



EXXCEL GYMNASTICS AND CLIMBING SUMMER CAMP

Fees and Policies 2026

Contact Numbers and Email

Telephone: 617-244-3300

Camp Director: Max Atakhanov (office@exxcel.net)

Weeks of Operation

6/22, 6/29, 7/6, 7/13, 7/20, 7/27, 8/3, 8/10, 8/17, 8/24

Hours

AM Extended Day Program: 8:00am-9:00am

Camp Starts: 9:00am

ALL Camp Dismissal: 2:45pm-3:00pm

PM Extended Day Program: 3:00pm-5:00pm

1st Camper FULL PRICE, 2nd Camper and more less 10%

(Discount applies to Siblings in the Same Family and Same Household, enrolling for the Full Week with the Same Enrollment Date)

Tuition Fees

Program Type	One Week	Two Weeks (Per Week)	Three-Five Weeks (Per Week)	Six or More Weeks (Per Week)
Pre School* (3+ and independent in bathroom)	\$835.00	\$822.00	\$760.00	\$744.00
Kindergarten Kick-Off* (entering kindergarten in Fall)	\$835.00	\$822.00	\$760.00	\$744.00
Gymnastics	\$835.00	\$822.00	\$760.00	\$744.00
Climbing	\$835.00	\$822.00	\$760.00	\$744.00
Extended AM Day Rate (8:00am – 9:00am)	\$76.00	\$76.00	\$76.00	\$76.00
Extended PM Day Rate (3:00pm – 5:00pm)	\$111.00	\$111.00	\$111.00	\$111.00

*Pre School and Kindergarten Campers (3-5yrs) have the option to enroll in one through five days per week with the following pricing:

1 day \$220.00 / 2 days \$412.00 / 3 days \$573.00 / 4 days \$818.00

All other campers may only enroll in the full day, full week program

Health, Safety and Discipline

- **IMPORTANT - All recreational campers will participate in camp field trips and pool trips. If your camper does not want to participate, we ask that your camper be kept at home that day. Recreational campers are unable to stay at the gym during trips.**
- All Directors are certified in CPR and first aid.
- All health forms must be complete and submitted before a child may attend camp. Any change in emergency contact information during the course of the summer must be reported immediately. Forms must be submitted to the office no later than **May 1, 2026**. No refunds or credits given if a child comes to camp without updated health form and is restricted from participation. Health form must be dated within 12 months of arrival of camp.
- *All children must be fully potty trained/independent in bathroom.*
- **There will be no credits or refunds issued for any camp cancellations after May 1, 2026.**
- Please call the Camp Director or Office Manager if your child has a medical condition to which we should be aware. If medications need to be administered, please call the Camp Director and complete the **Parent Authorization to Administer Medications form** in its entirety.
- **Our camp is a nut-free facility.** Please refrain from bringing nut products to camp.
- Please notify the camp if a child will be absent or late for any reason.
- Children who show signs of infectious disease should be kept home. A child must be without fever for 24 hours before returning to camp. Any child that vomits or becomes sick during camp will be sent home and will be unable to return within 24 hours.
- Any cases of head lice **MUST** be reported to the Camp Director immediately so that control measures can be taken.

- Exxxcel reserves the right to cancel the enrollment of any child who becomes uncontrollable or violates safety rules; **no refunds or credits will be issued.**

Snacks/Lunch

Exxxcel is a nut-free facility. All campers must bring a snack, lunch, and beverage with them each day. Campers are able to refill their water bottles from our water fountain. Please note, no refrigeration or heating facilities are available unless special circumstances exist and are cleared through the camp director ahead of time. Please pack all utensils or anything your camper may need.

Outdoor Activities/Swimming and Sunscreen

Please pack your camper a bathing suit, dry clothes and towel each day of camp. **Please bring water shoes suitable for outdoor activities!** Our recreational camp will walk to and swim at the JCC Outdoor Pool once a week.

