

DAY CAMP

the



PLEASE PRINT

Camper's Last Name: _____ Camper's First Name: _____
Date of Birth: _____ Age: _____ Male _____ Female _____
Grade entering in September 2017: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Child Lives with _____ Mother _____ Father _____ Both
Mothers Full Name _____ Mothers Day Time Phone _____
Fathers Full Name _____ Fathers Day Time Phone _____
Unable to locate parents (emergency) please call:
Name _____ Phone _____
Name _____ Phone _____
Name _____ Phone _____
Please Let the YMCA know if you or your child has special needs requiring any accommodations:

Person(s) Authorized to pick up child:
Name: _____ Phone _____
Address: _____
City: _____ State: _____ Zip: _____
Name: _____ Phone _____
Address: _____
City: _____ State: _____ Zip: _____
Name: _____ Phone _____
Address: _____
City: _____ State: _____ Zip: _____
Child's Physician _____ Phone _____
Child's Dentist _____ Phone _____
Physical conditions requiring attention: allergies, ie. Penicillin, asthma, hay fever or insect stings; hearing, speech, epilepsy, heart, vision, diabetes, or any other condition: _____

Dates of most recent immunizations: DPT _____ Polio _____ Measles _____ Rubella _____
Insurance Co. _____ Policy # _____
Preferred Hospital _____

As a legal guardian of my child,
I do hereby consent and authorize the Kandiyohi County Area Family YMCA Day Camp staff to take any and all action, including use of medical services and hospital facilities as they deem appropriate in the event that my child should become ill or otherwise injured under the care of the Day Camp Program. In addition, I authorize the YMCA to use pictures of my child for promotional purposes.

Signature _____

Date _____



DAY CAMP



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

<u>Camper Type:</u>	Fee per Week	
	<u>MEMBER</u>	<u>PARTICIPANT</u>
Camper – Entering grades Kindergarten – 6 th in September	\$111	\$126
CIT – Entering grades 7 th – 10 th in September	\$77	\$90
Early Bird – Arrival between 6:45 a.m. & 7:30 a.m.	\$10	\$10

Sessions	Dates	Camper	CIT	Early Bird
1	June 5 - 9			
2	June 12 - 16			
3	June 19 - 23			
4	June 26 - 30			
5 (short)	July 3 - 7			
6	July 10 - 14			
7	July 17 - 21			
8	July 24 - 28			
9	July 31 - August 4			
10	August 7 - 11			
11	August 14 - 18			
12	August 21 - 25			
13	August 28 - Sep 1			

Please register my child for the following Camper or CIT session(s). You must select the Early Bird option if you need to drop off your child before 7:30 a.m.

A Meet the Counselor event will be held on Thursday, June 1st from 5:30 - 6:30 pm. Any registered CIT or camper is invited to attend. There will be games, prizes, Q&A for parents and more.

Session 5 will be a shortened by a day in observance of Independence Day. Families will pay \$89 for members and \$104 for non-members instead of regular weekly rates of \$111 and \$126.

This form must be accompanied by a \$10.00 non-refundable deposit per child for each session. Any cancellations after Monday preceding the week of camp or a no-show are subject to full payment for the week. All children must be signed in when dropped off and signed out when picked up. Any child pick-ups after 5:30 p.m. are subject to a \$5.00 added fee per 15 minutes late.

I would like to have my weekly parent letters e-mailed and not postal delivered. Also available online at www.kandiyymca.org My e-mail address (PLEASE PRINT) _____

Camper is a current YMCA Member

I would like to have **ALL** Day Camp fees for the selected session(s) auto-debited from my existing YMCA membership account. (Deposits will be auto-debited at registration. The balance will be debited on **Friday** in the week preceding each camp session.)

I have attached a non-refundable cash or check deposit for the selected session(s) and will pay the balance at the **start** of each camp session.

Signature _____ Date _____

Complete registration form and send or return to:
Kandiyohi County Area Family YMCA | P.O. Box 757 • 1000 Lakeland Drive Southeast | Willmar, Minnesota 56201
P | 320-222-YMCA(9622) F | 320-222-7197