



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# YOUR JOURNEY BEGINS HERE

**Summer Camp 2018**  
**NEW CANAAN YMCA**

Registration for members begins  
January 2, 2018

Registration for summer  
members begins April 1, 2018



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## REGISTRATION

Registration for Summer Camp begins on Tuesday, January 2 for campers with an annual New Canaan YMCA membership. For those with a New Canaan YMCA summer youth membership, registration begins Sunday, April 1, 9:00 am.

All campers must complete and return all camp paperwork by June 1. Required registration forms can be found at the end of this brochure, may be downloaded online at [www.newcanaanymca.org](http://www.newcanaanymca.org), and are available at our Front Desk.

Please go to page 13 for additional registration information.

## NEW CANAAN YMCA MEMBERSHIP OPTIONS

All campers must be New Canaan YMCA members in order to participate in camp.

### ANNUAL MEMBERSHIP

- Enjoy the New Canaan YMCA all year-long and be eligible to register for programs including an array of sports, music classes, swim lessons, and recreational programs.
- Priority summer camp registration begins January 2. Secure your summer camp spot with registration access earlier than with a Summer Youth Membership.
- Summer camp registration may be completed online or at our Front Desk.
- Youth and Family annual memberships are available. Membership fee information and a complete list of benefits are available online at [www.newcanaanymca.org](http://www.newcanaanymca.org) or at our Front Desk.

### SUMMER YOUTH MEMBERSHIP (AGES 15 AND UNDER)

- Summer Youth Membership available for those who are only interested in joining summer camp programs and camp. Membership valid June 25-August 17.
- Registration for Summer Youth Membership and summer camp begins Sunday, April 1, 9:00 am. Initial registration must take place at our Front Desk. Registration for additional summer camp sessions may take place at our Front Desk or online.
- Summer Youth Membership fee: \$65

### CAMP DIRECTORS

#### CAMP MINI

Suzy Pfeifer: 203-920-1649  
[spfeifer@newcanaanymca.org](mailto:spfeifer@newcanaanymca.org)

#### SPORTS CAMP

Will Schwartzstein: 203-920-1652  
[wschwartzstein@newcanaanymca.org](mailto:wschwartzstein@newcanaanymca.org)

#### CAMP Y-KI/C.I.T & L.I.T

**Site Director**  
Davie Cedela: 203-920-1641  
[dcedela@newcanaanymca.org](mailto:dcedela@newcanaanymca.org)

**Camp Director**  
George Bennett: 203-920-1634  
[gbennett@newcanaanymca.org](mailto:gbennett@newcanaanymca.org)

#### Y-CARES CAMP/YSN SUPPORT

Carolynn Kaufman: 203-920-1656  
[c Kaufman@newcanaanymca.org](mailto:c Kaufman@newcanaanymca.org)

#### SYNCHRONIZED SWIMMING CAMPS

Jen Muzyk: 203-920-1648  
[jmuzyk@newcanaanymca.org](mailto:jmuzyk@newcanaanymca.org)

#### SUMMER VOLUNTEER OPPORTUNITIES

Nicki Jezairian: 203-920-1657  
[njezairian@newcanaanymca.org](mailto:njezairian@newcanaanymca.org)

# Camp Overview

## SOMETHING FOR EVERYONE

There's something about summer camp memories that stick with us forever. The friendships we make, the skills we learn, and the confidence we build last long after the summer ends. The New Canaan YMCA Summer Camps have provided thousands of children in our community with a camp experience they never forget. Our camps offer a variety of experiences for children of all ages and abilities, with each camp offering safe and supervised fun provided by a caring, responsible staff. Each child gains something different at camp: making new friends, learning how to swim, self-confidence, independence, and leadership—skills that last far beyond camp.

Whether it's your child's first camp experience through Camp Mini, the traditional outdoor summer camp fun at Camp Y-Ki, learning a new athletic skill at Sports Camp, or focusing on a sport with our Synchronized Swimming camp, each of our camps provide an environment where campers are encouraged to grow, have fun, and make memories that will last a lifetime.



"It's hard to put into words the gratitude I have for not only the financial aid, but for the emotional support my children and I have received through your remarkable camp program. Thank you to those who make this possible... you are shaping the lives of some very special children."

— Summer Camp Parent



# Camp Mini



"We are so truly impressed and grateful for everything you do to make Camp Mini such an awesome experience for all the kids...your expertise, natural comfort and ability with the kids, and sensible approach outshines all the others."

— Camp Mini Parent

# Camp Mini

AGES 3-5 (PRE-K)

## WHERE LITTLE KIDS MAKE BIG MEMORIES

Your child's first summer camp experience is a special one. Held at our Y, Camp Mini provides a safe and comfortable camp experience for children to play, grow, and make friends. Our Y's Camp Mini provides a safe, nurturing, and age-appropriate environment for children ages 3-5 (children must be pre-k and potty-trained). Camp Mini offers creative learning, recreational, and social experiences for our campers, who enjoy activities designed to teach new skills as well as provide lots of fun!



### HOURS

Monday – Friday

Half-Day Camp: 9:15 am – 1:15 pm (for 3, 4, & 5 year olds)

Full-Day Camp: 9:15 am – 4:15 pm (4 & 5 year olds ONLY)

### DATES

Session 1: June 25 – July 6 \*No Camp on July 4

Session 2: July 9 – July 20

Session 3: July 23 – August 3

Session 4: August 6 – August 17

### FEES

Half-Day Camp: 9:15 am – 1:15 pm

Session 1: \$389

Sessions 2-4: \$431

Full-Day Camp: 9:15 am – 4:15 pm

Session 1: \$640

Sessions 2-4: \$709

Boxed Lunch Option: \$10 per day/\$45 per week

(See page 13 for additional information about new lunch option)

### CAMP ACTIVITIES

Bouncing Bears

Arts & Crafts

Music

Outdoor Sports & Playground Time

Swimming Lessons & Free Swim

Cooking and Science Projects (Full Day)

Theme Weeks

Special Event Days

### CAMP MINI DIRECTOR

Suzy Pfeifer

203-920-1649

[spfeifer@newcanaanyymca.org](mailto:spfeifer@newcanaanyymca.org)

For more information about inclusive support services offered at our camp, see page 11 & contact our Director of Special Needs ProgrammingCarolynn Kaufman, at 203-920-1656 or [ckaufman@newcanaanyymca.org](mailto:ckaufman@newcanaanyymca.org).

