #: _____

Routing #: _____

Credit Card Draft

Card Holder: _____

Card #: _____ - _____ - _____

Card Type:

American Express

Discover

Master Card

Visa

Expiration Date: ____/____/____ CID: _____
Mo. Yr.

(Printed Name)

(Signature)

Date: _____



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YMCA OF THE USA Child Abuse Prevent Training

Form 4 – Parent Statement of Understanding

The following information is important for the safety and protection of your child. Please read the information, sign this form, and return it to the YMCA. A copy will be filed with your child's records.

I understand that YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside the YMCA program. Immediate disciplinary action will be taken by the YMCA toward staff and volunteers if a violation is discovered.

I understand that I am not to leave my young child or children* at the YMCA or a program site unless a YMCA staff or volunteer is there to receive and supervise my child.

*Note: Most YMCA's have a policy that define the specific age.

I understand that children should not receive excessive gifts (e.g., TV, video games, jewelry) from YMCA staff or volunteers, and that I should report this to a supervisor if they do.

I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child including older siblings or relatives must be listed with the YMCA and of the age required by this YMCA. Any other arrangements must be made by calling the YMCA office to inform them of a change.

I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police. Please do not put staff in a position where they have to make this judgment call.

I understand that I can help ensure my child's safety by taking an active interest in his or her YMCA experience. I too will monitor volunteer and staff interactions with my child and ask my child specific questions about program activities and volunteer or staff relationships with my child.

I understand that the YMCA is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

*Note: It may be appropriate for the YMCA to insert fees or other policy statements that need emphasis at this point.

I have received a copy of the Camp Shorwau Program Handbook and Parent Policies and Procedures and will keep it for future reference.

(Parent Signature)

(Date)



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I understand that the Duneland Family YMCA School Aged Childcare Program, School Learning and Summer Camp is not licensed under the laws of Indiana. However, I have been made aware this School Aged Childcare and Summer Camp complies with the State of Indiana rules concerning sanitation and fire safety. I understand that it is my responsibility to inform the staff at the Duneland Family YMCA of any changes in parental contact information.

This notice excludes the School Age Childcare Program and Summer Camp from all injuries aside from negligence or intentional wrongdoing on the part of the Duneland Family YMCA or an employee of the Duneland Family YMCA. The Duneland Family YMCA abides by the rules of the Duneland School Corporation and is not required to share your child's information.

I understand that no employee of the YMCA is permitted to watch my child(ren) outside of the child care program facility. I also understand that at no time is a YMCA employee allowed to transport my child.

Ending Statement

The policies outlined in the Parent's Handbook allow us to maintain high standards in providing a safe, healthy, and productive Out of School Learning and Summer Camp environment.

I have read and understand the policies and procedures written in the Duneland Family YMCA SACC or Summer Camp Program Handbook. I agree to follow all policies and procedures written in this handbook. I, also, understand that any and all the admission policies and procedures may change at any time at the sole discretion of the Duneland Family YMCA, with or without prior notice to all participants.

I also understand that the undersigned, as guarantor and agent of the above-mentioned person or entity, do hereby agree to pay all charges the Monday morning before the time services are rendered. I am aware that neglecting to keep up with payments on my child's account forfeits their spot in the program and it is mandatory for me to compensate the cost of collection and attorney fees. I further agree that any dispute with regard to payment of this debt shall be subject to the laws of Indiana and by my signature; I am submitting myself to the jurisdiction of the courts of Indiana.

I understand my signature confirms that I have read all of the information above and will be in compliance with all of the aforementioned information.

(Student Name)

(Date)

(Parent Name)

(Driver's License Number)

(Parent Signature)

****For Administrative Office Use Only****



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Demographic Information:

The following questions are geared towards the sponsor of the registering participant. The information is used for grant writing purposes only.

What is your age?

- 25 or Under
- 26-40
- 41-55
- 56 or Older

What is your primary language?

- Arabic
- English
- Spanish

Other: _____

How would you classify your ethnicity?

