



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

CENTRAL CONNECTICUT COAST YMCA

# FAIRFIELD'S LOCAL DAY CAMP

YMCA Camp Badakookala  
Fairfield YMCA

Badas

Kookalas

Adventurers

CIT'S

# 2012 DAY CAMP BROCHURE

## About Camp Badakookala

Camp Badakookala exists to give your child a safe and fun place to spend their summer. We are a small structured and values based summer day camp for children of all ages. We hire staff who are mature, caring and child focused. We train all staff extensively, and 80% are 18 or older. Our caring environment staff and campers come back year after year because of the friends they have made, and the fun they have. We invite you to join our camp family this summer!

## Our Program

All campers participate in sports, arts and crafts, fun field trips, and exciting special events during every session. Children are grouped by age and offered a variety of fun activities that are balanced between active, quiet, and creative options that take individual children's interests into account. Small groups allow children to make new friends while staying safe and well supervised.



## Summer of Service

We believe strongly that children should be aware of and helping those who are less fortunate. That is why our summer of service program is entering its third year of providing campers with ways to make a difference in the world around them. Adventurers propose and lead a summer service project with the help of the entire camp family.



## Here for You

The Y welcomes all who wish to participate in our programs. Each year, thanks to the generosity of members like you, we are able to provide assistance to youth and families in need. Please contact us if you or someone you know could use our assistance in sending a child to camp. If you would like to give the gift of camp, please contact us to learn how you can contribute to the Strong Kids Campaign. We also accept Care 4 Kids, a state subsidized program to help working parents meet the cost of child care.

## A Place For Everyone

**All of the groups below are based at Jennings Elementary, while swimming will take place at the Fairfield YMCA.**

### **Badas (Entering 1st and 2nd Grade)**

Badas enjoy Arts and Crafts, Swimming twice a week, group games, sports and more! Badas also enjoy at least one field trip per session and/or a visiting specialists who will provide specialized programs and activities. This age group is staffed at a 1 to 8 staff to child ratio.

### **Kookalas (Entering 3rd and 4th Grade)**

Kookalas participate in Arts and Crafts, Swimming twice a week, sports and more! Kookalas also participate in at least two field trips per session. This age group is staffed at a 1 to 10 staff to child ratio.

### **Adventurers (Entering 5th through 8th Grade)**

Adventurers participate in Arts and Crafts, Swimming, sports and more! Adventurers also participate in at least four field trips per session, along with service projects to benefit the community. This age group is staffed at a 1 to 12 staff to child ratio.

### **Counselors in Training (Entering 9th through 11th Grade)**

Our CIT's work with a counselor and spend their time with our counselor following the daily schedule and getting to know the campers. CIT's will also meet regularly with our leadership staff to provide additional training similar to the training our hired staff receive. The CIT program can be used for volunteer hours. And while the program does not guarantee future employment, it does help build confidence, communication skills and lets our older campers take on a leadership role at camp.

## Why the Y?

YMCA Camp Badakookala is your local licensed summer camp program dedicated to providing summer experiences to children. The YMCA has over 150 years experience in summer camp. We have a tradition of giving children fun memories they will have forever. We don't just have fun every day, we teach children confidence and reinforce the value of helping others that will help them the rest of their lives. We are for Youth Development, Healthy Living and Social Responsibility and these things come through in our programs.



## Activities at Camp

Through our activities at Camp Badakookala, kids stay active, have tons of fun, gain confidence, and make lasting friendships and memories.

Our activities include:

Free swim (at the YMCA)  
Arts and Crafts  
Board Games  
Circle Games  
Sports  
Playground  
Story telling  
Service Projects  
Dress-up Days  
Special Events



## A Day At Camp

Sample Schedule, Note: Does not reflect Swim, Field Trip, and Event Days

8:45 Drop off at Jennings  
9:00 Morning Assembly  
9:25 Name Game  
10:05 Game Room  
10:45 Sports  
11:25 Lunch  
12:05 Arts and Crafts  
12:45 Gym  
1:25 Circle Game  
2:05 Playground  
2:45 Afternoon Assembly  
3:00 Pickup at Jennings

## Here For You When You Need Us

Here for you when you need us.

We know that sometimes you need a little more time at camp. We have a pre care program that begins at 7:30 and a post care program that runs until 6:00. Pre care is held at Jennings Elementary, and Post care participants are bussed to the Fairfield YMCA.



## Camp For All Ages

### **Camp Clubhouse (Held at the Fairfield YMCA)**

For 3-5 year olds. What a great experience for the young camper!! Each themed session is packed with traditional camp activities to stimulate the young camper's imagination. Campers must be 3 by the start of the session and **MUST** be potty trained.

