



the  
network help  
healthy snac  
EM exper  
ec Play



# MINI CAMPS

## AT THE Y

### REGISTER NOW!

Members \$40/Community \$55

\*Advanced Cooking Camp and Competition\*  
Members \$45/Community \$60

Camps are held  
Monday thru Thursday

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

Calhoun County YMCA  
713 Highway 35 South • Port Lavaca TX 77979 • 361.551.2562


**COOKING CAMP (Beginner)**  
June 10-13 (Ages 8 & up)  
1:00-3:00pm



**STEM ED. JR**  
June 17-20 (Ages 6-8)  
1:00-3:00pm




**ART CAMP JR**  
June 24-27 (Ages 6-8)  
1:00-3:00pm




**COOKING CAMP (Advanced)**  
July 8-11 (Ages 9-14)  
1:00-3:00pm



**STEM ED. 2.0**  
July 15-18 (Ages 9-14)  
1:00-3:00pm



**ART CAMP**  
July 22-26 (Ages 8 & up)  
1:00-3:00pm





# CALHOUN COUNTY YMCA Mini Camps 2024

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"/> Cooking Camp, Beginner (8 & up)	June 10-13 from 1pm-3pm	\$40 Members/\$55 Community
<input type="checkbox"/> STEM Ed Jr (6-8))	June 17-20 from 1pm-3pm	\$40 Members/\$55 Community
<input type="checkbox"/> Art Camp Jr (6-8)	June 24-27 from 1pm-3pm	\$40 Members/\$55 Community
<input type="checkbox"/> Cooking Camp, Advanced (9-14)	July 8-11 from 1pm-3pm	\$45 Members/\$60 Community
<input type="checkbox"/> STEM Ed 2.0 (9-14)	July 15-18 from 1pm-3pm	\$40 Members/\$55 Community
<input type="checkbox"/> Art Camp (8 & up)	July 22-26 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#: \_\_\_\_\_

Child's Additional Information Section

List any special needs that your child may have, such as environmental allergies, food intolerances, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 \_\_\_\_\_

