



# SCHOOL-AGE CHILD CARE (SACC) 2022 SUMMER REGISTRATION

All registration information must be completely filled out before your child is registered (complete all child care forms in black ink).

Current YMCA Membership?  Yes  No If yes,  Family Membership  Youth Membership

## Child(ren's) Information

1. Name (Last, First) \_\_\_\_\_ Age as of 6/13/22 \_\_\_\_\_ School \_\_\_\_\_ Grade Sept. 2022 \_\_\_\_\_ Birth Date \_\_\_\_\_

2. Name (Last, First) \_\_\_\_\_ Age as of 6/13/22 \_\_\_\_\_ School \_\_\_\_\_ Grade Sept. 2022 \_\_\_\_\_ Birth Date \_\_\_\_\_

## Check Location

Calvary Lutheran  Ferguson Family YMCA  Langlade School  Meadowbrook School  West Side YMCA

## Check the weeks your child(ren) will be attending Child's start date: \_\_\_\_\_

Week 1  June 13 - June 17      Week 4  July 5 - July 8 (4 days)      Week 7  July 25 - July 29      Week 10  Aug 15-17/ 3 days (Langlade)

Week 2  June 20 - June 24      Week 5  July 11 - July 15      Week 8  Aug 1 - Aug 5      Aug 15-19/ 5 days (FFY, WSY, Calvary & Meadowbrook)

Week 3  June 27 - July 1      Week 6  July 18 - July 22      Week 9  Aug 8 - Aug 12

## Check the following day camp information if interested in attending 1 or 2 weeks of camp as part of your child's summer experience. (If you are enrolling your child in 6 weeks or less of School-Age Child Care, skip this Day Camp section)

All children (ages 5-12) attending at least 7 weeks of SACC are able to attend one week of day camp (2-week maximum). For an additional (\$10 Kids Camp) or (\$10 Camp Wabansi) plus your weekly summer rate, your child can experience one week of day camp. If you choose to attend a second week of day camp, you will be charged the regular day camp rate (See Optional Day Camp Section in brochure). Please fill out all pertinent information as it relates to the camp(s) of your choice. All camp weeks will be assigned and announced in your confirmation letter. It is not always possible to honor all weeks of camp requested especially if wanting more than one.

My Child:  is  is not interested in attending either day camp.

My Child would like to attend **KIDS CAMP** (ages 5-10)  Yes  No If yes,  1 Week  2 Weeks

Please list & prioritize theme weeks of interest to your child: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

There is no bus transportation to and from Kids Camp. You will need to drop off and pick up at Kids Camp.

While at Kids Camp, my child would like to be in a group with: \_\_\_\_\_

My Child would like to attend **CAMP WABANSI** (ages 7-12)  Yes  No If yes,  1 Week  2 Weeks

Would they like to attend:  Traditional Camp (ages 7-12) or  Specialty Camp (ages 10-12)

If Specialty Camp, please list & prioritize specialty camps of interest: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

My child's bus stop for Wabansi will be:  West Side YMCA  Langlade School (There is no bus stop at Ferguson Family YMCA, Meadowbrook, or Calvary)

While at Wabansi, my child would like to be in a group with: \_\_\_\_\_

If you register your child(ren) for any other YMCA programs throughout the summer, please call the SACC office with the details (Overnight Camp, Swim Lessons, etc.)

Upon registering, you MUST pay the following: (\$30 registration fee per child AND first FULL week of care.)

Total fee enclosed: \$ \_\_\_\_\_ (Make checks payable to YMCA) Financial Assistance Requested  Yes  No

Office Use Only: Paid \_\_\_\_\_ Immun.  Kids Camp \_\_\_\_\_ Wabansi \_\_\_\_\_ Uni \_\_\_\_\_ TAP \_\_\_\_\_

Draft  \_\_\_\_\_ Computer    3rd Party  \_\_\_\_\_ AC  \_\_\_\_\_ BC  Site Copies  Confirmation  Sp. Concern



# SCHOOL-AGE CHILD CARE (SACC) 2022 SUMMER REGISTRATION

All registration information must be completely filled out before your child is registered (complete all child care forms in black ink).