- Asian
- African American
- Native American
- Hispanic
- Caucasian

Other: _____

What is your current marital status?

- Divorced
- Living with another
- Married
- Separated
- Single
- Widowed

Other: _____

What is your current household income?

- Under \$10,000
- \$10,000-\$20,000
- \$20,000-\$30,000
- \$30,000-\$40,000
- \$40,000-\$50,000
- \$50,000-\$100,000
- \$100,000 and Up

What is your religious background?

- Christian
- Jewish
- Buddhist
- Hindu
- Islam
- Interfaith

Other: _____

How did you hear about our childcare facility/program?

- Online
- Newspaper
- Flyer
- Radio
- Friend/Family Member
- Current Participant

If so, who? _____

Other: _____



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Permissions:

I give permission to allow my child(ren) photo (including: first & last name) to be used in any Duneland Family YMCA media outlet (examples: newsletters, newspaper, yearbooks, brochure, Facebook, etc.)

Yes No

I give permission to allow my child(ren) to eat foods made within the YMCA programs.

Yes No

I give permission to allow my child(ren) to go on alternate field trips due to inclement weather.

Yes No

I give permission to allow my child(ren) to watch "PG" movies.

Yes No

I give permission for any prescription or non-prescription medications to be administered to my child(ren) provided a doctor's note is on file.

Yes No

I authorize the Duneland Family YMCA Childcare to act on my behalf in the event my child(ren) requires emergency medical treatment if I cannot be reached. I hereby authorize the calling of our physician listed on file, or if not available, another licensed physician at my expense to provide whatever emergency medical or surgical treatment is necessary.

Yes No

I give permission to allow my child(ren) to go on walking and/or bus field trips in attendance. (If no, parents will need to make alternate arrangements when field trips are included in the program activities.)

Yes No

I give permission to allow my child(ren) to be administrated the Swim Test Approval for the deep end of the swimming pool.

Yes No

I give permission to allow my child(ren) to go swimming.

Yes No

I give permission to allow my child(ren) to participate in water activities.

Yes No

Parent Signature

Date



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Sunscreen Policy

Camp Shorwau will participate in outdoor and indoor activities throughout the summer. Camp Shorwau will provide sunscreen for campers with permission from parents/guardians. Staff and campers are instructed to apply sunscreen frequently. Camp Shorwau staff are available to assist each camper that may be unable to personally apply sunscreen, the staff will apply sunscreen on exposed skin, such as, face, shoulders, back, legs, and feet. Campers will be asked to assist in the applying of sunscreen through out the day, with the supervision of a staff member.

We encourage families take extra measures to help protect from sun exposure when necessary. For example, sending summer hats and/or swim shirts with campers. Also, please apply a thick layer of sunscreen before arriving at camp each day, sunscreen works best when time has been given to completely dry.

If you choose to supply your own sunscreen, the bottle needs to be placed in a Ziplock bag labeled with camper's name. Sunscreen will be kept in camper's personal backpack.

Please give permission by checking all that apply:

I give permission to Camp Shorwau to apply the provided sunscreen to my child and allow staff members to supervise the application and assist when necessary.

I will provide my own brand of sunscreen that my child will keep in their backpack in a labeled Ziplock bag and Camp Shorwau staff may assist when necessary.

Brand Name: _____ SPF: _____

My child is responsible to apply sunscreen when needed and will not need any assistance applying but may use sunscreen provided by Camp Shorwau.

My child is responsible to apply sunscreen when needed and will not need any assistance applying, I have provided sunscreen for my child to remain in their backpack.

(Parent Printed Name)

(Parent Signature)

(Date)



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Transportation Policy
Consent for Child Care Program Activities

Name of Program: Duneland Family YMCA Camp Shorwau

Address of Program: _____

Name of Child: _____

Parent/Legal Guardian consent is given for the items below: (Please initial)
Activities take place frequently at the following locations around the facility property:

*Inside the facility; gym, community room, racquet ball court, fitness room, and teen center

Green Space outdoors round the facility

Facility pool

Walking Trips are taken to the following locations:

_____ Walking trips to the following locations will be taken throughout summer (*if several trips see attached list, please see attached list*)

Location: Coffee Creek Park, downtown Chesterton Park, Candy store, fire station, Chesterton Middle School, Library, Ice cream shop, and Duneland Resale.