Camp runs from 9am-1pm and after care runs from 1pm-3pm. The camp is licensed by the Connecticut Dept. of Public Health. Contact Terry McLaren at [tmclaren@cccymca.org](mailto:tmclaren@cccymca.org)

### **Sunshine Club (Held at the Fairfield YMCA)**

Each Sunshine Club session runs for 2 weeks. Parents may choose how many days and which days of the week their little one will attend. The days are filled with games, arts&crafts, music, storytelling and imaginative play. Each group is led by an experience preschool teacher and assistant. Maximum ratio is 1:4. Our goal is to provide a gentle, nurturing and safe summer experience for the first time "camper." Child must be 2 by the start of the session. Contact Terry McLaren at [tmclaren@cccymca.org](mailto:tmclaren@cccymca.org)

## State Licensed

Camp Badakookala is Licensed through the Connecticut Department of Public health. We meet or exceed all standards set forth including training, ratios, and qualifications of staff.

## Ready To Register

Please see our registration form for dates and prices. We do require the registration form to be completed in full when you register. We also require a new health form to be completed each year and submitted prior to the child attending camp. Copies of these forms and others can be found at the Fairfield Y or on our website at [www.fairfieldy.org](http://www.fairfieldy.org)

## How To Reach us

If you have any questions or would like to speak to a staff member, please feel free to contact us.

**Brian Quigley, Youth and Family Director**  
Fairfield YMCA  
841 Old Post Rd  
Fairfield, CT 06824  
203 255 2834  
[bquigley@cccymca.org](mailto:bquigley@cccymca.org)

Website [www.fairfieldy.org](http://www.fairfieldy.org)



# OUR PLACE FOR A SUMMER OF FRIENDSHIP AND FUN



Fairfield YMCA  
841 Old Post Rd  
Fairfield, CT 06824

A branch of the Central Connecticut Coast YMCA

# Camp Badakookala

## 2012 REGISTRATION & RELEASE FORM (Page 1)

Please write legibly, read carefully, and note that all information lines are required.

Camper's First Name \_\_\_\_\_ Last \_\_\_\_\_ Boy \_\_\_ Girl \_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age entering camp yrs \_\_\_\_\_ mos \_\_\_\_\_ Grade entering in Sept. \_\_\_\_\_ Child lives with \_\_\_\_\_  
 Parent # 1 \_\_\_\_\_ Parent # 2 \_\_\_\_\_  
 Home Address \_\_\_\_\_ Home address \_\_\_\_\_  
 Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Parent/Guardian E-Mail Address \_\_\_\_\_ (All Camp Info Sent Via Email)

PLEASE CHECK WHICH PHONE NUMBER YOU WOULD LIKE USED AS PRIMARY CONTACT NUMBER

Home Phone # ( ) \_\_\_\_\_ Home Phone # ( ) \_\_\_\_\_  
 Cell Phone # ( ) \_\_\_\_\_ Cell Phone # ( ) \_\_\_\_\_  
 Work Phone # ( ) \_\_\_\_\_ Work Phone # ( ) \_\_\_\_\_

If parent cannot be reached, give name and relationship of two people who can be called in case of emergency.

\_\_\_\_\_ Cell# \_\_\_\_\_ Work # \_\_\_\_\_ Home# \_\_\_\_\_  
 \_\_\_\_\_ Cell# \_\_\_\_\_ Work # \_\_\_\_\_ Home# \_\_\_\_\_

Does your child have any allergies or medical conditions that we should be aware of? Briefly indicate and describe below

Does your child have any special needs that require regular one on one attention? Briefly indicate and describe below

### REGISTRATION / PAYMENT INFORMATION

A \$75 deposit for each session is required upon registration and is **non-refundable**. It is applied toward your camp balance.

Counselor in Training registration will be available through an interview and application process only. Contact Brian Quigley for more information and to schedule an interview. [bquigley@cccymca.org](mailto:bquigley@cccymca.org)

**Sessions 1** balances are due by **June 8, 2012**, **Sessions 2** balances are due by **June 22, 2012**

**Sessions 3** balances are due by **July 6, 2012**, **Sessions 4** balances are due by **July 20, 2012**

There is no camp held on July 4th.

Credit card returns and returned check fee is \$20.00

Refunds are given for medical reasons only (must provide doctor note) with a \$10.00 service fee.

Any other refund, approved by Camp Director, after (June 25), will be a **SYSTEM CREDIT FOR YMCA PROGRAMS ONLY**.