Did your child(ren) participate in the: **2021 SUMMER PROGRAM**  Yes  No If yes, which site? \_\_\_\_\_ **OR** **2021-22 BEFORE/AFTER SCHOOL PROGRAM?**  Yes  No If yes, which site? \_\_\_\_\_

## Child(ren) Information

Name (Last, First)	Sex	Home Address (Street, City, State)	Zip Code	Telephone
1.				
2.				

Please list your main email address to receive School-Age correspondence.  
\_\_\_\_\_

## Parent or Guardian Information

Relationship to Child	Name (Last, First)	Home Address (Street, City, State)	Zip Code	Home Phone	Cell Phone	Work Name & Address	Work Phone

## Emergency Contact (List information of person to contact when mother, father or guardian cannot be reached.)

Relationship to Child	Name (Last, First)	Home Address (Street, City, State)	Zip Code	Home Phone	Cell Phone	Work Name & Address	Work Phone

## Persons Authorized to Pick Up Child(ren) - Include Parents

Relationship to Child	Name (Last, First)	Home Address (if not listed above)	Home Phone	Cell Phone	Work Name & Address (if not listed above)	Work Phone

**Parent's Marital Status**  Married  Single  Divorced  Separated  Spouse Deceased

Note any custody arrangements or restrictions (Attach court order if applicable) \_\_\_\_\_



# 2022 SUMMER SACC

## School-Age Child Care (SACC) Summer Medical Registration

**First Child's Name:** \_\_\_\_\_

### Medication

Will your child require any medication while at the summer program? Yes  No

If yes, please list medication: \_\_\_\_\_ (You will be required to complete a "Medication Authorization Form")

### Health History

Check any special medical condition(s) that your child may have (you must check at least one box in this section).

- |   |   |
|---|---|
| <input type="checkbox"/> No Medical Condition<br><input type="checkbox"/> Sensitivity to the sun<br><input type="checkbox"/> Asthma<br><input type="checkbox"/> Epilepsy/Seizure Disorder<br><input type="checkbox"/> Heart Problems<br><input type="checkbox"/> Diabetes<br><input type="checkbox"/> Any disorder including Cognitively Disabled, LD, ADD, ADHD or Autism (please circle which disorder)<br><input type="checkbox"/> Cerebral Palsy/Motor Disorder | <input type="checkbox"/> Non-Food Allergies, please specify _____<br><input type="checkbox"/> Food Allergies, specify food(s) _____<br><input type="checkbox"/> Milk Allergy (attach a statement from the Doctor indicating the acceptable alternative)<br><input type="checkbox"/> Gastrointestinal or feeding concerns including special diet<br><input type="checkbox"/> Other Condition(s) requiring special care, please specify _____<br>_____<br>_____ |
|---|---|

### Emergency Care Plan

If you checked any condition listed above, please answer the following questions. If something does not apply, write NA.

1. Triggers that may cause problems - specify.
2. Signs or symptoms to watch for - specify.
3. Action steps the YMCA staff should follow.
4. Identify any staff to whom you have given specialized training/instructions to help treat symptoms.
5. When to call parents regarding symptoms or failure to respond to treatment.
6. When to consider that the condition requires medical care or reassessment.
7. Any additional information that may be helpful to staff.

### Parent Consent /Authorization

Please initial each line & provide signature at bottom of page stating you have read and understand each item.

- \_\_\_\_\_ I am aware that a copy of the YMCA Licensing Policies and Wisconsin Licensing Rules for Day Care are available at the program for review at any time.
- \_\_\_\_\_ I authorize the YMCA to take my child on all field trips via bus or walking during any of the YMCA Summer program days my child is enrolled.
- \_\_\_\_\_ I  **GIVE** or  **DO NOT GIVE** permission for promotional photographs to be taken of my child(ren). **Please check one box.**
- \_\_\_\_\_ In the event of an emergency, I authorize any medical treatment that may be needed. I understand that in the event of an injury, I will be contacted first and this waiver will only be necessary if I or my emergency contact cannot be reached.
- \_\_\_\_\_ I understand that all above said information is confidential and is only used as a guide in understanding my child(ren).
- \_\_\_\_\_ I understand that if I withdraw from the program prior to May 13 and written notice is provided, I will receive my first week's payment in return. If written notice is provided after May 13, my first week's payment and registration fee per child is forfeited.
- \_\_\_\_\_ I understand that if I withdraw from the program in June or thereafter, a two-week written notice must be provided to the SACC office and payment for additional weeks may be required.
- \_\_\_\_\_ I understand the information in this brochure as it relates to cancelling a week of care at my child's summer location.

X Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# 2022 SUMMER SACC

## School-Age Child Care (SACC) Summer Medical Registration

Second Child's Name: \_\_\_\_\_

### Medication

Yes  No

Will your child require any medication while at the summer program?

If yes, please list medication: \_\_\_\_\_ (You will be required to complete a "Medication Authorization Form")

### Health History

Check any special medical condition(s) that your child may have (you must check at least one box in this section).

- |  |  |
|--|--|
| <input type="checkbox"/> No Medical Condition  | <input type="checkbox"/> Non-Food Allergies, please specify _____  |
| <input type="checkbox"/> Sensitivity to the sun  | <input type="checkbox"/> Food Allergies, specify food(s) _____   |
| <input type="checkbox"/> Asthma  | <input type="checkbox"/> Milk Allergy (attach a statement from the Doctor indicating the acceptable alternative) |
| <input type="checkbox"/> Epilepsy/Seizure Disorder   | <input type="checkbox"/> Gastrointestinal or feeding concerns including special diet                             |
| <input type="checkbox"/> Heart Problems  | <input type="checkbox"/> Other Condition(s) requiring special care, please specify _____                         |
| <input type="checkbox"/> Diabetes  | _____  |
| <input type="checkbox"/> Any disorder including Cognitively Disabled, LD, ADD, ADHD or Autism (please circle which disorder) | _____  |
| <input type="checkbox"/> Cerebral Palsy/Motor Disorder   | _____  |

### Emergency Care Plan

If you checked any condition listed above, please answer the following questions. If something does not apply, write NA.

1. Triggers that may cause problems - specify.
2. Signs or symptoms to watch for - specify.
3. Action steps the YMCA staff should follow.
4. Identify any staff to whom you have given specialized training/instructions to help treat symptoms.
5. When to call parents regarding symptoms or failure to respond to treatment.
6. When to consider that the condition requires medical care or reassessment.
7. Any additional information that may be helpful to staff.

# 2022 SUMMER SACC/TAP

## YMCA Bank Draft or Credit Card Draft Agreement

Upon registration, payment will be made for your first week of the summer program (SACC or TAP). Draft amounts will occur for the remaining summer weeks you have registered for. This does not include any week(s) of Camp U-Nah-Li-Ya. Camp will bill you directly.

Weekly drafts will be drafted on the Monday of the current week attending (Example: If attending week 2 (June 20-24) your draft for this week will occur on Monday, June 20).

Monthly drafts will be drafted on the 1<sup>st</sup> or 15<sup>th</sup> of the month per your request for the weeks of care occurring within that month.

(Example: Weeks of June 13, 20, 27 will be drafted in June. Weeks of July 5, 11, 18, 25 will be drafted in July. Weeks of August 1, 8, 15 will be drafted in August.)

**Please fill out the information below and return this form to the SACC/TAP office upon registration.**

Child(ren)'s Name: \_\_\_\_\_ Summer Site: \_\_\_\_\_

Frequency of Draft:      \_\_\_ Weekly                              OR                              \_\_\_ Monthly ( \_\_\_ 1<sup>st</sup>      or      \_\_\_ 15<sup>th</sup>)

**If checking or savings draft, please supply the following information:**

Type of Account: \_\_\_ Checking or \_\_\_ Savings

Bank Name: \_\_\_\_\_ Account Holder's Name: \_\_\_\_\_

Bank Routing No: \_\_\_\_\_ Account Number: \_\_\_\_\_

**If credit card draft, please supply the following information:**

\_\_\_ Discover Card      \_\_\_ Master Card      \_\_\_ Visa      Name as it appears on the card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ 3 Digit CVV Code: \_\_\_ \_\_\_ \_\_\_

**Authorization:**

I hereby authorize my financial institution to withdraw the amount based on my payment schedule from the account listed above.