Motor Vehicle Transportation

_____ Trips by motor vehicle transportation are provided by a third-party certified chauffer busing company, service for children ages 3 years and up. (*If several trips see attached list, please see attached list*)

Please list special needs of the child during transport: _____

Parent/Legal Guardian Signature

Parent/Legal Guardian Printed Name

Date



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Discipline/Guidance Policy

It is very important a child's development is nurtured through caring, patience, and understanding. However, while caring for your children, we may have to respond to your child's misbehavior. Hitting, kicking, spitting, hostile verbal behavior and other behaviors which will hurt another child or teachers are not permitted.

In response to these behaviors we will not use:

- Threats or bribes
- Physical punishment, even if requested by the parent
- Deprive your child of food or other basic needs
- Utilize food as a reward
- Humiliation or isolation
- The word bad or while redirecting ex. "you are making bad choices." We will use "you are making poor or sad choices."

In response to misbehavior we will:

- Respect your child
- Establish clear rules
- Be consistent in enforcing rules
- Use positive language to explain desired behavior
- Speak calmly while bending down to your child's eye level
- Give clear choices
- Redirect your child to a new activity
- For children ages 2 years and up, move your child to a time-out area for no longer than one minute per year of your child's age, if necessary

If a child's behavior is very disruptive or harmful to themselves or others, a confidential meeting will be scheduled with the parents. The meeting will result in a behavior modification plan. If the situation can be resolved, the child may remain enrolled. If we are unable to resolve the issue, you may be asked to make other child care arrangements or referred to an outside agency for professional assistance.

As a parent, you may have some concerns or wish to offer suggestions. Parents are more than welcome to make suggestions (in writing) and we will be happy to attempt to implement the suggestions as long as they are within the guidelines of this policy and do not require more than reasonable amount of one on one time.

Note: Our program serves children of all abilities, ages 6-weeks to Kindergarten, discipline/guidance techniques will be modified as needed using developmentally appropriate communication according to each child's needs/ability.

Child's Name	Date of Birth	
Child's Name	Date of Birth	
Child's Name	Date of Birth	
Parent/Guardian Signature #1	Parent/Guardian Printed Name	Date
Parent/Guardian Signature #2	Parent/Guardian Printed Name	Date



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Suspension and Expulsion Policy

The YMCA teachers provide environments that support Developmentally Appropriate Practices at each stage of a child's development. The YMCA strives to engage with each child and promote their development, positive social emotional growth, as well as age appropriate positive behavior development. This policy outlines the procedures we take to limit the use of expulsion, suspension from our programs.

Each program provides a lesson plan that outlines the weeks activities and provides opportunity for teachers to be flexible in teaching. Plentiful materials are provided to limit struggles over materials. Teachers create a program that reflects the diversity of the community and involves each child's home culture and language. The program provides opportunities for large group activities and small group activities, support during transitions, and teachers make changes to the learning environment weekly to spark curiosity.

Teachers strive to create a sense of community with their groups. They engage children in cooperative experiences as well as experiences that demonstrate that each member of the group is valued. Opportunities are provided for children to play and work together, both in groups and on their own. A space is provided for children to be by themselves, opportunity's for children to choose their activity are provided daily. Teachers support children as they develop problem skills by using group activities as an opportunity to discuss problems and emotions, children can support each other and manage through these issues.

Teachers work to actively create a positive relationship with family, communicating regularly through daily written reports, Accident/Injury Reports, Corrective Action Reports, email, or verbally upon drop off/pick up. Parent teacher conferences are offered with child assessments. The program utilizes annual program surveys to assess the effectiveness of the program on several levels.

