



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2025 Camp Lowe Enrollment Packet

Camp Lowe - Camper File Checklist

All Documents must be Completed Prior to Submitting Registration

Registration packets cannot be accepted without the all required documentation. Please be sure to check off that all the following documentation is attached/fully filled out.

_____ **Week Selection**

_____ **Transportation**

_____ **Payment Option Selected**

_____ **Emergency Contact/Authorized Pickup**

_____ **Health History/Emergency Medical Information**

_____ **Authorization to Administer Medication**

_____ **Emergency Authorization**

_____ **Medication Order Form - Completed by a licensed prescriber**

_____ **Authorization/ Policy Agreements**

_____ **Physical Exam from within 12 months attached**

_____ **Certificate of Immunization attached**

Parent/Guardian certificate of completion: _____ **Date:** _____

CAMPER INFORMATION

Child's Last Name _____ First _____
 Birth date _____ Male _____ Female _____
 Address _____ Home Phone _____
 City _____ Zip _____
 Guardian's Name _____ Guardian D.O.B. _____
 Work Phone _____ Cell Phone _____
 Email _____

Financial assistance/scholarships available, Call: 978-343-4847 X 4208 for more information.

Deposit: \$20, Non-refundable deposit, per child, per week.

Sibling Discount: \$20 off 2nd child per week.

ARRIVAL & DEPARTURE-

Bus Transportation-\$100 per week. Bus will pick up near the Fitchburg YMCA where Wallace Ave and Prichard Street intersect. In the morning the bus will arrive at 7:30 and depart at 7:45am. In the afternoon it will drop off at 4:25pm. Parents must be at bus stop to pick up child. Bus availability is limited.

Extended Day Program AM/PM- \$30 per week for 1 or \$50 for both. Parents can drop their child off/ pick up AT CAMP LOWE outside of regular camp hours. Opening at 7:00AM and closing at 5:30p

Parent Drop off/pick up- Parents can drop off between 8:15am-8:45am and pick up between 3:45pm-4:15pm.

Camp hours are 8:30-4:00 Monday-Friday
AM Camp Ext 7:00am-8:30am
PM Camp Ext 4:00pm-5:30pm

WEEK SELECTION:

Place a in the box (s) you wish to enroll~

Week Number Program	1 Week # 6/30 - 7/3 Closed Friday 7/4	2 Week # 7/7 - 7/11	3 Week # 7/14 - 7/18	4 Week # 7/21 - 7/25	5 Week # 7/28- 8/1	6 Week # 8/4- 8/8	7 Week # 8/11- 8/15	8 Week # 8/18 - 8/22	9 Week # 8/25- 8/29	Member Price	Non- Memb er Price
Traditional Camp Ages 7-14	\$240									\$300	\$350
Young Explorers Ages 5-6 (Finished Kindergarten)	\$240									\$300	\$350
Sports Camp Ages 8-14	Multi \$240	Baseball	Basket ball	Flag Football	Multi	Soccer	Basket ball	Flag Football	Multi	\$300	\$350
C. I. T. Age 15										\$300	\$350
Dance Camp Ages 8-14										\$300	\$350
Cheer Camp Ages 8-14										\$300	\$350
Sailing Camp Age 10+ (Limit 1 time per summer)										\$380	\$400

Transportation Selections Place a in the box (s) you wish to enroll~

Check desired Box for week	1	2	3	4	5	6	7	8	9
BUS AM	\$40	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50
BUS PM	\$40	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50
AM Extended @ Camp 7AM	\$24	\$30	\$30	\$30	\$30	\$30	\$30	\$30	\$30
PM Extended @ Camp 5:30PM	\$24	\$30	\$30	\$30	\$30	\$30	\$30	\$30	\$30
Parent Drop Off AM									
Parent Pick Up PM									

PAYMENT/PAYMENT SCHEDULE

Payment is expected in full at the time of registration or a payment plan must be set up. Please circle your option below. If selecting a payment plan, one must be set up Laurie Sleeper (X4208) within one week of paperwork being processed.

I will be paying in full. Circle: CASH CHECK CREDIT CARD VOUCHER

I will set up a payment plan within one week of my paperwork being processed.

Chelsea deBettencourt
 Camp Director
cdebettencourt@ymcaofcm.org
 Summer: (978) 537-8477
 Off Season: (978) 343-4847 x4216

Shanay Jones
 Assistant Director
sjones@ymcaofcm.org

Laurie Sleeper
 Member Experience Director
lsleeper@ymcaofcm.org
 (978) 343-4847 x4208

Kari Sacramone
 Behavioral Specialist
ksacramone@ymcaofcm.org

Camper Name: _____

DOB _____

EMERGENCY CONTACT/AUTHORIZED PICKUPS

The camp will only release your child to the authorized pickups below, even in an emergency. You must list at least one adult other than the parents/guardians. Your child will not be registered without at least one alternate emergency contact/authorized pick-up. Please inform all authorized pick-ups to have a photo ID ready **WHENEVER** they pick up.

I give permission for the camp to release my child to the following people, and to contact those listed when a parent/guardian cannot be reached in an emergency:

1st Parent/Guardian name: _____

Address: _____

Cell Phone: _____ Work Phone: _____

E-mail: _____

2nd Parent/Guardian name: _____

Address: _____

Cell Phone: _____ Work Phone: _____

E-mail: _____

1st Non Parent/Guardian name: _____

Address: _____

Cell Phone: _____ Work Phone: _____

2nd Non Parent/Guardian name: _____

Address: _____

Cell Phone: _____ Work Phone: _____

3rd Non Parent/Guardian name: _____

Address: _____

Cell Phone: _____ Work Phone: _____

All of the information on this form is correct and current. I understand that it is my responsibility to notify the YMCA immediately, in writing if any of this information changes.

