

Our goal is to promote children's creativity in a safe and engaging place.

We structured our specific programs for children ages 5-12. All activities are designed to foster cooperation, self-confidence, self-awareness, teamwork, learning and FUN!



Children enjoying themselves at the Glenville Sports Center

221 Victoria Dr.
Delanson NY 12053
518 895-9500
www.dacc.info



Summer Camp



Duanesburg Area Community Center

221 Victoria Dr.
Delanson NY 12053
518 895-9500
www.dacc.info

Our summer camp program provides youth and parents a high quality, affordable recreational experience.

All staff members have a minimum of three years experience working directly with children in this specific age group. They are all trained professionals with certifications that vary from traditional education, to childhood psychology, to childhood physical education.

We provide healthy snacks and recreational activities such as swimming, dance, and gymnastics.

Our site is equipped with a full gymnasium, a beautiful and spacious indoor pool, aerobic room, and a computer lab.

In addition to the indoor space we also have 9.1 acres of land providing ample space for simultaneous activities for multiple groups of children.

Here's an example of some of our exciting activity weeks!

Amazing Race Week
Week of the Olympics
Week of the Artist
Week of the Chef
Science week

In addition the children go on weekly field trips.

Week 1 Cobleskill Art Studio
Week 2 Twist & Flip
Week 3 Proctors
Week 4 Great Escape
Week 5 Glenville Sports
Week 6 Boulevard Bowl
Week 7 Tree Paad
Week 8 Sienna 's Do Jo
Week 9 Field Day Barbecue
Week 10 Twist & Flip

2010 Camp Pricing

Member

Full week: \$170

3 day/week: \$35 per day
(additional \$10 trip fee applies)

Non-Member

Full week: \$195

3/per week: \$40 per day
(additional \$10 trip fee applies)

*10% off second child enrolled

*\$25 per child registration fee required.

Registration begins March 15th

For more information
contact Betsy Lupian @
blupian@dacc.info or call
895-9500

2010 DACC Summer Camp Program

Use one application per child

\$25.00 Registration Fee (Per Child) – Camp Registration Deadline June 1, 2010
After June 1, 2010 Registration Fee \$40.00(Per Child)

Member tuition/ Non-member tuition

\$170 per wk \$195 per wk

10% off second child

3 days per wk \$35 per day (\$10 additional trip fee) 3 days per week \$40 per day (\$10 additional trip fee)

Child's Name (Last) _____ (First) _____ Home Phone _____

Age _____ Sex _____ 2010 entering grade _____ birth date _____ DACC member (y/n) _____

Parent's name: _____ Phone # during time of care: _____

Parent's name: _____ Phone# during time of care: _____

E-mail: _____

Additional emergency phone # (beepers, cell phones, etc.)

Name: _____ # _____

Name: _____ # _____

Child's Address: _____ City: _____ State: _____ Zip: _____

Camper lives with: Both Parents Mother Father other

Shirt size – please circle: child or adult small medium large

Please check the session that your child will attend

Camp hours are from 7am-6pm

Snacks and drinks are provided; parents must provide lunch

Wk 1 - June 28th – July 3rd Circle one: full time or pt. wk. pls. List days _____

Wk 2 – July 6th – July 10th Circle one: full time or pt wk pls. List days _____

Wk 3 - July 13th – July 17th Circle one: full time or pt wk pls. List days _____

Wk 4 - July 20th - July 24th Circle one: full time or pt wk pls. List days _____

Wk 5 - July 27th – July 31st Circle one: full time or pt wk pls. List days _____

Wk 6 - Aug. 3rd – Aug. 7th Circle one: full time or pt wk pls. List days _____

Wk 7 - Aug. 10th – Aug. 14th Circle one: full time or pt wk pls. List days _____

Wk 8 - Aug. 17th – Aug. 21st Circle one: full time or pt week pls. List days _____

Wk 9 - Aug. 24th – Aug. 28th Circle one: full time or pt week pls. List days _____

Wk 10 - Aug. 31st – Sept.4th Circle one: full time or pt week pls. List days _____

Swimming Information

Child's level of swimming if known (Red Cross swim levels 1-6) _____

Camper Medical Information

In case of an emergency in which I cannot be reached, I request that the DACC obtain emergency medical treatment for my child:

Insurance Provider: _____ Policy #: _____

Parent or Guardian Signature Hospital Preference

Dose the Camper have any allergies to food or medications (please List):

Medical issues/medications taken during camp hours: _____

Emergency phone numbers (Other than the parents):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Does he/she have a favorite interest: _____

Does he/she have a particular fear: _____

Please describe any social concerns (death, divorce, separation, etc.): _____

In order to give your child the best camp experience it is important to know any special needs of your child (IEP, Speech Therapy, Etc.) Please give us any information, which would be helpful in caring for your child:

Field Trips

Please Circle:

My child does/does not have my permission to participate in field trips.

Photo Release

Please Circle:

I do/I do not give DACC Summer Camp permission to use my child's picture in publicity, news paper, etc

Signature: _____ Date _____

In order for your child to be registered for camp, a \$25.00 registration fee per camper must be enclosed with each application. The registration fee is non-refundable and non-transferable. In addition there is a non-refundable \$25.00 per week per child deposit due at time of registration, which will be deducted from your weekly fee. We also need to have a copy of your child's immunization record

I have read and understand the policies of the DACC Summer Camp, and hereby wish to enroll my child.

Parent's Signature

Date