Parents are always welcome in the program. Opportunities for parents to participate in our program are welcome, such as, observing your child's environment, reading to the group, or sharing a skill or interest. The program will engage parents to work together, making decisions about how best to support children's learning and development, and how to handle behavior problems in the program. Teachers will respect parent's goals and expectations for their child, and respect parent's personal and cultural preferences.



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In addition to CPR, first aid, child abuse prevention, teachers are supported through professional development annually. Teachers achieve over 20 hours of in-service training in the areas of Developmentally Appropriate Practice, curriculum, positive classroom management and discipline, child development, and health, nutrition, sanitation, and safety.

When behavioral issues or indicators of delayed development interfere with the learning environment the program may engage our local Child Care Resource and Referral Agency for support, professional development, or coaching on positive social/emotional and behavioral development to ensure children's developmental needs are being met. Other resources our organization may use to support teacher and family include, but are not limited to:

- First Steps
- Porter County Education Services, SELF School
- Behavioral Specialist of Indiana
- Ruby Slippers Counseling Services
- Porter Starke Services
- Child's Physician

Teachers will document incidences on a Corrective Action Form, parents and teachers sign the form and a copy is kept in the child's file. Other forms of documentation may include a daily journal for a child, individualized behavior chart, or written notes from a meeting or conference. All forms of communication are collected and analyzed before suspension or expulsion occur. A parent conference will be scheduled to determine the best course of action for the child. At this meeting, a timeline and goals will be set to correct the actions or behaviors demonstrated in the learning environment. Teachers and parents will work together to create a documented action plan, monitor the plan, and regroup to discuss improvements. If incidents continue that pose a safety threat that can't be addressed with reasonable modification or disruption of the learning environment on a level that requires more than a reasonable amount of one on one time, a child may be suspended or expelled from the program.

My signature confirms that I have read and understand the Suspension and Expulsion Policy.

(Parent Printed Name)

(Parent Signature)

(Date)

THIS IS A REQUIRED FORM

Facility Name Duneland Family YMCA

Child's Name _____ Date of Birth _____

Parent's Name _____ Phone _____

Address _____
Street Address City State Zip

Record Date of Immunization

	Birth	1 mo	2 mo	4 mo	6 mo	12-18 mo	2-3 yr	4-6 yr
Hep B								
DtaP / DTP / Td								
Hib								
MMR								
IPV								
Varicella								
PCV / Prevnar								
Hep A								

Child has documented history of Varicella Disease ___ No ___ Yes If yes, age _____

Please check the appropriate response.

- Child has received complete age-appropriate Immunizations.
- Child is currently in the process of receiving complete age-appropriate Immunizations.

ONE BOX ABOVE MUST BE CHECKED BY THE HEALTH CARE PROVIDER

Comments: *(Please list immunizations excluded for medical reasons)* _____

Parent comments: *(Please indicate religious objection, if any)* _____

Signature _____ Date _____
(Medical Professional Signature and Date is required.)

Printed Name and Title _____
(Printed Name and Title is required)

This form must be updated annually.



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Important Camp Shorwau Information

Campers will be divided into age appropriate camps - see guide for age groups

<u>Grade entering Fall 2020</u>	<u>Name of Group</u>
Grade 1	Rainbow Trout
Grade 2	Perch
Grades 3-4	Blue Gill
Grades 5-8	Northern Pike
Optional Grades 7-8	Counselors in Training

- The Duneland Family YMCA is not responsible for lost or stolen items.
- Label everything **brought to camp with your child's name.**
- **Campers need at camp each day:**
 - **A sack lunch and water bottle. Lunch boxes are permitted however, please keep in mind that your child will be responsible for his/her lunch box.**
 - **SACK LUNCH IS REQUIRED on field trip days.**
- **A swimsuit & towel in backpack.**
- **Tennis shoes MUST be worn at camp (flip flops, sandals, etc. only permitted at pool). Parents will be called to bring appropriate footwear to camp if their child is not in appropriate footwear.**
- **Sunscreen is more effective if applied one hour before sun exposure. We recommend applying sunscreen before arrival at camp. Participants will be encouraged to reapply sunscreen throughout the day and required to reapply sunscreen before getting into the pool. Staff assistance will be available in a group setting when needed.**
- **Participants are required to participate in all indoor/outdoor activities.**
- **The following items may not be brought to camp: cell phones, electronic watches, toys, games, electronic games, MP3 players, iPods, expensive clothes or unnecessary items. Please leave these items at home.**
- **Summer camp will be in various locations throughout the day. Campers are required to be dropped off no later than 9AM unless a field trip requires earlier drop off.**
- **Pick up is at 4pm. Special exceptions are made when notified.**



