2021 April Vacation
Vacation Week Registration

Camp will be held this upcoming school year during December, February, and April vacation weeks.

**Camp Days Offered:**
APRIL 19, 20, 21, 22, 23

**Camp Time Frame:**
8:30am-4:30pm

Camper Name: ________________  DHS/RICAAP Number (if applicable): ________________

**February Vacation Week Pricing**

<table>
<thead>
<tr>
<th>Rate Options</th>
<th>5 Day Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member Rate</td>
<td>$160</td>
</tr>
<tr>
<td>Non-Member Rate</td>
<td>$200</td>
</tr>
</tbody>
</table>

**School Child Attends:**

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**Vacation Camp New Policy:**
The Newport County YMCA wants to be as safe as possible, which is why we will be offering Vacation Camp for only a 5 Day Option. The Program will operate from 8:30 – 4:30 but parents can drop off or pick up any time between those hours. If you do not drop off between 8:30 – 9:30 or pick up between 3:30 – 4:30, please email rachelc@newportymca.org to let the program know what time the child will be coming. Also, if you child is not attending on a certain day, please send an email.

**Safety Protocols:**
- Curbside or door side child drop off and pick-up systems that keeps families physically distant.
- Y Staff and all children wear face coverings at all times.
- Wellness check performed daily upon entry.
- Group sizes and child: staff ratio limited to minimize contact with new individuals.
- Fresh air and outdoor time maximized to the fullest extent possible.
- Mealtimes staggered and space to prevent mixing groups.
- Meals must be brought from home, reduces less contamination between children.
- Tables and eating areas spaced and sanitized before and after each usage.
- All programs located in areas with adequate handwashing facilities.
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Child’s Name: ___________________________________________ Age ____ Grade ____

Parent/Guardian Name(s): ____________________________________________________________

Phone Number: (Cell) ________________________________ (Work): __________________________

Authorized Pick-up list (name and contact number):
_________________________________________________________________________________
_________________________________________________________________________________

Allergies/Medical:
_________________________________________________________________________________
_________________________________________________________________________________

Behavioral/ Emotional Needs:
_________________________________________________________________________________
_________________________________________________________________________________

Does your child need help in the bathroom or locker room?   Yes____   No_______
If yes, please explain: ______________________________________________________________
_________________________________________________________________________________

Do we have permission to photograph your child for our publications?   Yes ______ No _______

**Items to bring:**

**Lunch, two snacks, water bottle, mask, appropriate outerwear.**
AUTHORIZATION TO DRAW ACH/CREDIT CARD DRAFTS

Child’s Name

Name of Payer

Address

City, State & Zip

Signature of card holder/bank depositor

Credit Card: ____________________________ Expiration Date: ____________________________

ACH Debit: ____________________________ Account Number: ____________________________
Routing Number: ____________________________

Bank Name: ____________________________

1. I authorize the Newport County YMCA to charge my credit card/checking account the above total amount of money each week for the program. I understand my account will be charged one week prior to attending.
2. This draft is continuous to the end of the program or until I initiate its termination.
3. I understand that if I wish to end or change the automatic debit I must give the YMCA a 15-day written notice.
4. Should my credit card company or bank for any reason not to honor a draft, I understand that the YMCA will automatically resubmit that draft for payment if the draft is not honored during the resubmission the amount of the draft, as well as a $25.00 service charge will be immediately due and payable to the YMCA. This is in addition to a service fee that maybe charged by my bank.

Date: ____________________________ Signature of Payee: ____________________________