

YMCA Camp Seymour
Outdoor Environmental Education
School Information Sheet-2 Nights, 3 Days

Please fill out the following two pages of this form and **return to Scott Gjertson at least 3 weeks prior** to your scheduled visit. Please send to:

email: sqjertson@ymcapkc.org or rjertson@ymcapkc.org or fax: (253) 460-8897

School: _____ Grade(s): _____ Dates at camp (including year): _____

Person(s) in charge of your group: _____ Other teachers/staff coming: _____

Work phone: _____ Best time to call: _____ Cell / Home phone: _____
Can we call you at home? ☐ yes ☐ no

e-mail: _____

Arrival time at Camp: _____ Departure time on last day: _____

How your group will be transported to camp: _____ # of buses _____

First meal served by Camp: _____ Last meal served by Camp: _____

Students _____ # Teachers _____ # High School Leaders _____

Parent Cabin Leaders _____ # Other _____ **TOTAL # of participants:** _____

Part time students or chaperones (not included above) _____

Cabins: The Camp Seymour OEE Director will determine which cabins you will have and how many by the following information:

Male campers _____ # Male chaperones _____ # Cabins requested _____
(# of cabins requested is not a guarantee)

Female campers _____ # Female chaperones _____ # Cabins requested _____
(# of cabins requested is not a guarantee)

of campers/adults (please indicate whether this person is a camper, cabin leader, or teacher) needing wheelchair accessibility: _____

Do you have any participants who will/might need cart transport while they are here?
(If you check yes, camp staff will be contacting you to make a plan for needs and availability.
The cart is only available for people with mobility issues.) ☐ yes ☐ no

Teachers/adults not staying with students needing housing: # Males _____ # Females _____

Your group's goal(s): _____

CLASSES: Please pick your top 8 choices for classes **in order of preference**. (See Curriculum Guide). We will do our best to give you seven of the classes you request, but many things go into making a schedule, so we will use your top 10 choices to help us create a suitable schedule for your school.

Requested Classes:

- | | | |
|----------|----------|----------|
| 1. _____ | 4. _____ | 7. _____ |
| 2. _____ | 5. _____ | 8. _____ |
| 3. _____ | 6. _____ | |

Learning Groups are the small groups that your students will travel in to all the different classes that you take. The Camp Seymour OEE Director will choose the number of learning groups for you.

EVENING ACTIVITIES: Note: It is expected that your school will lead at least one activity each evening and the Camp Seymour staff will lead the other. (There are ideas for evening activities listed on pages 17-18 in the Teacher's Planning Manual.)

	<u>ACTIVITY</u>	<u>WHO'S RESPONSIBLE</u>
<u>1st Evening:</u>		
Early activity	_____	_____
Late activity	_____	_____
<u>2nd Evening:</u>		
Early activity	_____	_____
Late activity	_____	_____

Last morning: Many schools choose to have an activity the last morning after the campers clean-up and move out of their cabins. See pgs. 18-19 in the Teacher's Planning Manual for ideas. Please indicate what activity you would like to do and who is responsible for running it.

ACTIVITY _____ WHO'S RESPONSIBLE _____

FYI: The Camp Store is no longer available for at camp purchases. Pre-orders with enough notice are an option however. Please contact Diane Jackson at djackson@ymcapkc.org for more information about camp store pre-orders.