



# MINI CAMPS AT THE Y

**REGISTER NOW!**

Members \$40/Community \$55

Monday-Thursday  
1:00pm-3:00pm

Ages 8 & up

Limited to 15 participants per camp.  
All camps will take place at the  
Bauer Exhibit Building.

Contact Tina Padron with questions at  
361-551-2562 or [tpadron@ymcavictoria.org](mailto:tpadron@ymcavictoria.org)

**ART CAMP**

June 6 – June 9

**S.T.E.M. SCIENCE**

June 13 – June 16

**COOKING CAMP**

June 20 – June 23

**COOKING CAMP**

July 11 – July 14

**ART CAMP**

July 18—July 21

**S.T.E.M. SCIENCE**

July 25—July 28

Calhoun County YMCA  
713 HWY 35 South, Port Lavaca, TX 77979  
[ymcavictoria.org](http://ymcavictoria.org) • 361.575.0511



# CALHOUN COUNTY YMCA Mini Camps 2022

**This enrollment form must be COMPLETELY filled out before we can accept any child for camp.**

Fee: \_\_\_\_\_  
Staff: \_\_\_\_\_  
Date: \_\_\_\_\_

Mini Camp	Date/ Time	Cost
<input type="checkbox"/> Art (8 & up)	June 6-9 from 1pm-3pm	\$40 Members/\$55 Community
<input type="checkbox"/> STEM Science (8 & up)	June 13-16 from 1pm-3pm	\$40 Members/\$55 Community
<input type="checkbox"/> Cooking (8 & up)	June 20-23 from 1pm-3pm	\$40 Members/\$55 Community
<input type="checkbox"/> Cooking (9-14 years)	July 11-14 from 1pm-3pm	\$40 Members/\$55 Community
<input type="checkbox"/> Art Camp (8 & up)	July 18-21 from 1pm-3pm	\$40 Members/\$55 Community
<input type="checkbox"/> STEM Science (8 & up)	July 25-28 from 1pm-3pm	\$40 Members/\$55 Community

**CHILD'S INFORMATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M or F  
 Phone: (\_\_\_\_) \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Does child have any known allergies \_\_\_\_\_

**PARENT OR LEGAL GUARDIAN INFORMATION**

Parent Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_ Gender: M or F  
 Date of birth: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Authorized to pick up: \_\_\_ YES \_\_\_ NO\*

**ADULTS AUTHORIZED TO PICK UP CHILD AND/OR TO BE CONTACTED IN CASE OF EMERGENCY**

Name: _____	Name: _____
Address: _____	Address: _____
Relation: _____	Relation: _____
Work Phone: _____	Work Phone: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____

My child has a regular physician. Below is the information for my physician, clinic/hospital preference:

Child's Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone#: \_\_\_\_\_  
 Clinic/Hospital: \_\_\_\_\_ Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to the nearest emergency facility for treatment deemed necessary by the medical attendant.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