# Sports Camp



"Whether your child is great at sports or just a beginner, they will love Sports Camp's all-inclusive environment which makes it fun for everyone. My son couldn't wait to try out all the different sports offered by this program. When your child jumps out of bed in the morning excited for another day of camp, you know you picked the right one. My son never wanted it to end!"

— 2016 Sports Camp Parent

# Sports Camp

COMPLETED GRADES K-7

## WHERE EVERY PLAYER IS MOST VALUABLE

Sports Camp offers youth sports training, led by our knowledgeable and experienced staff, in a day camp setting. The activities are designed to teach basic skills and refine existing ones, ensuring that every camper has fun with each sport regardless of their ability or experience. Our program includes, but is not limited to, baseball, basketball, lacrosse, soccer, and swimming. Campers will have the opportunity to play the sports they know and love, as well as try new sports in a fun, non-competitive environment. In addition to skill development, Sports Camp also emphasizes the importance of self-confidence, sportsmanship, and teamwork. These skills are not only essential in sports, but translate into so many aspects of our campers' lives.



### HOURS

Monday – Friday  
8:45 am – 3:45 pm

### EXTENDED DAY

Extended day options are available at Sports Camp for an additional fee

Morning: 8:00 am – 8:45 am  
Evening: 3:45 pm – 5:30 pm

### SESSIONS

Session 1: June 25 – July 6 \*No Camp on July 4  
Session 2: July 9 – July 20  
Session 3: July 23 – August 3  
Session 4: August 6 – August 17

### FEES

Session 1: \$583  
Sessions 2-4: \$649  
Morning Extended Day (8:00 am – 8:45 am): \$65 per Session  
Evening Extended Day (3:45 pm – 5:30 pm): \$125 per Session  
Boxed Lunch Option: \$10 per day/\$45 per week (see page 13 for additional information about new lunch option)

### CAMP ACTIVITIES

Campers enjoy action-packed days filled with a variety of sports, morning swim lesson, athletic performance training with Parisi Speed School, camp games, and free swim.

#### Sports Camp 2018 will feature:

- Soccer led by Blue Wave Kickers
- Golf led by Coach Tom Blumenthal
- Fencing led by Coach Don Grunewald
- Tennis led by Coach Marvin Tyler and Slammer Tennis World
- Basketball, Lacrosse, and much more led by Y Staff

\*Featured sports will vary by session. Please contact Will Schwartzstein for details.

### SPORTS CAMP DIRECTOR

Will Schwartzstein  
203-920-1652  
wschwartzstein@newcanaanymca.org

For more information about inclusive support services offered at our camp, see page 11 & contact our director of Special Needs ProgrammingCarolynn Kaufman, at 203-920-1656 or ckaufman@newcanaanymca.org.

# Camp Y-Ki



## **FAMILY WELCOME NIGHT**

Come see what Y-Ki is all about! All interested campers and parents are invited to join us for a sneak peek of camp! Attendees will be able to meet and ask camp staff questions, learn more about the program, and tour the Y-Ki campgrounds at Kiwanis Park.

Date: Tuesday, June 19, 5:30 – 7:00pm  
Location: Kiwanis Park

## **2018 CAMP Y-KI LEADERSHIP STAFF**

**Site Director** – Davie Cedela  
**Camp Y-Ki Director** – George Bennett  
203-920-1634 | [gbennett@newcanaanymca.org](mailto:gbennett@newcanaanymca.org)  
**Camp Y-Ki Assistant Directors** – Ember Parker & Claire Picard  
**CIT Coordinator** – Jan Greywacz  
**LIT Specialists** – Rebecca Evensen & Eliza Haney  
**Camp Y-Ki Nurse** – Nurse Jack  
**Camp Y-Ki Administrator** – Krista Karwosky

# Camp Y-Ki

TRADITIONAL CAMP: COMPLETED GRADES K-5

L.I.T. PROGRAM: COMPLETED GRADES 6 & 7

Learn more  
about our L.I.T &  
C.I.T. programs  
on page 10.

## WHERE ADVENTURE AWAITS

Camp Y-Ki has the spirit of a traditional camp experience while continuing to strive for innovation. Held in Kiwanis Park, campers will participate in camp songs, arts & crafts, archery, creative arts, team building, nature classes, both traditional and non-traditional sports, and free swim/lessons. Y-Ki is the place for your child to spend the summer making new friends, trying new things, while growing as an individual. Come join our tradition and become part of the Y-Ki family!



For more information about inclusive support services offered at our camp, see page 11 & contact our director of Special Needs ProgrammingCarolynn Kaufman, at 203-920-1656 or ckaufman@newcanaanymca.org.

### HOURS

Monday-Friday, 9:00 AM – 4:00 PM

### EXTENDED DAY

Extended day options are available at Camp Y-KI for an additional fee

Morning: 8:00 am – 9:00 am

Evening: 4:00 pm – 5:30 pm

### SESSIONS

Session 1: June 25 – July 6 \*No Camp on July 4

Session 2: July 9 – July 20

Session 3: July 23 – August 3

Session 4: August 6 – August 17

### FEES

Session 1: \$583

Sessions 2-4: \$649

Morning Extended Day (8:00 am – 9:00 am): \$65 per session

Evening Extended Day (4:00 pm – 5:30 pm): \$125 per session

Boxed Lunch Option: \$10 per day/\$45 per week (see page 13 for additional information about new lunch option)

### CAMP ACTIVITIES

Arts and Crafts

Swimming

Nature

Sports

Archery

Team Building/Group Games

Canoeing

Paddle Boarding

Creative Arts

Camp Specialties

Theme Weeks

Log Rolling

### SPECIALTY CAMPS

Campers going into 5th-8th grade (Eagles and LITs) have a dedicated time to choose their own activity! Running Tuesday-Friday, Specialty Camps allow the older campers to have a little more flexibility and freedom with their camp schedule. Campers will be able to choose activities from the four categories: Sports, Nature/Science, Arts/Community, and Water Sports.