**Failure to remit balance** and **signed medical form by due date will jeopardize your child's enrollment in camp.**

### Parent/Guardian Signed Releases:

I hereby give permission for my child to participate in all activities that are part of the Camp Badakookala program. I understand there are risks associated with camp activities and activities in which my child is a participant and hold the Fairfield YMCA, Central Connecticut Coast YMCA, its employees, representatives, agents, and assigns from any and all claims whatsoever against said parties resulting from or caused by my child's participation. I further grant permission to have my child transported to one of the YMCA's other facilities for swimming or in case of inclement weather and for any pictures taken of my child while at camp to be used for publicity and promotional purposes. I also certify that I am aware that my child may not bring medications of any kind to camp without the required medication form being filled out and signed by a licensed physician. I have read the above and agree to terms and conditions.

Signature of Parent/Guardian X \_\_\_\_\_ Date \_\_\_\_\_

### RETURN COMPLETED, SIGNED FORM TO:

FAIRFIELD YMCA  
 841 OLD POST RD FAIRFIELD, CT 06824  
 P 203 255 2834 F 203 259 7744

#### OFFICE USE ONLY

Deposit Amount: \$ \_\_\_\_\_ Date Entered into MemberST: \_\_\_\_/\_\_\_\_/\_\_\_\_

Staff Name (print): \_\_\_\_\_ Notes: \_\_\_\_\_

# Camp Badakookala

## 2012 REGISTRATION & RELEASE FORM (Page 2)

Camper's First Name \_\_\_\_\_ Last \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Badas and Kookalas: Entering 1<sup>st</sup>-4<sup>th</sup> GRADE

<input type="checkbox"/> Session 1 June 25 – July 6 Members \$405 Non Members \$480	<input type="checkbox"/> Pre Care \$55 Y Members	<input type="checkbox"/> Post care \$115 Y Members	<input type="checkbox"/> Pre Care \$80 Non Members	<input type="checkbox"/> Post Care \$135 Non Members
<input type="checkbox"/> Week 1 June 25 – June 29 Members \$281 Non Members \$337	<input type="checkbox"/> Pre Care \$35 Y Members	<input type="checkbox"/> Post care \$80 Y Members	<input type="checkbox"/> Pre Care \$55 Non Members	<input type="checkbox"/> Post Care \$100 Non Members
<input type="checkbox"/> Week 2 July 2 – July 6 Members \$281 Non Members \$337	<input type="checkbox"/> Pre Care \$35 Y Members	<input type="checkbox"/> Post care \$80 Y Members	<input type="checkbox"/> Pre Care \$55 Non Members	<input type="checkbox"/> Post Care \$100 Non Members
<input type="checkbox"/> Session 2 July 9 – July 20 Members \$405 Non Members \$480	<input type="checkbox"/> Pre Care \$55 Y Members	<input type="checkbox"/> Post care \$115 Y Members	<input type="checkbox"/> Pre Care \$80 Non Members	<input type="checkbox"/> Post Care \$135 Non Members
<input type="checkbox"/> Week 1 July 9– July 13 Member \$281 Non Member \$337	<input type="checkbox"/> Pre Care \$35 Y Members	<input type="checkbox"/> Post care \$80 Y Members	<input type="checkbox"/> Pre Care \$55 Non Members	<input type="checkbox"/> Post Care \$100 Non Members
<input type="checkbox"/> Week 2 July 16– July 20 Members \$281 Non Members \$337	<input type="checkbox"/> Pre Care \$35 Y Members	<input type="checkbox"/> Post care \$80 Y Members	<input type="checkbox"/> Pre Care \$55 Non Members	<input type="checkbox"/> Post Care \$100 Non Members
<input type="checkbox"/> Session 3 July 23– Aug 3 Members \$405 Non Members \$480	<input type="checkbox"/> Pre Care \$55 Y Members	<input type="checkbox"/> Post care \$115 Y Members	<input type="checkbox"/> Pre Care \$80 Non Members	<input type="checkbox"/> Post Care \$135 Non Members
<input type="checkbox"/> Week 1 July 23 – July 27 Members \$281 Non Members \$337	<input type="checkbox"/> Pre Care \$35 Y Members	<input type="checkbox"/> Post care \$80 Y Members	<input type="checkbox"/> Pre Care \$55 Non Members	<input type="checkbox"/> Post Care \$100 Non Members
<input type="checkbox"/> Week 2 July 30 – Aug 3 Members \$281 Non Members \$337	<input type="checkbox"/> Pre Care \$35 Y Members	<input type="checkbox"/> Post care \$80 Y Members	<input type="checkbox"/> Pre Care \$55 Non Members	<input type="checkbox"/> Post Care \$100 Non Members
<input type="checkbox"/> Session 4 Aug 6 – Aug 17 Members \$405 Non Members \$480	<input type="checkbox"/> Pre Care \$55 Y Members	<input type="checkbox"/> Post care \$115 Y Members	<input type="checkbox"/> Pre Care \$80 Non Members	<input type="checkbox"/> Post Care \$135 Non Members
<input type="checkbox"/> Week 1 Aug 6 – Aug 10 Members \$281 Non Members \$337	<input type="checkbox"/> Pre Care \$35 Y Members	<input type="checkbox"/> Post care \$80 Y Members	<input type="checkbox"/> Pre Care \$55 Non Members	<input type="checkbox"/> Post Care \$100 Non Members
<input type="checkbox"/> Week 2 Aug 13– Aug 17 Members \$281 Non Members \$337	<input type="checkbox"/> Pre Care \$35 Y Members	<input type="checkbox"/> Post care \$80 Y Members	<input type="checkbox"/> Pre Care \$55 Non Members	<input type="checkbox"/> Post Care \$100 Non Members