Signature: _____

Date: _____

Camper Name: _____

DOB _____

HEALTH HISTORY/EMERGENCY MEDICAL INFORMATION

***It is required, per the board of health, that updated physicals and immunization records must be submitted for camp registration in addition to the information below.**

Physician: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of last physical: _____

Is a physical attached? YES NO Are immunization records attached? YES NO

***IF THEY ARE NOT ATTACHED THE PACKET CAN NOT BE SUBMITTED.**

Medical Insurance Carrier: _____ Policy or Group #: _____

Has the child ever had or been subject to (circle all that apply):

- ADD/ADHD Seasonal Allergies Food Allergies Diabetes
- Asthma Learning Disability Heart Problems IEP
- 504 Plan Other

If you answered yes to any of the above questions explain here:

Is there any additional information we should know about your child's health or behavior?

Will your child have an Inhaler and/or Epi-pen at Camp? (please check)

Epi-pen Inhaler

*Please be sure these are brought on your child's first day of camp.

Operations or Serious Illness: _____

Dietary Restrictions: _____

Disability/Chronic Illness: _____

Activities Limited by Physician: _____

Medication to be given at camp: _____ Dose: _____ Time: _____

Medication to be given at camp: _____ Dose: _____ Time: _____

Signature: _____

Date: _____

Camper Name: _____

DOB _____

AUTHORIZATION TO ADMINISTER MEDICATION:

I hereby authorize the trained YMCA staff to administer, to my child, _____ the medication(s) below on the physician’s medication order form, in accordance with 105 CMR 430.160. Any medication given at camp must have the medication order form completed by the physician.

105 CMR 430.160(A) Medication prescribed for campers shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist’s initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statements, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container. All over the counter medications for campers shall be kept in the original containers containing the original label, which shall include the directions for use.

105 CMR 430.160(C) Medication shall only be administered by the health supervisor* or by a licensed health care professional authorized to administer prescription medications. The health care consultant shall acknowledge in writing the list of medications administered at the camp. If the health supervisor is not a licensed health care professional authorized to administer prescription medications, the administration of medications shall be under the professional oversight of the health care consultant. Medication prescribed for campers brought from home shall only be administered if it is from the original container, and there is written permission from the parent/guardian.

105 CMR 430.160(D) When no longer needed, medications shall be returned to a parent of guardian whenever] possible. If the medication cannot be returned, it shall be destroyed.

*Health Supervisor – A person who is at least 18 years of age, specially trained and certified in at least current American Red Cross First Aid (or its equivalent) and CPR, has been trained in the administration of medications and is under the professional oversight of a licensed health care professional authorized to administer prescription medications.

After reading the information above, I authorize trained YMCA staff to administer prescribed medication to my child.

Parent Signature: _____ Date: _____

EMERGENCY AUTHORIZATION:

I authorize camp staff who are trained in first aid/CPR to give my child first aid/CPR when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the camp to arrange transportation for my child to the nearest medical facility and/or to _____, and to secure any necessary medical treatment. This form may be reproduced for trips out of camp and shared with medical professionals.

Signature: _____ Date: _____

Camper Name: _____

DOB _____

If this page is not applicable (N/A) and your child will not need the administration of prescribed medication while in the care of Camp Lowe staff please sign & date below:

Signature: _____

Date: _____

MEDICATION ORDER: Required for all campers needing prescribed medication to be administered in the care of Camp Lowe staff.

To be completed by a licensed prescriber, physician, Nurse Practitioner or others authorized by chapter 94C.

Camper Information

Name of Camper _____ Date of Birth: _____

Address: _____ City: _____

State: _____ Zip code: _____

Name of licensed prescriber _____ Title _____

Business Telephone # _____

Medication 1 _____

Route of Administration _____

Dosage _____ Frequency _____

Time(s) of Administration: _____

Medication 2 _____

Route of Administration _____

Dosage _____ Frequency _____

Time(s) of Administration: _____

Please note: Label on medication must specify exact time to be administered. For example at "11:00am and 3:00pm", NOT "twice daily" OR "as needed". Whenever possible, medication should be scheduled at times other than camp hours.

Other specific directions or information for administration (i.e. side effects, adverse effects, other medications taken by the camper):

Signature of Licensed Prescriber: _____ Date: _____

Camper Name: _____

DOB _____

AUTHORIZATION / POLICY AGREEMENTS

Please initial each section if you agree:

_____ I understand that anyone signing out a child must have a photo ID available **EVERY TIME** they pick up.

_____ I understand that a late fee of \$1.00 per minute, per child will be assessed for any camper not signed out by 4:15pm unless they are registered for Extended Care.

_____ I understand Camp Lowe adheres to the regulations set forth by the Department of Public Health. As such, I understand, regulations require that every person enrolled in the camp program has a physical and a certificate of immunization on file before attending. I understand that this registration will not be complete and my child will not be allowed to attend camp without this documentation.

_____ I authorize camp staff, if needed to assist my camper in applying sunscreen and insect repellent (supplied from home.)

_____ I authorize camp staff to apply hand sanitizer to my camper.

_____ I give permission for photographs and videos to be taken of my child while engaged in activities/programs at the YMCA. I understand that these pictures may be used in a variety of ways (i.e.: website, YMCA brochures and flyers.) All pictures will be available to parents.

_____ I have received, reviewed, and will abide by the payment policies of the Camp Lowe.

_____ My child may participate in any and all YMCA/Camp Lowe programs and activities without restrictions.

All of the information on this form is correct and current. I understand that it is my responsibility to notify the YMCA immediately if any of this information changes.

Parent Name (printed): _____

Signature: _____

Date: _____

Special Requests for Camper