### SPRING ARCHERY (AGES 8+)

Get a jump on summer fun with our spring archery classes!

Contact George Bennett at [gbennett@newcanaanymca.org](mailto:gbennett@newcanaanymca.org) for additional information.

# C.I.T. and L.I.T. Programs

## C.I.T. COUNSELOR-IN-TRAINING (AGES 14 & 15)

Our C.I.T. program offers teenagers ages 14 & 15 the opportunity to make a difference in our community, while developing leadership skills and learning to become an impactful counselor and role model to younger campers. The first two sessions of camp feature a mandatory four-week leadership training session where participants develop skills and peer relationships in a fun camp environment. Evaluations are conducted throughout the four-week training session and those who successfully complete the session will be invited to work as a C.I.T. for the remaining four weeks of camp.

As a C.I.T., participants gain experience working with different ages and environments at Camp Y-Ki, Camp Mini, and Sports Camp. In addition to working with younger campers, C.I.T.'s enjoy special activities including field trips, guest speakers, and more!

### HOW TO APPLY

Candidates must fill out a C.I.T. application and will be interviewed by the C.I.T. Coordinator, C.I.T, Jan Greywacz. Applications are available online and at our front desk. All applications must be submitted by April 1. Applicants will be notified by April 15 with regard to an interview. All participants must be 14 years old before the start of the program.

### DATES & FEES

June 25 – August 17

Fee: \$800 program fee. Includes a mandatory four-week leadership training session. Additional work opportunity possible for one to two sessions (up to \$100 per session paid to C.I.T. for successful completion).

\*Work opportunity payment is based on attendance per session

**Required Camp Forms Due June 1 to Krista Karwosky.**

For questions regarding the C.I.T program, please email Jan Greywacz, C.I.T Coordinator, at 203-966-4528 ext. 626 or [cit@newcanaanymca.org](mailto:cit@newcanaanymca.org).

## SPRING PROGRAM: YOUNG ADULT LEADERSHIP PROGRAM (Y.A.L.P.)

Grades 7-8

A program filled with adventurous field trips, developing leadership skills, and community service.

Contact George Bennett at [gbennett@newcanaanymca.org](mailto:gbennett@newcanaanymca.org) or (203)920-1634 for additional information.

## CAMP Y-KI LEADER-IN-TRAINING (COMPLETED GRADES 6 & 7)

Entering into its third revamped year, Camp Y-Ki's Leader in Training (L.I.T) program has successfully blended creative risk and responsibility in a way that keeps the eldest campers entertained. L.I.T's are given more freedom than the younger age groups as they are at the age were they need a little more responsibility and independence. The group will go on two field trips in a session, one with the camp and another with just the L.I.T's. The solo field trips are more age focused, meant to either be a little more physically or mentally challenging (past field trips have included Escape New Haven and IT Adventure Ropes Course). In order to build leadership skills the group will also choose and run a community service project each session and take on a greater role around the camp by assisting camp staff and helping younger camps. Additionally, every L.I.T will participate in the Red Cross Babysitting Certification course which will further add to their leadership skills. The L.I.T program is a great way for older children to get out and enjoy the summer; learning valuable life lessons and making quality friendships.

**L.I.T Specialists: Rebecca Evenson & Eliza Haney**

### SESSIONS

Session 1: June 25 – July 6 \*No Camp on July 4

Session 2: July 9 – July 20

Session 3: July 23 – August 3

Session 4: August 6 – August 17

### FEES

Session 1: \$669

Session 2-4: \$734

Morning Extended Day (8:00 am – 9:00 am): \$65 per session  
Evening Extended Day (4:00 pm – 5:30 pm): \$125 per session  
Boxed Lunch Option: \$10 per day/\$45/week (see page 13 for additional information about new lunch option)



# YSN Camps & Services

## SUPPORT SERVICES:

### **SPECIAL CARES SUPPORT AT CAMP MINI, Y-KI, & SPORTS CAMP (AGES 3-13)**

With the aid of our YSN support services, the New Canaan YMCA offers campers with varying limitations the opportunity to participate in a traditional camp experience at our three full-day camps. At Camp Mini, Sports Camp, and Camp Y-Ki, campers are immersed in camp groups and scheduled activities. This is a fully-inclusive program as ability allows, and campers are encouraged to participate in scheduled group activities such as swimming, sports, arts and crafts, outdoor adventures, special events, and field trips. The YSN department offers eligible campers a 1:1 or 1:2 counselor-to-camper ratio (at no additional cost to registrants), providing the camper with support and encouragement to participate in camp activities at their own pace within the structured program.

Special cares support is designed for campers who require additional direction and support, but do not require intensive behavioral and/or physical intervention. Support is offered for a maximum of four weeks and has no additional cost.