### Adventurers: Entering 5<sup>th</sup>-8<sup>th</sup> GRADE

<input type="checkbox"/> Session 1 June 25 – July 6 Members \$435 Non Members \$505	<input type="checkbox"/> Pre Care \$55 Y Members	<input type="checkbox"/> Post care \$115 Y Members	<input type="checkbox"/> Pre Care \$80 Non Members	<input type="checkbox"/> Post Care \$135 Non Members
<input type="checkbox"/> Week 1 June 25 – June 29 Members \$305 Non Members \$360	<input type="checkbox"/> Pre Care \$35 Y Members	<input type="checkbox"/> Post care \$80 Y Members	<input type="checkbox"/> Pre Care \$55 Non Members	<input type="checkbox"/> Post Care \$100 Non Members
<input type="checkbox"/> Week 2 July 2 – July 6 Members \$305 Non Members \$360	<input type="checkbox"/> Pre Care \$35 Y Members	<input type="checkbox"/> Post care \$80 Y Members	<input type="checkbox"/> Pre Care \$55 Non Members	<input type="checkbox"/> Post Care \$100 Non Members
<input type="checkbox"/> Session 2 July 9 – July 20 Members \$435 Non Members \$505	<input type="checkbox"/> Pre Care \$55 Y Members	<input type="checkbox"/> Post care \$115 Y Members	<input type="checkbox"/> Pre Care \$80 Non Members	<input type="checkbox"/> Post Care \$135 Non Members
<input type="checkbox"/> Week 1 July 9– July 13 Members \$305 Non Members \$360	<input type="checkbox"/> Pre Care \$35 Y Members	<input type="checkbox"/> Post care \$80 Y Members	<input type="checkbox"/> Pre Care \$55 Non Members	<input type="checkbox"/> Post Care \$100 Non Members
<input type="checkbox"/> Week 2 July 16– July 20 Members \$305 Non Members \$360	<input type="checkbox"/> Pre Care \$35 Y Members	<input type="checkbox"/> Post care \$80 Y Members	<input type="checkbox"/> Pre Care \$55 Non Members	<input type="checkbox"/> Post Care \$100 Non Members
<input type="checkbox"/> Session 3 July 23– Aug 3 Members \$435 Non Members \$505	<input type="checkbox"/> Pre Care \$55 Y Members	<input type="checkbox"/> Post care \$115 Y Members	<input type="checkbox"/> Pre Care \$80 Non Members	<input type="checkbox"/> Post Care \$135 Non Members
<input type="checkbox"/> Week 1 July 23 – July 27 Members \$305 Non Members \$360	<input type="checkbox"/> Pre Care \$35 Y Members	<input type="checkbox"/> Post care \$80 Y Members	<input type="checkbox"/> Pre Care \$55 Non Members	<input type="checkbox"/> Post Care \$100 Non Members
<input type="checkbox"/> Week 2 July 30 – Aug 3 Members \$305 Non Members \$360	<input type="checkbox"/> Pre Care \$35 Y Members	<input type="checkbox"/> Post care \$80 Y Members	<input type="checkbox"/> Pre Care \$55 Non Members	<input type="checkbox"/> Post Care \$100 Non Members
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<input type="checkbox"/> Week 2 Aug 13– Aug 17 Members \$305 Non Members \$360	<input type="checkbox"/> Pre Care \$35 Y Members	<input type="checkbox"/> Post care \$80 Y Members	<input type="checkbox"/> Pre Care \$55 Non Members	<input type="checkbox"/> Post Care \$100 Non Members



## Camp Health Form Summer 2012

### This side to be completed by parent / guardian.

**Important-** By state regulation your child **may not attend camp** until this form is fully completed and signed on both sides. Please return to camp by **June 8<sup>th</sup>**. Please do not send in until both sides are completed.

