

DAY CAMP

the



PLEASE PRINT

Camper's Last Name: _____ Camper's First Name: _____

Date of Birth: _____ Age: _____ Male _____ Female _____

Grade entering in September 2018: _____

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		Sessions	Dates	Camper	CIT	Early	Trans
	<u>MEMBER</u>	<u>PARTICIPANT</u>						
Camper – Entering grades Kindergarten – 6 th in September	\$113	\$128	1	June 4 - 8				
CIT – Entering grades 7 th – 10 th in September	\$90	\$105	2	June 11 - 15				
Early Bird – Arrival between 6:45 a.m. & 7:30 a.m.	\$10	\$10	3	June 18 - 22				
Transportation Fee - To/From (Tuesday/Thursday WCER Baseball and Soccer only)	\$10	\$10	4	June 25 - 29				
			5 (short)	July 2 - 6				
			6	July 9 - 13				
			7	July 16 - 20				
			8	July 23 - 27				
			9	July 30 - August 3				
			10	August 6 - 10				
			11	August 13 - 17				
			12	August 20 - 24				
			13	August 27 - 31				

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, May 31st 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 \$90 for members and \$102 for non-members instead of regular weekly rates of \$113 and \$128.

Transportation Will be provided to designated programs only (Tuesday/Thursday WCER Baseball and Soccer. For more information contact Ryan Scheffler at ryans@kandiyymca.org or by phone at 320 222-9622.

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 _____ Staff Initial _____

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