- A. I understand my payment will continue until my scheduled payments are completed.
- B. It is my responsibility to notify the YMCA immediately of any account change or closing and to provide the YMCA with current account information. To make changes for drafts on the first of the month you must notify the YMCA by the 25<sup>th</sup> of the month prior. Notification for accounts drafting on the 15<sup>th</sup> must be in by the 10<sup>th</sup> of the month.
- C. The YMCA reserves the right to refuse entrance into the facility or programs if payments are delinquent. Full payment of delinquent payments will be required for reinstatement into programs.

**Cancellation:**

- A. **A two-week advance written notice must be given prior to withdrawing from a program.**
- B. Following one month of insufficient funds or declined credit card, the YMCA will send a letter and statement to be paid within 15 days.
- C. Following a second month of insufficient funds or declined credit card, you will be contacted by the program director so that you can make arrangements to pay your balance due.
- D. If you do not comply with the arrangements, you will be terminated from the program. Your account will be frozen and you must pay any past due amount before participating in any YMCA program or membership in the future.

Parent/Payee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE RETURN THIS DRAFT AGREEMENT ALONG WITH YOUR COMPLETED SUMMER SACC/TAP REGISTRATION FORM.**





# TEEN ADVENTURE PROGRAM (TAP)

Location: Franklin Middle School

# 2022 SUMMER REGISTRATION

(Complete all forms in black ink)

All information must be completely filled out on this form before your child is registered (i.e. health history, signatures, telephone numbers, etc).

Current YMCA Membership?  Yes  No If yes,  Family Membership  Youth Membership

Child(ren) Name (Last, First)	Sex	School	Age as of 6/13/22	Grade Sept. 2022	Birth Date
1.					
2.					

### Parent or Guardian Information

Relationship to Child	Name (Last, First)	Home Address/Zip Code	Home Phone	Cell Phone	Work Name & Address	Work Phone
Emergency Contact not listed above						

### Persons Authorized to Pick Up Child(ren) - Include Parents

Name	Relationship	Home Phone	Cell Phone	Work Phone
1.				
2.				
3.				
4.				

Parents Marital Status:  Married  Single  Divorced  Separated  Spouse Deceased

Note any custody arrangements or restrictions (Attach court order if applicable) \_\_\_\_\_

### Check the week(s) your child(ren) will be attending: (Field trips occur on Wednesdays for majority of weeks)

Week	Theme	Addl. Fee	Week	Theme	Addl. Fee
1 <input type="checkbox"/> June 13 - June 17	"Fun & Games"	\$15	6 <input type="checkbox"/> July 18 - July 22	"Splish Splat"	\$15
2 <input type="checkbox"/> June 20 - June 24	"Beach Party"	\$10	7 <input type="checkbox"/> July 25 - July 29	"Get Ur Game On"	\$25
3 <input type="checkbox"/> June 27 - July 1	"Homerun"	\$15	8 <input type="checkbox"/> Aug. 1 - Aug. 5	"Poseidon's Rage"	\$30
4 <input type="checkbox"/> July 5 - July 8 (4 days)	"The Great Outdoors"	\$25	9 <input type="checkbox"/> Aug. 8 - Aug. 12	"Strike It Up"	\$20
5 <input type="checkbox"/> July 11 - July 15	"Maxx Force"	\$40	10 <input type="checkbox"/> Aug. 15 - Aug. 17 (3 days)	"Summer Send Off"	\$15

### Reminders:

- To avoid cancellation fee, please register only for weeks your child will need.
- If you register your child(ren) for any other Y Programs throughout the summer, please call the TAP office with the actual program (i.e. Camps, Teen Leadership) and dates they will attend.
- Upon registration, you must pay the following: (\$30 Registration fee per child and FIRST week.) Any additional weekly trip fees are paid to TAP staff on site.