Make sure all items are properly labeled.

- Please apply sunscreen to your child **before** they come to camp daily. A staff member may reapply sunscreen if needed, please inform the Camp Director and provide your own sunscreen.

Field Trips/Activities

Each week our recreational campers will be having a field trip or special activity at Exxxcel. Please call the office if you will be late or are not coming to camp on the day of the event. Please make sure campers bring appropriate clothing and shoes for the activity. Our field trips are well supervised with a ratio of at least one instructor per 5 children. The reminder email you receive the Friday before Camp will detail the field trip/activity.

Drop Off/Pick Up Procedure

We believe that this policy is the most effective and safest way for your children to attend our camp. Please adhere to this procedure to ensure the safety of all children.

Drop Off - Once on Wells Avenue; please take a left at the fork to go around the Wells Avenue circle. You will then be on the same side of the street as our building. Please pull into the driveway and pull to the front door and wait to be greeted by an Exxxcel camp counselor. The counselor will assist your child in gathering up their things and exiting your vehicle. Please have your child ready and seated on the passenger side of your car. You may pull out of the driveway and then enter the traffic on Wells Avenue to exit.

Pick Up - Follow the same directions as the drop off procedure. Please stay in your car and pull up to the back door. An Exxxcel camp counselor will come to your car to ask who you are picking up. An Exxxcel camp counselor will also bring your child to your car. Please **stay in line in your car** while driving to the back door and your child will be brought out to you at the end of camp. **Please do not drive around the line or get out of your car, we want to make sure all of our campers being dismissed are safe!**

Extended Day Pick-Up and Drop-Off Procedures

Early Drop-off

Please bring your child to the front door. Someone will walk your child to the extended day coach at this point. There is no curbside drop off before 8:45am.

Extended Day Pick-Up

If you come to pick up before your scheduled time, please pull up to the front door and give the office a call at 617-244-3300. Someone will be available to get your child from Extended Day. At 5:00pm, please stay in your car and pull up to the back door to pick up your camper.

Late Pick-Up

There is a \$35.00 late fee charged if a child is picked up after their enrolled time.

THIS CAMP MUST COMPLY WITH REGULATIONS OF THE MDPH AND BE LICENSED BY THE LBOH

Please feel free to contact us with any questions and we look forward to seeing you soon!

Max Atakhanov
Camp Director
617-244-3300

Meningococcal Disease and Camp Attendees: Commonly Asked Questions

What is meningococcal disease?

Meningococcal disease is caused by infection with bacteria called *Neisseria meningitidis*. These bacteria can infect the tissue (the “meninges”) surrounding the brain and spinal cord and cause meningitis, or they may infect the blood or other organs of the body. Symptoms of meningococcal disease may appear suddenly. Fever, severe and constant headaches, stiff neck or neck pain, nausea and vomiting, and rash can all be signs of meningococcal disease. Changes in behavior, such as confusion, sleepiness, and trouble waking up, can also be important symptoms. In the US, about 350-550 people get meningococcal disease yearly, and 10-15% die despite receiving antibiotic treatment. Of those who survive, about 10-20% may lose limbs, become hard of hearing or deaf, have problems with their nervous system, including long-term neurologic problems, or have seizures or strokes. Less common presentations include pneumonia and arthritis.

How common is meningococcal disease?

Meningococcal disease is becoming much less common. Over the past 20 years, the overall incidence of meningococcal disease in the US has declined ten-fold. Twenty years ago in Massachusetts, there were 80-100 cases of meningococcal disease per year. In contrast, for the past decade, the average is approximately 12 cases per year. Declining rates of meningococcal disease may be due in part to the introduction of meningococcal vaccines (initially recommended routinely in 2005 for adolescents aged 11-12 years, unvaccinated college freshmen living in residence halls) as well as other factors such as the decline in cigarette smoking, which may impact susceptibility to this disease.