**Please see specific camp corresponding pages for fees, dates, and times.**

**ESY/Half day option:** Adjusted camp fee will be offered for those campers who would benefit from a half-day camp option with assistance, or who will be attending the morning ESY school programs and will attend Camp Y-Ki in the afternoons with school supported staff. Participants will attend camp Monday-Thursday beginning at lunchtime and if appropriate, a full day on Fridays\*. This program is only available at Camp Y-Ki and to be eligible requires prior approval from Carolynn Kaufman, YMCA Director of Special Needs, and the Special Education staff at child's school. \*For additional information including fees, contact Carolynn Kaufman at 203-920-1656 or [ckaufman@newcanaanymca.org](mailto:ckaufman@newcanaanymca.org)

## SPECIALIZED PROGRAM:

### **Y-CARES TEEN AND YOUNG ADULT CAMP AT THE Y (AGES 13-25)**

Six-week program offered at our Y, this camp program is specifically designed to meet the needs of our participants with special needs who require additional direction and support, but do not require intensive behavioral and/or physical intervention. This specialized camp offers a high staff-to-camper ratio and a structured schedule that rotates weekly to offer: swimming, art therapy, music therapy, yoga, group fitness, with a personal trainer, drama, cooking, and Wednesday special events (ie: Animal Embassy, African Drumming, Mad Science, Ice Cream Truck). Y-Cares Camp offers participants the opportunity to participate in an enriching summer camp experience while developing skills, building friendships, staying active, and most importantly having fun! We will also be incorporating service projects and opportunities into our camp schedule.

### **DATES & FEES**

Session 1: (June 25 – June 29): \$265  
Session 2: (July 2 – July 6): \$212\*  
Session 3: (July 9 – July 13): \$265  
Session 4: (July 16 – July 20): \$265  
Session 5: (July 23 – July 27): \$265  
Session 6: (July 30 – August 3): \$265

\*No camp July 4

### **AGES**

Ages 13 – 25

### **HOURS**

Monday – Friday  
2:30 – 5:00 pm

### **TO APPLY:**

Registration for Y-Cares Camp or YSN support at Camp Mini, Camp Y-Ki, or Sports Camp needs prior approval and is done on a first-come, first-serve basis as we can accommodate. Space is limited and participation enrollment is not guaranteed.

There is a maximum of four weeks of YSN support at Camp Mini, Camp Y-Ki, and Sports Camp per camper.

In addition to required camp forms, all special cares paperwork must be completed to register for YSN support and specialized camps. \*CAMPERS MUST BE TOILET-TRAINED.

To register or for additional information, contact Carolynn Kaufman, Director of Special Needs Programming at [ckaufman@newcanaanymca.org](mailto:ckaufman@newcanaanymca.org) or 203-920-1656.



# Synchronized Swimming Camps

## SYNCHRONIZED SWIMMING CAMP (BOYS & GIRLS AGES 6-12)

Synchronized swimming is the perfect combination of dance, gymnastics, music, and water! If your child enjoys any of those activities, they will love synchronized swimming. The two-week sessions will introduce your child to the sport while enhancing their flexibility, endurance, and overall comfort in the water. Basic synchronized swimming skills are taught along with a routine that is choreographed to music that is heard under the water as well as above.

Ages 6-12. No Experience Necessary!

### HOURS

12:00 pm – 3:30 pm

### FEES

Sessions 1: \$444

Session 2-4: \$480

### DATES

Session 1: June 25 – July 6 \*No Camp on July 4

Session 2: July 9 – July 20

Session 3: July 23 – August 3

Session 4: August 6 – August 17

**Required Camp Forms Due June 1**



## FULL-DAY SYNCHRO SPORTS CAMP COMBO (BOYS & GIRLS AGES 6-12)

Experience LOTS of sports through our synchro/sports camp combo. Campers will participate in our Y's Sports Camp (see page 7) from 8:45 am – 12:00 pm and then the Synchro Camp from 12:00 pm – 3:30 pm.

### HOURS

8:45 am – 3:30 pm

### FEES

Sessions 1: \$583

Session 2-4: \$649

### DATES

Session 1: June 25 – July 6 \*No Camp on July 4

Session 2: July 9 – July 20

Session 3: July 23 – August 3

Session 4: August 6 – August 17

**Required Camp Forms Due June 1**



# Registration Information

## REGISTRATION DATES

**New Canaan YMCA Annual Members:** Summer camp registration will begin on January 2 for year-round members. Registration may be completed online at [www.newcanaanymca.org](http://www.newcanaanymca.org) or at our Front Desk.

**New Canaan YMCA Summer Members:** Registration for summer membership and summer camp begins Sunday, April 1, 9:00 am. Please note, summer membership and initial summer camp registration must be completed at the same time and at our Front Desk. Following initial registration, registration for additional summer camp sessions may be completed online or at our Front Desk.

## ACTIVITY CANCELLATIONS & REFUND POLICY: SUMMER CAMP

- Summer Youth Memberships are NON-REFUNDABLE
- If the Y cancels an activity, a 100% refund will automatically be issued. The YMCA reserves the right to cancel any activity that fails to meet enrollment requirements.
- If a class is cancelled by the Y due to inclement weather or an emergency, every effort will be made to offer a make-up class. If the YMCA is unable to do this, credit for the missed class will be issued. If participants are unable to attend the scheduled make-up class, no credit will be issued.
- If a program participant withdraws due to a medical reason, with written verification by a physician, prorated refund will be issued.\* Request must be submitted prior to the last class of the session.
- No other refunds will be provided unless the vacant space can be immediately filled. Refund inquiries should be sent to the appropriate activity director.
- All refunds are less a \$15 processing fee per participant/session.

## ONLINE REGISTRATION

To register for summer camp online, you must be a current New Canaan YMCA member and have an online registration account set-up. You may request your online registration account by sending your email address to [membership@newcanaanymca.org](mailto:membership@newcanaanymca.org) or by stopping by our Front Desk. **This must be done at least one week prior to registration.**

New Canaan YMCA Summer Members must complete their initial membership and summer camp registration in person at our Front Desk. Registration for additional summer camp sessions may then be completed online. New Canaan YMCA Annual Members may complete registration for all summer camp sessions online. All registration with special payments or financial assistance must be completed at our Front Desk.

Camp registration will continue at our Front Desk until all spaces are filled. All campers must have a valid New Canaan YMCA membership through the end of camp.