Please list your main email address to receive TAP correspondence: \_\_\_\_\_

Total Fee Enclosed \$ \_\_\_\_\_ (make checks payable to YMCA)

Financial Assistance Requested  Yes  No

OVER →

Office Use Only: Paid \_\_\_\_\_ Confirmation  Site Copies  JC \_\_\_\_\_ Uni \_\_\_\_\_ SACC \_\_\_\_\_  
 Draft  \_\_\_\_\_ Computer    3rd Party  \_\_\_\_\_ AC  \_\_\_\_\_ BC  Sp. Concern

Wk.	TAP THEME WEEK DESCRIPTIONS
1.	<b>Fun &amp; Games.</b> Join us for some fun and games as we travel to Appleton's Badger Sports Park to kick-off TAP 2022! This family entertainment center has laser tag, go-karts, mini-golf, a game room, batting cages & much more!
2.	<b>Beach Party.</b> Enjoy a sandy beach as we travel to Ashwaubomay Lake for some wet and wild fun! We will build sand castles, participate in water games and partake in a yummy cookout to complete our day at the beach.
3.	<b>Homerun.</b> We will be giving back to our community by volunteering in the morning at Feeding America in Appleton, while enjoying some Timber Rattler baseball action in the afternoon. Both places we visit this week will be "homerun" experiences!
4.	<b>The Great Outdoors.</b> Take in the fresh air and the sounds of nature as we venture up to YMCA CAMP U-Nah-Li-Ya in Suring, WI for a packed day of adventure! Experience canoeing, high ropes, a climbing wall just to mention a few!
5.	<b>Maxx Force.</b> Get ready for some serious thrills as we travel to Gurnee, IL to visit Six Flags Great America. A variety of amusement rides awaits you from big to small! Get ready to experience all that this giant amusement park can provide.
6.	<b>Splish Splat.</b> Roller skate into a week of adventure as we visit Skater's Edge in Appleton in the morning and venture to Pollack Waterpark in Oshkosh for the afternoon. We will "soak in" some serious waterpark fun and get plenty of exercise showcasing our skating skills this week.
7.	<b>Get Ur Game On.</b> Do you like extreme sports? Well, this week is for you as we visit Urban Battlefield in De Pere to test your tactical skills and fast thinking! This massive 13,000 square foot arena offers the latest in laser tag that is sure to offer lots of thrills and excitement!
8.	<b>Poseidon's Rage.</b> The mighty Zeus awaits your visit at his giant waterpark called Mt. Olympus in Wisconsin Dells. Waterslides, roller coaster, and go-carts are just some of this park's attractions. Get ready for the time of your life!
9.	<b>Strike It Up.</b> "Strike" it up as we visit Ashwaubenon Bowling for some friendly bowling competition amongst peers and staff. Later, we will head to our very own Tundra Lodge to enjoy their water park slides and relax on their lazy river.
10.	<b>Summer Send Off.</b> The fun doesn't stop just because it's the last week of TAP! We will end our summer with a trip to our very own Bay Beach and Kastle Karts. Whether riding The Zippin Pippin, flying the helicopters or driving a go-kart, this week is guaranteed to send out summer with a bang!

**\*Field trips are subject to change due to inclement weather to ensure the safety of our TAP participants.**

HEALTH HISTORY	
Child's Name: _____	Child's Name: _____
Child's physician/medical facility: _____	Child's physician/medical facility: _____
Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Will your child require any medication while at the TAP Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will your child require any medication while at the TAP Program? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list medication: _____	If yes, please list medication: _____
You will also be required to fill out a "Medication Authorization" form.	You will also be required to fill out a "Medication Authorization" form.
Does your child have a history of:	Does your child have a history of:
<input type="checkbox"/> Physical Handicaps <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Problems <input type="checkbox"/> Non-Food Allergies <input type="checkbox"/> Seizures <input type="checkbox"/> Asthma <input type="checkbox"/> Food Allergies <input type="checkbox"/> Sensitivity to Sun <input type="checkbox"/> Serious Illness <input type="checkbox"/> Other problems, please describe: _____	<input type="checkbox"/> Physical Handicaps <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Problems <input type="checkbox"/> Non-Food Allergies <input type="checkbox"/> Seizures <input type="checkbox"/> Asthma <input type="checkbox"/> Food Allergies <input type="checkbox"/> Sensitivity to Sun <input type="checkbox"/> Serious Illness <input type="checkbox"/> Other problems, please describe: _____
If you checked any of the above items, please describe any special emergency care instructions, medical concerns or other information that may be helpful to the Teen Adventure staff. _____ _____	If you checked any of the above items, please describe any special emergency care instructions, medical concerns or other information that may be helpful to the Teen Adventure staff. _____ _____
Date of last Tetanus shot: _____	Date of last Tetanus shot: _____

**Parent Consent /Authorization** Please initial each line & provide signature at bottom of page stating you have read and understand each item.

