Stateline Family YMCA – Camp BeRo 2017

| Child Information | | | | | |
|---|---------------------------------------|---------------------|--|--|--|
| Child's Name | | 🗆 Female | | | |
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| | | | | | |
| | | Level for Fall 2017 | | | |
| Parent/Guard | ian Information | | | | |
| Parent/Guardian #1 | Parent/Guardian #2 | | | | |
| Last Name: | Last Name: | | | | |
| First Name: | First Name: | | | | |
| Cell Phone: | Cell Phone: | | | | |
| Work Phone: | Work Phone: | | | | |
| Employer: | Employer: | | | | |
| Email: | Email: | | | | |
| Emergency Contacts (Two conta | acts other than parent/guardian) | | | | |
| Emergency Contact #1 | Emergency Contact #2 | | | | |
| Name: | Name: | | | | |
| Relationship: | Relationship: | | | | |
| Phone #: | Phone #: | | | | |
| Medical and Behavior Questions to | help us provide the best care possibl | 2 | | | |
| Has your child been diagnosed or treated for the following: | | - | | | |
| □ Asthma □ Allergies □ Special Dietary Needs | Physician's Name: | | | | |
| Diabetes Seizures Allergies to Insect Stings ADD/ADHD Other | Phone Number: | | | | |
| □ ADD/ADHD □ Other Please provide details for any of the above checked boxes: | Hospital Preference: | | | | |
| rease provide details for any of the above thethed boxes: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Parent Statement I understand that my child must be physically signed in/out by | of Understanding | 🗆 Yes 🛛 No | | | |
| | | □ Yes □ No | | | |
| I understand that the YMCA is not responsible for lost, stolen or damaged personal articles I understand that my weekly balance is due by the Wednesday prior to the week my child will attend | | | | | |
| I give permission to the Stateline Family YMCA to: | | | | | |
| | t of an omorgansu | | | | |
| Seek medical treatment for my child, in my absence, in the event of an emergency | | □ Yes □ No | | | |
| Use photos or videos taken of my child for any and all promotional purposes | | □ Yes □ No | | | |
| To transport my child as necessary for all activities. Bussing, swimming, field trips | | □ Yes □ No | | | |
| Allow my child to go on short walks with the group under Y Staff Supervision | | □ Yes □ No | | | |
| Allow my child to participate in field trips | | □ Yes □ No | | | |
| To apply sunscreen/bug repellent that I supplied to my child | | □ Yes □ No | | | |
| Allow my child to participate in swimming activities | | 🗆 Yes 🗆 No | | | |
| Parent/ Guardian Signature: | | Date: | | | |

Camper's Name

Name of school your child attends: _

Preferred T-Shirt Size: CS CM CL AS AM AL AXL (\$10 for Camp Shirt -sizes will be given on a first serve basis.)

| Weeks and Dates | Camp Theme | Days Attending Payments are due in full the Wednesday prior to the camp week your child will be attending. Full Week – Y Member \$112 / General Public \$137 Daily Rate – Y Member \$28 / General Public \$38 | | |
|-------------------------|---|---|--|--|
| Theme Days: | Super Slimy Day - May 30 Game Show Mania - May 31 Space Is The Place - June 1 Bugs Galore - June 2 | □ May 30 □ May 31 □ June 1 □ June 2 | | |
| Week 1: June 5-9 | Leaders In Training | □ Full Week □ M □ T □ W □ TH □ F | | |
| Week 2: June 12-16 | Green Teens | □ Full Week □ M □ T □ W □ TH □ F | | |
| Week 3: June 19-23 | Career Week | □ Full Week □ M □ T □ W □ TH □ F | | |
| Week 4: June 26-30 | Hometown Heroes | □ Full Week □ M □ T □ W □ TH □ F | | |
| Week 5: July 3-7 | Shake the Brain | □ Full Week □ M □ T □ W □ TH □ F | | |
| Week 6: July 10-14 | Get Drenched | □ Full Week □ M □ T □ W □ TH □ F | | |
| Week 7: July 17-21 | The Apprentice - BeRo Edition | □ Full Week □ M □ T □ W □ TH □ F | | |
| Week 8: July 24-28 | BeRo Spirit | □ Full Week □ M □ T □ W □ TH □ F | | |
| Week 9: July 31- Aug. 4 | College Week | □ Full Week □ M □ T □ W □ TH □ F | | |
| Week 10: August 7-11 | Grand Finale | □ Full Week □ M □ T □ W □ TH □ F | | |
| Theme Days: | Jurassic World- August 14 Under the Sea- August 15 | □ August 14 □ August 15 | | |

□ **Rate Plan 1** (Pay in Full by May 15)

- Lock-in at \$105/week
- Receive the camp specialty items
- Receive 5 theme days/Camp Days or your 11th week of camp free
- Receive a free 3 month membership (June-August)
- Total Cost is \$1050 (savings of \$450)

□ **Rate Plan 2** (4 Month Payment Plan)

- Lock In by March 15th
- Lock-in at \$105/week
- Receive the camp specialty items
- Receive 5 theme days or your 11th week of camp free
- Receive a free 3 month membership (June-August)
- Payments drafted on the 20th of March, April, May and June for the amount of \$262.50/month
- Total Cost is \$1050 (savings of \$450)

- □ **Rate Plan 3** (3 Month Payment Plan)
- Lock In by April 15th
- Lock-in at \$105/week
- Receive the camp specialty items
- Receive 5 theme days or your 11th week of camp free
- Receive a free 3 month membership (June-August)
- Payments drafted on the 20th of April, May and June for the amount of \$350/month
- Total Cost is \$1050 (savings of \$450)

Additional Authorized People Allowed to pick up my child other than Parent/Guardian(s) listed above

| Name | Relationship | |
|---------|--------------|--|
| Phone # | | |
| Name | | |
| Phone # | | |
| Name | Relationship | |
| Phone # | | |