All Summer Camp forms must be completed by June 1. Online registration will close at the discretion of the camp director.

### **New this year! Boxed Lunch Option:**

Sign up with Simply Delicious for your camper to receive a boxed lunch at camp! Choose as many days as you want and the sandwich of your choice. Orders must be in by Thursday for the next week (for example, for session 1 your order must be in to Simply Delicious by Thursday 6/21 for the week of 6/25). Lunches will be delivered to the camps. Please note: no refunds once order is placed.

Order forms and payment available online at [www.simplydeliciousct.com](http://www.simplydeliciousct.com)

## FINANCIAL ASSISTANCE

To register for summer camp with financial assistance, you must:

- Have a current New Canaan YMCA membership and be a current financial assistance recipient
- Submit a Summer Camp Financial Assistance Application
- Submit a \$60 deposit per child/per session to secure your space
- Submit a complete copy of your 2017 Federal Tax return by April 1, 2018.

### **If your annual membership expires prior to December 18, 2017**

Please complete a Membership Financial Assistance Application and return to Diana Riolo, Financial Assistance Administrator, two weeks prior to the expiration date.

### **If you do not have a New Canaan YMCA membership or you are not a current financial assistance recipient.**

Please submit both the completed Membership and Summer Camp Financial Assistance Applications to Diana Riolo.

Membership Financial Assistance Applications must include most recent federal income tax return filed, 2017 W2s and/or 1099s and copies of last three pay stubs for all working adults in the household.

### **Membership Financial Assistance Application Deadlines**

New Annual Memberships: 2 weeks prior to preferred camp registration date

Annual Membership Renewals: 2 weeks prior to current expiration date

Summer Youth Memberships: March 20, 2018 to ensure approval for April 1 registration

### **Camp Registration Start Dates**

Annual Memberships: Tuesday, January 2, 2018 at 9:00 am

Summer Youth Memberships: Sunday, April 1, 2018 at 9:00 am

If you have any questions, contact Diana Riolo at 203-920-1653 or [driolo@newcanaanymca.org](mailto:driolo@newcanaanymca.org).

**New Canaan Community YMCA Summer Day Camps -Information /Authorization Form – 2 Page form**

**All forms must be filled out and sent into the YMCA by June 1  
A fillable version of this form can be found at [newcanaanymca.org](http://newcanaanymca.org).  
Forms can be emailed to [SUMMERCAMP@NEWCANAANYMCA.ORG](mailto:SUMMERCAMP@NEWCANAANYMCA.ORG)**

<b>Camp Attending (please check all the camps the child is attending )</b>		
<input type="checkbox"/> Mini	<input type="checkbox"/> Synchro Swimming	<input type="checkbox"/> C.I.T.
<input type="checkbox"/> Y-Ki	<input type="checkbox"/> Synchro/Sports Combo	<input type="checkbox"/> L.I.T.
<input type="checkbox"/> Sports	<input type="checkbox"/> Y-Cares Teen Camp	
If your child receives special services or support at school please check here <input type="checkbox"/>		

Camper's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date Of Birth \_\_\_\_\_  
(First) (Last)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Current Grade completed \_\_\_ T-Shirt Size (Circle One) Child- Small Med Large Adult- Small Med Large

Home Phone \_\_\_\_\_ Email - (Please print clearly) \_\_\_\_\_

Parent / Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_  
(If Authorized For Pick-Up And Contact)

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent / Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_  
(If Authorized For Pick-Up And Contact)

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**PERMISSION AUTHORIZATION:**

The child named above has my permission, in case of inclement weather, to be transported by bus, van or YMCA staff vehicle from Kiwanis Park (Camp Y-Ki) to the New Canaan YMCA designated rainy day site.

- In the event the YMCA is unable to reach me or the emergency contact person(s) given, I give permission to YMCA staff or hospital physician to order whatever emergency measures as judged necessary for the care and protection of my child.

INSURANCE CO. \_\_\_\_\_ INSURANCE POLICY # \_\_\_\_\_

- I understand that any expenses incurred, due to the above, will be borne by the child's family.
- The child named above has my permission to apply self-supplied sun screen and bug repellent as necessary.
- I also give permission for any photographs of my child to be used for promotional material by the YMCA.
- I understand NO REFUNDS will be made unless the space is filled. (Except for verified medical reasons as stated in camp brochure.)

**PICK-UP AUTHORIZATION**

I give permission for the parents/guardians listed above and the following people to pick up my child and respond to emergencies at any time during the camp season.

- **I understand that my child will only be released to the above listed parents/guardians or the people listed below.** Changes and additions must be given in writing to the appropriate Camp Director.

- Due to our Drop-Off and Pick-Up procedure, we do not contact parents if a child is absent from camp.

**Additional Contacts (To be contacted only if parents/guardians listed above cannot be reached.)**

**NOTE: We cannot accept this form unless #'s 1-3 are completed. CANNOT BE PARENT/(GUARDIANS).**

1. \_\_\_\_\_ Home phone: \_\_\_\_\_

Relation to camper: \_\_\_\_\_ Work/Cell phone: \_\_\_\_\_

2. \_\_\_\_\_ Home phone: \_\_\_\_\_

Relation to camper: \_\_\_\_\_ Work/Cell phone: \_\_\_\_\_

3. \_\_\_\_\_ Home phone: \_\_\_\_\_

Relation to camper: \_\_\_\_\_ Work/Cell phone: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**New Canaan Community YMCA – Summer Day Camps**  
**Information / Authorization Form – 2 Page Form**  
**All forms must be filled out and sent into the YMCA by June 1**