Please print or type.

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ M \_\_\_ F \_\_\_

Address \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother/ Guardian \_\_\_\_\_ Home # \_\_\_\_\_ Cell# \_\_\_\_\_

Father/ Guardian \_\_\_\_\_ Home# \_\_\_\_\_ Cell# \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Work # \_\_\_\_\_

Father's Employer \_\_\_\_\_ Work # \_\_\_\_\_

Child lives with \_\_\_\_\_

If parent cannot be reached, give name and relationship of person to be called in case of emergency.

\_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_

#### Medication, Allergies, Handicaps

Please list all medications that your child is taking. If your child will be taking any medications (prescription or over-the-counter) during camp, you **must** attach a doctor's medication authorization form. \_\_\_\_\_

Is there any medication that your child takes during the school year that they will not be taking during the camp season \_\_\_\_\_

Does your child have an allergic reaction to \_\_\_ Bees \_\_\_ Medication \_\_\_ Food \_\_\_ Other \_\_\_\_\_

What symptoms may occur? \_\_\_\_\_

Does your child carry an Epi-Pen? \_\_\_ Yes \_\_\_ No If yes, one must be provided to camp.

Please use this space provided to provide us with any additional information of the child's behavior, emotional, physical and mental health that the camp should be aware of \_\_\_\_\_

#### Insurance Information

Is the participant covered by family medical / hospital insurance? \_\_\_ Yes \_\_\_ No

Carrier or plan name \_\_\_\_\_ Group # \_\_\_\_\_ ID # \_\_\_\_\_

Name of insured \_\_\_\_\_ Relationship to participant \_\_\_\_\_

Return completed signed form to:

FAIRFIELD YMCA

841 OLD POST RD, FAIRFIELD, CT 06824

P 203 255 2834 F 203 259 7744

#### Permission to Provide Necessary Treatment or Emergency Care:

*I hereby give permission to the Fairfield YMCA medical personnel or the camp director to order X-Rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.*

Signature of parent/ guardian or staff X \_\_\_\_\_ Date \_\_\_\_\_

Please print your name \_\_\_\_\_

# Camp Health Form

## This side to be Completed by a Physician

Name of camper \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date of last physical (must be within 2 years) \_\_\_\_\_

Please use a separate form for each camper. You may attach a print out from physician or school health form. This examination is for determining fitness and endurance in potentially strenuous activities. All of the information on this form must be completed.

### General Information

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Heart \_\_\_\_\_

**Immunization History:** Please provide confirmation and dates of following immunizations

	Yes	No		Yes	No
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chickenpox			Polio		
Tetanus			PCV7		

### Medical Conditions

Has the child ever had, or does he/she now suffer from:

\_\_\_ Allergy Requiring EPI-Pen \_\_\_ Asthma (inhaler Y/N) \_\_\_ Headaches \_\_\_ Seizures

\_\_\_ Diabetes ( \_\_\_ insulin pump \_\_\_ coverage at camp) \_\_\_ High/Low Blood Pressure

\_\_\_ Other reason for medication, please explain.) \_\_\_\_\_

\_\_\_ Recent or Recovering Fractures or other injuries (explain) \_\_\_\_\_

\_\_\_ Genetic Disorder (explain) \_\_\_\_\_

\_\_\_ Any physical Restrictions: Swimming, diving, hiking, climbing, running or other. Please explain \_\_\_\_\_

Other health history: \_\_\_\_\_

### Recommendations

Special Diet: \_\_\_\_\_ Medication: \_\_\_\_\_ Other: \_\_\_\_\_

**\* Medication Authorization Form must be sent by physician before nurse can give any medications, including over-the-counter. Parent must provide the medication with the form and is responsible to pick them up at the end of the session.**

### Physical Authorization

I have examined the person herein described and have reviewed his/her health history. It is my opinion that he/she is physically able to engage in an active camp program.

Print name of medical care provider: \_\_\_\_\_

Print address of medical care provider: \_\_\_\_\_

Signature of physician, APRN or PA \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_