



Clay County Day Camp 2017 Registration Form



Child's First name: _____ Last Name: _____

YMCA Member: Yes No Siblings Attending Camp: _____

DOB: _____ Sex: _____ Age: _____ Grade child just completed: _____

Shirt Size: YS YM YL S M L XL School child will attend: _____

Is the child currently a member? Yes No Do you receive scholarship? No 50% 75%

Parent/Guardian Information

Primary Contact Name: _____ Relationship: _____

DOB: _____ Phone: _____ Alternate Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Second Contact Name: _____ Relationship: _____

DOB: _____ Phone: _____ Alternate Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Pickup Information

Parent/Guardian(s) listed above are authorized to pick up child, unless otherwise noted. You may also authorize the people below to pick up your child. You MUST notify staff if there are custody concerns involving the children.

Your child will not be released to anyone who is not on the form, or does not have their current state issued I.D. with them. All authorized persons must be 16 years of age or older. Parent Initial: _____

1. Name: _____ Relationship: _____ Contact Number: _____

2. Name: _____ Relationship: _____ Contact Number: _____

3. Name: _____ Relationship: _____ Contact Number: _____

Promotional Agreement

Please initial below to signify that the YMCAs of the Wabash Valley Inc. has permission to use photographs or videos of your child for promotional purposes.

Initial: _____ Child's Name: _____

Health Information

Family Physician: _____ Phone: _____ Date of last physical exam: _____

Insurance Carrier: _____ Policy #: _____

Camper is up to date on all immunizations needed for enrollment in school. (Initial) _____

YMCA Member	Full Time (3-5 Days)	Part Time (1-2 days)
Full Pay First Child	\$931.00	\$558.00
Full Pay Additional Child	\$796.00	\$476.00
Weekly Pay First Child	\$90.00	\$54.00
Weekly Pay Additional Child	\$77.00	\$46.00

Non-Member	Full Time (3-5 Days)	Part Time (1-2 days)
Full Pay First Child	\$1,086.00	\$641.00
Full Pay Additional Child	\$931.00	\$558.00
Weekly Pay First Child	\$105.00	\$62.00
Weekly Pay Additional Child	\$90.00	\$54.00

Camp Dates

Please indicate which weeks your child will be attending. These are the weeks for which you will be billed.

The following weeks of camp will be at Forest Park Elementary School:

May 24 - May 26 _____ June 26 - June 30 _____
 May 30 - June 2 _____ July 3 - July 7 _____ (CLOSED JULY 4th)
 June 5 - June 9 _____ July 10 - July 14 _____
 June 12 - June 16 _____
 June 19 - June 23 _____

The following weeks of camp will be at the Clay County YMCA:

July 17- July 21 _____ July 24 - July 28 _____ July 31 - Aug. 2 _____

Camp Payment Agreement for (child's name): _____

Attendance Plan

- Full Time (3-5 days) Part Time (1-2 days)
 First Child (Child attending most often) Additional Child (In the same household)

Required Registration Fee (non-refundable)

- \$25.00 Individual (1 child) \$50.00 Household (2+ children)

Payment Plan

(All payments for camp must be paid through EFT or Credit Card Drafts)

- One-time payment made before May 24th, 2017
 Weekly Payments made each Friday prior to week of camp

Do you plan to attend our open house May 23rd at Forest Park Elementary between 5:00pm and 7:00pm? YES NO

Would you like to make a donation to help another camper attend camp? **Yes No**
Amount: \$ _____

Payment information

I am aware and understand that the YMCA has financial assistance for those who qualify. I authorize the YMCA to debit this account the Friday prior to each week of camp my child is attending as indicated on page two. I (we) understand that if our account draft is unpaid, it will be collected with an additional \$20 fee when funds become available.

Child's Name: _____

Siblings attending camp: _____

Visa MasterCard

Card#: _____ Exp. Date: _____ Security Code: _____

Name on Card (print): _____

Signature: _____ Date _____

Routing # _____ Account # _____

Bank Name _____ Checking _____ Savings _____

Amount to draft: _____

Would you like us to draft the registration fee at time of registration?

_____ YES If yes, please specify the date for the draft: _____

_____ No, I have paid on site.

Signature: _____ Date _____