<b>Sessions Attending (Please check all sessions and extended day options your camper is attending)</b>					
<input type="checkbox"/>	Session 1: *6/25-7/6	<input type="checkbox"/>	Extended AM	<input type="checkbox"/>	Extended PM
<input type="checkbox"/>	Session 2: 7/9-7/20	<input type="checkbox"/>	Extended AM	<input type="checkbox"/>	Extended PM
<input type="checkbox"/>	Session 3: 7/23-8/3	<input type="checkbox"/>	Extended AM	<input type="checkbox"/>	Extended PM
<input type="checkbox"/>	Session 4: 8/6-8/17	<input type="checkbox"/>	Extended AM	<input type="checkbox"/>	Extended PM
*No camp 7/4/2018					

**Camper's Name**

**Please check correct answers to the following questions:**

**Please specify symptoms and remedies/medications.**

	Yes	No
1. Do you have any concerns about your child's general health (eating, sleeping habits, weight, teeth, behavioral and emotional, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your child receive any special services or support at school? Please contact Carolyn Kaufman x 156 to discuss support options at camp.	<input type="checkbox"/>	<input type="checkbox"/>
3. Does your child have any other specific illness or problems?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does your child have any allergies (food, insects, medication, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does your child take any medication (daily, occasionally)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your child have physical limitations/restrictions or any problems with vision, hearing, speech (glasses, contacts, eartubes, hearing aids)?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has your child had any hospitalization, operation, or major illness (specify problem and date)?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has your child had any significant injury or accident (Specify problem and date)?	<input type="checkbox"/>	<input type="checkbox"/>
9. Would you like to discuss anything about your child's health with the Camp Director?	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments

Please attach the camper's picture for all **Y-KI Campers**

Parent Signature:

Date:

**Page 2 of 2 (Turn over for Page 1)**



# State of Connecticut Department of Education Health Assessment Record



To Parent or Guardian:

In order to provide the best educational experience, school personnel must understand your child's health needs. This form requests information from you (Part I) which will also be helpful to the health care provider when he or she completes the medical evaluation (Part II).

State law requires complete primary immunizations and a health assessment by a legally qualified practitioner of medicine, an advanced practice registered nurse or registered nurse, licensed pursuant to chapter 378, a physi-

cian assistant, licensed pursuant to chapter 370, a school medical advisor, or a legally qualified practitioner of medicine, an advanced practice registered nurse or a physician assistant stationed at any military base prior to school entrance in Connecticut (C.G.S. Secs. 10-204a and 10-206). An immunization update and additional health assessments are required in the 6th or 7th grade and in the 9th or 10th grade. Specific grade level will be determined by the local board of education. This form may also be used for health assessments required every year for students participating on sports teams.

*Please print*

Student Name (Last, First, Middle)	Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (Street, Town and ZIP code)		
Parent/Guardian Name (Last, First, Middle)	Home Phone	Cell Phone
School/Grade	Race/Ethnicity <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other
Primary Care Provider		
Health Insurance Company/Number* or Medicaid/Number*		
Does your child have health insurance?	Y N	If your child does not have health insurance, call <b>1-877-CT-HUSKY</b>
Does your child have dental insurance?	Y N	

\* If applicable

## Part I — To be completed by parent/guardian.

**Please answer these health history questions about your child before the physical examination.**

Please circle **Y** if "yes" or **N** if "no." Explain all "yes" answers in the space provided below.

Any health concerns	Y	N	Hospitalization or Emergency Room visit	Y	N	Concussion	Y	N
Allergies to food or bee stings	Y	N	Any broken bones or dislocations	Y	N	Fainting or blacking out	Y	N
Allergies to medication	Y	N	Any muscle or joint injuries	Y	N	Chest pain	Y	N
Any other allergies	Y	N	Any neck or back injuries	Y	N	Heart problems	Y	N
Any daily medications	Y	N	Problems running	Y	N	High blood pressure	Y	N
Any problems with vision	Y	N	"Mono" (past 1 year)	Y	N	Bleeding more than expected	Y	N
Uses contacts or glasses	Y	N	Has only 1 kidney or testicle	Y	N	Problems breathing or coughing	Y	N
Any problems hearing	Y	N	Excessive weight gain/loss	Y	N	Any smoking	Y	N
Any problems with speech	Y	N	Dental braces, caps, or bridges	Y	N	Asthma treatment (past 3 years)	Y	N
<b>Family History</b>						Seizure treatment (past 2 years)	Y	N
Any relative ever have a sudden unexplained death (less than 50 years old)				Y	N	Diabetes	Y	N
Any immediate family members have high cholesterol				Y	N	ADHD/ADD	Y	N

Please explain all "yes" answers here. For illnesses/injuries/etc., include the year and/or your child's age at the time.

Is there anything you want to discuss with the school nurse? Y N If yes, explain:

Please list any **medications** your child will need to take **in** school:

*All medications taken in school require a separate **Medication Authorization Form** signed by a health care provider and parent/guardian.*

I give permission for release and exchange of information on this form between the school nurse and health care provider for confidential use in meeting my child's health and educational needs in school.	Signature of Parent/Guardian	Date
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## Part II — Medical Evaluation

HAR-3 REV. 4/2017

### Health Care Provider must complete and sign the medical evaluation and physical examination

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Date of Exam \_\_\_\_\_

I have reviewed the health history information provided in Part I of this form

### Physical Exam

**Note:** \*Mandated Screening/Test to be completed by provider under Connecticut State Law

\*Height \_\_\_\_\_ in. / \_\_\_\_\_ % \*Weight \_\_\_\_\_ lbs. / \_\_\_\_\_ % BMI \_\_\_\_\_ / \_\_\_\_\_ % Pulse \_\_\_\_\_ \*Blood Pressure \_\_\_\_\_ / \_\_\_\_\_

	Normal	Describe Abnormal	Ortho	Normal	Describe Abnormal
Neurologic			Neck		
HEENT			Shoulders		
*Gross Dental			Arms/Hands		
Lymphatic			Hips		
Heart			Knees		
Lungs			Feet/Ankles		
Abdomen			*Postural <input type="checkbox"/> No spinal abnormality <input type="checkbox"/> Spine abnormality: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Marked <input type="checkbox"/> Referral made		
Genitalia/ hernia					
Skin					