\_\_\_\_\_ I authorize the YMCA to take my child on all field trips via bus, walking or biking during any of the YMCA TAP program days my child is enrolled.

\_\_\_\_\_ I  GIVE or  DO NOT GIVE permission for promotional photographs to be taken of my child(ren). Please check one box.

\_\_\_\_\_ In the event of an emergency, I authorize any medical treatment that may be needed. I understand that in the event of an injury, I will be contacted first and this waiver will only be necessary if I or my emergency contact cannot be reached.

\_\_\_\_\_ I understand that all above said information is confidential and is only used as a guide in understanding my child(ren).

\_\_\_\_\_ I understand that if I withdraw from the program prior to May 13 and written notice is provided, I will receive my first week's payment in return. If written notice is provided after May 13, my first week's payment and registration fee per child is forfeited.

\_\_\_\_\_ I understand that if I withdraw from the program in June or thereafter, a two-week written notice must be provided to the TAP office and payment for additional weeks may be required.

\_\_\_\_\_ I understand the information in this brochure as it relates to cancelling a program week of care at my child's TAP location.

X Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail to: YMCA Teen Adventure Program, 601 Cardinal Lane, Green Bay, WI 54313-6730 • For Information call: 920.436.9675**

## 2022 KIDS CAMP INFORMATION (Ages 5-10)

Use this information for reference when registering for the summer childcare program!

### WEEKLY KIDS CAMP PROGRAM FEES:

<b>CURRENT YMCA MEMBERS</b>	<b>\$195/Child</b>	<b>GENERAL PUBLIC</b>	<b>\$225/Child</b>
<b>WEEK 4 (4-day week)</b>	<b>\$156/Child</b>	<b>GENERAL PUBLIC</b>	<b>\$180/Child</b>

### KIDS CAMP INFORMATION

Your child will experience social development, boost their self-esteem, learn new skills, and gain character values while surrounded by caring staff in an urban camp setting. Most theme activities occur in the morning from 9:30-11:00. Various group activities occur throughout the day and may include crafts, nature exploration, team building, all camp games, archery, swimming, small group games, skits, songs, and more! Family time is every Friday afternoon. Kids Camp is loads of fun for everyone in attendance! Check out the weekly themes below:

### THEME WEEKS

#### Destination Wisconsin – Week 1 (June 13 – 17)

We all think Wisconsin is the best, so let's kick off summer camp celebrating our great state! Kids, and counselors, will learn about all the unique things that make our home state amazing, from the animals, to the cheese, to the famous football team. We will continue the fun down at a place uniquely Green Bay, **Titletown Park**. There is no place like home!

#### Super Ninjas – Week 2 (June 20 – 24)

Guess who's back? **Kim's Tae Kwon Do** returns to help the campers learn basic taekwondo skills. We will all have so much fun learning to use their skills in a safe way. Parents are invited to peek at the newly acquired skills with our Friday demonstration.

#### Outdoor Explorers – Week 3 (June 27 – July 1)

Become one with nature this week as we explore the natural world around us. Campers will take nature walks, use nature to create art, and go on a hunt for bugs and critters. Our explorations will take us to the **Wildlife Sanctuary** as well. From bugs to trees to natural formations, learn about what makes being outside the best!

#### Wacky Water – Week 4 (July 5 – 8; 4-day week)

Don't let the heat stop you! This week is filled with all things water related: water games, water balloons, water relay races and a watery experiment or two. We will also have a blast swimming at **Ashwaubomay Lake**. Get ready for a wonderfully wet water week!

#### Sports Mania – Week 5 (July 11 – 15)

If there is a sport that has a ball, we will play it! Kickball, baseball, football, and soccer are just a few of the sports that will make an appearance this week. Campers will get to enjoy some time at **Duck Creek Golf Center** as well. While we won't be professionals this week, we will have a ball learning new sports!

#### Mess Fest – Week 6 (July 18 – 22)

Come prepared (and dressed) to have fun and get messy! Muddy gaga, messy arts and crafts and silly games are just the start of the fun in this week. The counselors will even get in on the messy fun. Don't worry adults...we will hose them down at the end of the day!

