Stateline Family YMCA – Camp Wocklgo 2017

Child Information					
Child's Name Male		le 🗆 Female			
		date			
		e Level for Fall 2017			
	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 contacts other than parent/guardian)					
Emergency Contact #1	Emergency Contact #2				
Name:	Name:				
Relationship:	Relationship:				
Phone #:	Phone #:				
Medical and Behavior Questions to					
		JIE			
Has your child been diagnosed or treated for the following: Asthma Allergies Special Dietary Needs 	Physician's Name:				
□ Diabetes □ Seizures □ Allergies to Insect Stings	Phone Number:				
ADD/ADHD Other	Hospital Preference:				
Please provide details for any of the above checked boxes:					
	of Understanding				
I understand that my child must be physically signed in/out by		□ Yes □ No			
I understand that the YMCA is not responsible for lost, stolen or damaged personal articles		□ Yes □ No			
l understand that my weekly balance is due by the Wednesday prior to the week my child will attend \square Yes \square No					
I give permission to the Stateline Family YMCA to:	_				
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	Aloha Summer	□ Full Week □ M □ T □ W □ TH □ F	
Week 2: June 12-16	Decades of Fun	□ Full Week □ M □ T □ W □ TH □ F	
Week 3: June 19-23	Treasure Island	□ Full Week □ M □ T □ W □ TH □ F	
Week 4: June 26-30	Captain Y & the Super Heroes	□ Full Week □ M □ T □ W □ TH □ F	
Week 5: July 3-7	Crazy Concontions	□ Full Week □ M □ T □ W □ TH □ F	
Week 6: July 10-14	Rockin' Beach Party	□ Full Week □ M □ T □ W □ TH □ F	
Week 7: July 17-21	Once Upon a Y	□ Full Week □ M □ T □ W □ TH □ F	
Week 8: July 24-28	Catch the Spirit	□ Full Week □ M □ T □ W □ TH □ F	
Week 9: July 31- Aug. 4	Camp Hogwarts	□ Full Week □ M □ T □ W □ TH □ F	
Week 10: August 7-11	Summer Fiesta	□ Full Week □ M □ T □ W □ TH □ F	
Week 11: August 14-18	Adventure Awaits	□ 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	Relationship	
Phone #		
Name	Relationship	
Phone #		