### Screenings

*Vision Screening	*Auditory Screening	History of Lead level ≥ 5µg/dL <input type="checkbox"/> No <input type="checkbox"/> Yes	Date
Type: <u>Right</u> <u>Left</u>	Type: <u>Right</u> <u>Left</u>		
With glasses 20/ 20/	<input type="checkbox"/> Pass <input type="checkbox"/> Pass	*HCT/HGB:	
Without glasses 20/ 20/	<input type="checkbox"/> Fail <input type="checkbox"/> Fail	*Speech (school entry only)	
<input type="checkbox"/> Referral made	<input type="checkbox"/> Referral made	Other:	

**TB:** High-risk group?  No  Yes PPD date read: \_\_\_\_\_ Results: \_\_\_\_\_ Treatment: \_\_\_\_\_

### \*IMMUNIZATIONS

Up to Date or  Catch-up Schedule: **MUST HAVE IMMUNIZATION RECORD ATTACHED**

#### \*Chronic Disease Assessment:

- Asthma**  No  Yes:  Intermittent  Mild Persistent  Moderate Persistent  Severe Persistent  Exercise induced  
*If yes, please provide a copy of the Asthma Action Plan to School*
- Anaphylaxis**  No  Yes:  Food  Insects  Latex  Unknown source
- Allergies** *If yes, please provide a copy of the Emergency Allergy Plan to School*  
 History of Anaphylaxis  No  Yes Epi Pen required  No  Yes
- Diabetes**  No  Yes:  Type I  Type II **Other Chronic Disease:** \_\_\_\_\_
- Seizures**  No  Yes, type: \_\_\_\_\_

This student has a developmental, emotional, behavioral or psychiatric condition that may affect his or her educational experience.  
 Explain: \_\_\_\_\_

Daily Medications (specify): \_\_\_\_\_

This student may:  participate fully in the school program  
 participate in the school program with the following restriction/adaptation: \_\_\_\_\_

This student may:  participate fully in athletic activities and competitive sports  
 participate in athletic activities and competitive sports with the following restriction/adaptation: \_\_\_\_\_

Yes  No Based on this comprehensive health history and physical examination, this student has maintained his/her level of wellness.  
 Is this the student's medical home?  Yes  No  I would like to discuss information in this report with the school nurse.

Signature of health care provider MD / DO / APRN / PA	Date Signed	Printed/Stamped <b>Provider</b> Name and Phone Number
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## Immunization Record

**To the Health Care Provider: Please complete and initial below.**

Vaccine (Month/Day/Year) Note: \*Minimum requirements prior to school enrollment. At subsequent exams, note booster shots only.

	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6
<b>DTP/DTaP</b>	*	*	*	*		
<b>DT/Td</b>						
<b>Tdap</b>	*				Required 7th-12th grade	
<b>IPV/OPV</b>	*	*	*			
<b>MMR</b>	*	*			Required K-12th grade	
<b>Measles</b>	*	*			Required K-12th grade	
<b>Mumps</b>	*	*			Required K-12th grade	
<b>Rubella</b>	*	*			Required K-12th grade	
<b>HIB</b>	*				PK and K (Students under age 5)	
<b>Hep A</b>	*	*			See below for specific grade requirement	
<b>Hep B</b>	*	*	*		Required PK-12th grade	
<b>Varicella</b>	*	*			Required K-12th grade	
<b>PCV</b>	*				PK and K (Students under age 5)	
<b>Meningococcal</b>	*				Required 7th-12th grade	
<b>HPV</b>						
<b>Flu</b>	*				PK students 24-59 months old – given annually	
<b>Other</b>						

**Disease Hx** \_\_\_\_\_  
**of above** (Specify) \_\_\_\_\_ (Date) \_\_\_\_\_ (Confirmed by) \_\_\_\_\_  
**Exemption:** Religious \_\_\_\_\_ **Medical:** Permanent \_\_\_\_\_ Temporary \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Renew Date:** \_\_\_\_\_

**Religious exemption documentation is required upon school enrollment and then renewed at 7th grade entry.  
 Medical exemptions that are temporary in nature must be renewed annually.**

### Immunization Requirements for Newly Enrolled Students at Connecticut Schools (as of 8/1/17)

**KINDERGARTEN THROUGH GRADE 6**

- DTaP: At least 4 doses, with the final dose on or after the 4th birthday; students who start the series at age 7 or older only need a total of 3 doses of tetanus-diphtheria containing vaccine.
- Polio: At least 3 doses, with the final dose on or after the 4th birthday.
- MMR: 2 doses at least 28 days apart, with the 1st dose on or after the 1st birthday.
- Hib: 1 dose on or after the 1st birthday (children 5 years and older do not need proof of vaccination).
- Pneumococcal: 1 dose on or after the 1st birthday (children 5 years and older do not need proof of vaccination).
- Hep A: 2 doses given six months apart, with the 1st dose on or after the 1st birthday. See "HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES" column at the right for more specific information on grade level and year required.
- Hep B: 3 doses, with the final dose on or after 24 weeks of age.
- Varicella: 2 doses, with the 1st dose on or after the 1st birthday or verification of disease.\*\*

**GRADES 7 THROUGH 12**

- Tdap/Td: 1 dose of Tdap required for students who completed their primary DTaP series; for students who start the series at age 7 or older a total of 3 doses of tetanus-diphtheria containing vaccines are required, one of which must be Tdap.
- Polio: At least 3 doses, with the final dose on or after the 4th birthday.
- MMR: 2 doses at least 28 days apart, with the 1st dose on or after the 1st birthday.
- Meningococcal: 1 dose
- Hep B: 3 doses, with the final dose on or after 24 weeks of age.
- Varicella: 2 doses, with the 1st dose on or after the 1st birthday or verification of disease.\*\*
- Hep A: 2 doses given six months apart, with the 1st dose on or after the 1st birthday. See "HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES" column at the right for more specific information on grade level and year required.

**HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES**

- August 1, 2017: Pre-K through 5th grade
- August 1, 2018: Pre-K through 6th grade
- August 1, 2019: Pre-K through 7th grade
- August 1, 2020: Pre-K through 8th grade
- August 1, 2021: Pre-K through 9th grade
- August 1, 2022: Pre-K through 10th grade
- August 1, 2023: Pre-K through 11th grade
- August 1, 2024: Pre-K through 12th grade

**\*\* Verification of disease:** Confirmation in writing by an MD, PA, or APRN that the child has a previous history of disease, based on family or medical history.

**Note:** The Commissioner of Public Health may issue a temporary waiver to the schedule for active immunization for any vaccine if the National Centers for Disease Control and Prevention recognizes a nationwide shortage of supply for such vaccine.

Initial/Signature of health care provider MD / DO / APRN / PA	Date Signed	Printed/Stamped <b>Provider</b> Name and Phone Number
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# Summer Volunteer Opportunities

Looking for volunteer opportunities this summer to fulfill a requirement, extra credit for school, put on your resume, or just want to give back? Check out summer volunteer opportunities at the Y! Spend your summer days jumping out into the community, learning new skills, making friends, and lending a helping hand.

## Y VOLUNTEENS (AGES 13-17)

Become a Y "Volunteer" this summer volunteering throughout our Y programs. Gain a variety of experience working with children, office work, outdoor work, throughout the facility, and so much more. Our Volunteers will be busy every day learning a variety of new skills, while giving back to our community.

Each week we will begin with an "Hour of Power," featuring engaging discussions and activities around the importance of philanthropy. Each Volunteer will gain experience planning and leading activities for the group and take part in planning and implementing at least one service project based on his/her interests.

Dates: July 2 – August 3

Days: Monday-Friday

Time: 9:30 AM – 1:00 PM

For additional information, contact Nicki Jezairian at [njezairian@newcanaanyymca.org](mailto:njezairian@newcanaanyymca.org) or 203-920-1657.

## YSN TEEN & YOUNG ADULT CAMP (AGES 15 & UP)

Help for one day or all! Join our YSN crew and have fun at camp. We are looking for individuals who have an interest with working with our special needs population.

**Hours:** Monday-Friday, 3:00-5:00 pm

## LEMONAID STANDS FOR KIBERA

Get your LemonAID on this summer and help us help children across the globe learn, grow and thrive.

For ten years we have been partnering with Facing the Future, a Child Development Center in Kibera, Kenya, the largest slum in Africa. We have assisted them with building a school, feeding their children and funding for well-needed supplies and equipment to keep the center running efficiently. These kids and staff deserve a safe place to play and learn. Last year we raised over \$1,000 for Facing the Future through our LemonAID stand community project.

Grab your family, friends, and camp buddies and LemonAID for a good cause this summer!

### Details:

1. Host your LemonAID stand between June 4 and August 17.
2. Sign up and receive your LemonAID stand kit beginning June 1 at the Y Front Desk.

For additional information, contact Nicki Jezairian, Director of Community Engagement, at [njezairian@newcanaanyymca.org](mailto:njezairian@newcanaanyymca.org) or 203-920-1657.

### SUMMER VOLUNTEER ORIENTATION

Tuesday, June 5, 2018: 3:00-4:00PM and 7:00-8:00PM

Learn all about volunteering at the Y and summer volunteer opportunities.

Register in advance at the Front Desk, walk-ins are welcome!

### BENEFITS OF VOLUNTEERING

- Give back to your community
- Make new friends and network with others
- Share your talents with a diverse group of people
- Learn and develop new skills
- Support an excellent cause
- Get your foot in the door for future employment opportunities
- Boost your career options
- Fulfill community service requirements
- HAVE FUN!!!

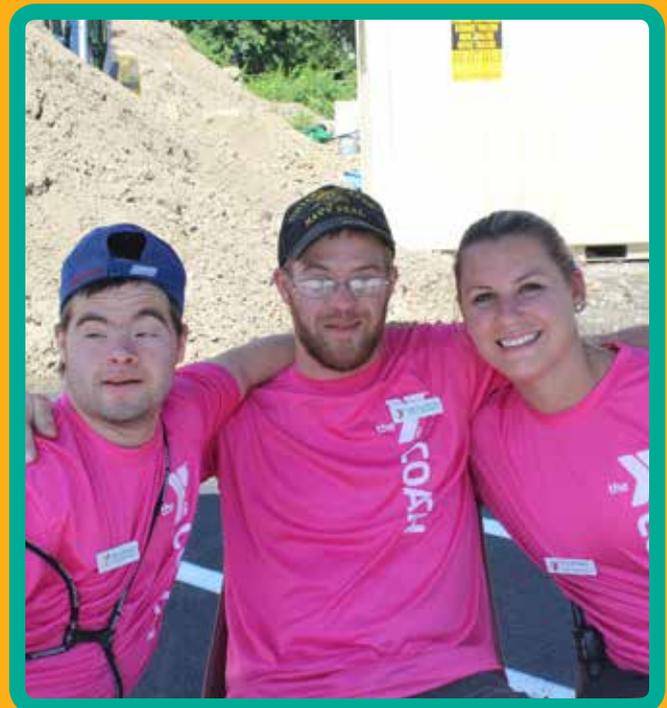
For additional Volunteer opportunities check out [www.newcanaanyymca.volunteermatters.org/project-catalog](http://www.newcanaanyymca.volunteermatters.org/project-catalog)

NEW CANAAN YMCA  
564 South Avenue  
New Canaan, CT 06840-6322  
203-966-4528

[www.newcanaanymca.org](http://www.newcanaanymca.org)

NEW CANAAN YMCA

# 2018 SUMMER CAMP



[www.newcanaanymca.org/summer-camp](http://www.newcanaanymca.org/summer-camp)