#### Wild and Crazy Kids – Week 7 (July 25 – 29)

This week, campers will take the camp spirit and turn up the crazy! Campers will have a ton of fun being their wild selves with relay races, all camp games, tie-dye and dress up days. The wild and crazy continues down at **Bay Beach Amusement Park**. KIDS Camp is the place to go nuts!

#### Spectacular Science – Week 8 (August 1 – 5)

Grab your lab coats—it's time to head to the science lab! Campers will learn about the science of space, weather, and chemistry with cool chemical reactions and experiments. There might even be a vinegar based rocket launch if the conditions are right. Let's explore through science!

#### KC Olympics – Week 9 (August 8 – 12)

Jump. Sprint. Move with sports, games, obstacle courses, and relays. This team-building week is full of physical activities and is a fun way to spend time together and have some laughs as you play and cheer on your team. We will take the Olympics fun on location to **Pamperin Park**. Campers will definitely get into the Olympic spirit!

#### Wet 'N Wild Goodbye – Week 10 (August 15 – 19)

There is no better way to say goodbye to camp than with a week filled with water! There will be plenty of our favorite water games and water challenges to finish out this summer of fun. We will also celebrate Platy's (our camp mascot's) birthday! This will be one wild, wet and water filled goodbye!

**\*Note: Field trips are subject to change based on weather, availability and COVID restrictions.**



## 2022 CAMP WABANSI INFORMATION (Ages 7-14)

Use this information for reference when registering for the summer child care program!

<u>WEEKLY CAMP WABANSI PROGRAM FEES:</u>				
CURRENT YMCA	MEMBERS	\$257/Child*	GENERAL PUBLIC	\$273/Child*

### CAMP WABANSI INFORMATION

When your child tells you about their adventures at YMCA Camp Wabansi, you'll hear all about swimming, singing camp songs, shooting bows and arrows, building campfires, creating art, close encounters with wild life, playing sports, taking nature hikes, team-building, and endless fun. In fact, they are returning home with new skills, interests, character values, and amazing memories. When you snap a photo of your child being recognized by their own counselor at the Friday Finale Closing Campfire for the way they cared for a fellow camper, played with good sportsmanship, or acted as a role model for others, you will truly know the essence of the Camp Wabansi experience. In order to mitigate the risk of COVID exposure, there will not be an overnight stay option Thursday nights this year.

**\*\*\*Children interested in attending day camp at Camp Wabansi have the option of signing up for Traditional Camp or Specialty Camp, depending on their age.\*\*\***

**✚ Traditional Camp – Ages 7-12 (Weeks 2, 3, 5, 6, 7, 8, 9, 10 (week 10 Mon-Thursday only))**

Weekly themes, daily traditions, and character-building outdoor adventures are the core of the traditional camp program.

**✚ Specialty Camp – Ages 10-14 (See specific weeks below)**

Advanced programs for ages 10-14. Field trips and higher skills enhance the camp. Additional fees apply to each specialty camp.

**Survivor Camp (Week 2, 3, 5, 6) Ages 10-14 only**

***Members \$288 General Public \$304***

Your group will be challenged with many outdoor skills including fire-building, basic first-aid, raft-building and making shelters. They will create some awesome meals over the fire and their group will camp out in Wabansi's famous "Yabwe" campsite and experience a special tribal council ceremony.

**Zip Line Adventure (Week 7) Ages 10-14 only**

***Members \$400 General Public \$416***

Ready to Zip? "Zip Ready!" "Zipping" "Zip On!" Wondering what that is all about? That's exactly what you'll hear called out across the beautiful Door County countryside just before you take the jump down the zip line! We're taking trips up to Door County Adventures for the thrill of a lifetime. Your camper will participate in a zip line excursion as well as kayaking and other great camp activities. All activities are conducted under the supervision of certified zip line operators and adventure guides.

**Shipwreck Explore (Week 9) Ages 10-14 only**

***Members \$400 General Public \$416***

Experience the history of mystery of Door County like never before! This camp focuses on exploring the exciting history of shipwrecks in Door County. The experience includes a boat tour of several real shipwrecks and a trip to the Maritime Museum in Sturgeon Bay.

**\*LEARN MORE ABOUT CAMP WABANSI AT [WWW.CAMPWABANSI.ORG](http://WWW.CAMPWABANSI.ORG)**