How is meningococcal disease spread?

These bacteria are passed from person to person through saliva (spit). You must be in close contact with an infected person’s saliva for the bacteria to spread. Close contact includes activities such as kissing, sharing water bottles, sharing eating/drinking utensils, sharing cigarettes, or being within 3-6 feet of someone who is infected and coughing and sneezing.

Who is most at risk for getting meningococcal disease?

People who travel to certain parts of the world where the disease is very common, microbiologists, people with HIV infection, and those exposed to meningococcal disease during an outbreak are at risk for meningococcal disease. Children and adults with damaged or removed spleens or persistent complement component deficiency (an inherited immune disorder) are at risk. Adolescents and people who live in specific settings, such as college freshmen living in dormitories and military recruits, are at greater risk of disease from some of the serotypes.

Are camp attendees at increased risk for meningococcal disease?

Children attending day or residential camps are not considered to be at an increased risk for meningococcal disease because of their participation.

Is there a vaccine against meningococcal disease?

Yes, there are multiple meningococcal vaccines. Quadrivalent meningococcal conjugate vaccine (Menveo and MenQuadfi) protects against 4 serotypes (A, C, W, and Y) of meningococcal disease. The meningococcal serogroup B vaccine (Bexsero and Trumenba) protects against serogroup B meningococcal disease for people aged 10 and older. Pentavalent meningococcal vaccine protects against serogroups A, B, C, W, and Y. It may be administered to persons aged ≥ 10 years when both a quadrivalent meningococcal conjugate vaccine and meningococcal B vaccine are indicated at the same visit.

Should my child or adolescent receive the meningococcal vaccine?

Different meningococcal vaccines are recommended for a range of age and risk groups. Meningococcal conjugate vaccine (MenACWY) is routinely recommended at age 11-12 years with a booster at age 16 and is required for school entry for grades 7 and 11. In addition, these vaccines may be recommended for additional children with certain high-risk health conditions, such as those described above.

Meningococcal serogroup B vaccine (Bexsero and Trumenba) is recommended for people with certain relatively rare high-risk health conditions (examples: persons with a damaged spleen or whose spleen has been removed, those with persistent complement component deficiency (an inherited disorder), and people who may have been exposed during an outbreak). Adolescents and young adults (16 through 23 years of age) who do not have high-risk conditions may be vaccinated with a serogroup B meningococcal vaccine, preferably at 16 through 18 years of age, to provide short-term protection for most strains of serogroup B meningococcal disease. Parents of adolescents and children at higher risk of infection because of certain medical conditions or other circumstances should discuss vaccination with their child's healthcare provider.

How can I protect my child or adolescent from getting meningococcal disease?

The best protection against meningococcal disease and many other infectious diseases is thorough and frequent handwashing, respiratory hygiene, and cough etiquette. Individuals should:

- 1) wash their hands often, especially after using the toilet and before eating or preparing food (hands should be washed with soap and water, or an alcohol-based hand gel or rub may be used if hands are not visibly dirty).
- 2) cover their nose and mouth with a tissue when coughing or sneezing and discard the tissue in a trash can; or if they don't have a tissue, cough or sneeze into their upper sleeve.
- 3) not share food, drinks, or eating utensils with other people, especially if they are ill.
- 4) contact their healthcare provider immediately if they have symptoms of meningococcal disease.

If your child is exposed to someone with meningococcal disease, antibiotics may be recommended to keep your child from getting sick.

You can obtain more information about meningococcal disease or vaccination from your healthcare provider, your local Board of Health (listed in the phone book under government), or the Massachusetts Department of Public Health Divisions of Epidemiology and Immunization at (617) 983-6800 or on the MDPH website at <https://www.mass.gov/info-details/school-immunizations>.

For additional information on *Invasive Meningococcal Disease (IMD)*, please visit the CDC's website: [Meningococcal Disease Surveillance and Trends | Meningococcal | CDC](#).