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Weekly Camp Shorwau Checklist & Information

Camper's List

- Backpack (Labeled with Campers name)
- Wet bag for swimsuit & towel
- Swimsuit & towel
- Tennis Shoes (sandals/flip flops for pool only)
- Refillable Water Bottle
- Sack Lunch that can remain cold by itself
- Check the weekly theme list to see if any special items need to be brought in

Parent's Information

- Sign in camper between the hours of 6-9am
- Bring ID to sign out camper between the hours of 4-6pm
- Check parent information board for upcoming information, reminders, or changes
- Sign up for field trip a week in advance
- Campers must be registered for the next week by the Wednesday prior to the intended week by emailing billing@dunelandymca.org
- Scheduling & billing questions are directed to Melissa Griffith, Youth Business Manager, by email billing@dunelandymca.org.
- Questions or comments are directed to Sally Gabric, Program Director, by email sgabric@dunelandymca.org.



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**Camp Shorwau
 Weekly Themes
 Parent Copy**

Camp	Date	Weekly Theme	Theme Description and Field Trip
Camp Days	May 28-29	Game On	Schools out Summer is on! Come meet your counselors and get a feel for camp life.
wk 1	June 1-5	We are Family	Get to know your camp family, with family backyard games, a wild scavenger hunt through local areas, and ending with a family camp wide lunch picnic.
wk 2	June 8-12	The Kingdom of Camp Shorwau	Jesters juggling, castle building, noodle jousting, and of course capture the crown! Join in for a search in the King's treasure, knight training, and ending with a Knights Code.
wk 3	June 15-19	My Camp's Got Talent	Counselors will start the week off with a Counselor's Got Talent Show and we will end with a Camper's Got Talent Show! Join us for a week of skills, laughter, and showing off your talent! Everybody has one what is yours?
wk 4	June 22-26	Mysteries, Maps, & Riddles	Follow the map to solve the riddle that leads you to solve the mystery! A week of fun thinking, each day is a different mystery that will need to be solved before ending the day! Are you up for the challenge?
wk 5	June 29-July 3	Star Spangled Everything	Celebrating America by making arts and crafts, special treats, & special competitions! Wear your Red, White, & Blue all week as we celebrate the whole week!
wk 6	July 6-10	Game Show Mania	Now is the time to Let's Make a Deal, spin the wheel, answer with a question, and make your own Game Show. We will find out more about Game Shows from 1960-Now! Join for a week of Gaming!
wk 7	July 13-17	The Magic of Camp	It's Magic! Find out what the magic of Camp Shorwau is, card tricks, magic potions, disappearing rabbits... Watch closely because the magic is around every corner!
wk 8	July 20-24	Storytellers	Books, films, play, drawings... unlimited ways to tell a story. Join us for a week of Imagination. Your books just may come to life! You do not want to miss this week!
wk 9	July 27-31	Fear Factor	Time to eat some bugs and worms! Don't forget the worms! Brave the challenges and find some fun surprises that are waiting for you!
wk 10	August 3-7	Super Challenge	It is the final full week of Camp Shorwau, what a better way to end summer but with a Super Challenge week. Take on challenges and give challenges! May the odd forever be in your favor!
Camp Days	Aug. 10 & 11	Final Farewell	Last two days before school starts, join us for one last swim, one last friendship bracelet exchange, one last song, and T-shirt signing so our memories will forever be remembered!



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