



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

Camp We Can!

February Vacation Camp

At the Newport County YMCA

Adapted February vacation camp will offer your child between the ages of 5 and 21 who have disabilities a chance to work on social, communication skills, sports, and fitness skills as well as learning to push them to do the best that they can. This will help lead to new friendships and great memories! The days will be filled with swimming, Wii, games, sports, arts and crafts, and meeting new friends!

Dates: February 16th through February 20th

Times: 8:00 to 4:30 with extended care available 4:30-5:30 (additional \$10)

What to Bring: Water Bottle, Lunch, 2 snacks, bathing suit and a towel.

| Type | 2 Day | 3 Day | 5 Day |
|--------------------------|----------|----------|----------|
| Non-Member | \$110.00 | \$145.00 | \$180.00 |
| Member | \$80.00 | \$115.00 | \$150.00 |
| Adapted Club Member | \$65.00 | \$95.00 | \$125.00 |
| Adapted Club Plus Member | \$55.00 | \$75.00 | \$100.00 |

RICAP # _____ (Please write in)

Circle the days you will be attending

Monday
02/16

Tuesday
02/17

Wednesday
02/18

Thursday
02/19

Friday
02/20

Will you need PM care? YES NO (Please circle)

You can register for Camp We Can through the registration office at the Newport County YMCA starting today!

If you have any questions you can contact Megan at: 401-847-9200 x117 or meganl@newportymca.org

Can't wait to see you at Camp!

Childs Name _____ Age _____

Parent/ Guardian _____

Phone Number : (H) _____ (C) _____ (W) _____

Pick-up list:

Allergies we should know about: _____

Behavior we should know about: _____

Does your child need help using the bathroom? Yes _____ No _____

If yes, please explain _____

Does your child need help changing in and out of their bathing suit? Yes _____ No _____

If yes, please explain _____

What is your child's favorite activity: _____

Is their anything else we should know about you child to ensure they have a fun week at camp? _____

Adapted Physical Activity Camp We Can Assistance Agreement

I acknowledge that my child may need assistance in the bathroom and/or with changing for swim. I want the Camp We Can counselors to help my child in the bathroom or locker room if he/she needs it.

Patent/ Guardian Name: _____

Parent/ Guardian's Signature: _____ Date: _____