

2024 Stateline Family YMCA Summer Camp Growing Tree Camp Registration

Contact: Carley Barger (cbarger@statelineymca.org)



Camper Information:

Last Name _____ First Name _____ MI _____
Nickname _____ Gender Male Female Other _____
DOB _____ Age When Camp Begins ____ Primary Phone # _____
Address _____ City _____ State ____ Zip Code _____
School Attending _____ Grade Fall 2024 _____

(1) Parent/Guardian Information:

Last Name _____ First Name _____ MI _____
DOB _____ Gender Male Female Other _____
Phone #'s: Cell _____ Work _____ Employer _____
Address _____ City _____ State ____ Zip Code _____
Email Address _____

(2) Parent/Guardian Information:

Last Name _____ First Name _____ MI _____
DOB _____ Gender Male Female Other _____
Phone #'s: Cell _____ Work _____ Employer _____
Address _____ City _____ State ____ Zip Code _____
Email Address _____

Medical and Behavior Questions: (these help us provide the best care possible)

Has your child been diagnosed or treated for the following?

- Asthma Allergies Allergy to Insect Stings
 Diabetes Dietary Needs Other _____
 ADD/ADHD Seizures

Physician's Name _____

Physician's Phone _____

Preferred Hospital _____

Parent's Statement of Understanding

- I understand that my child must be physically signed in/out by authorized adults Yes No
I understand that the YMCA is not responsible for lost, stolen, or damaged personal articles Yes No
I understand that my weekly balance is due by the Monday prior to the week attending Yes No
I understand that my child must be able to use the bathroom on their own Yes No
I understand the deposit, balance due, and refund policies located in camp guide Yes 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 leader 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

Parent/Guardian Signature _____ Date _____

Camp Registration:

Camp Fees

	Y Members	Non Members	Deposit Due at Time of Registration
Theme Day	\$38	\$50	\$10
2-Day (T/TH)	\$109	\$133	\$25
3-Day (M/W/F)	\$148	\$183	\$25
Weekly	\$216	\$276	\$25
Session (2 Weeks)	\$415	\$535	\$50

All remaining balances are due in full the Monday prior to the week your child will be attending.

Camp T-Shirt \$10

YXS YS YM YL AS AM AL AXL

Camp Program

WK	DATE	THEME	Please Mark Your Registration			
			2-DAY	3-DAY	5- DAY	SESSION
1	June 3-7	Be the Kind Kid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/>
2	June 10-14	Wildlife Wonders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	June 17-21	Gotta Catch Em' All	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 <input type="checkbox"/>
4	June 24-28	You've Got a Friend in Me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	July 1-5	Temple of Fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 <input type="checkbox"/>
6	July 8-12	Amazing Race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	July 15-19	Sharpen Your Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 <input type="checkbox"/>
8	July 22-26	All Ball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	July 29- Aug 2	Spellbinding Soiree'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 <input type="checkbox"/>
10	Aug 5-9	Mystery Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	Aug 12-16	Travel Through Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 <input type="checkbox"/>
12	Aug 19-23	Dress for a Mess	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NON-REFUNDABLE DEPOSIT DUE AT TIME OF REGISTRATION			\$25/Week \$_____	\$25/Week \$_____	\$25/Week \$_____	\$50/Session \$_____

Theme Days

May 29- Aloha Summer Aug 26- Myth Busters
 May 30- Yoga and Mindfulness Aug 27- Rest and Relaxation
 May 31- Pirate Fever Aug 28- Glow Party

Non-Refundable Deposit
Due at time of registration
\$10/Theme Day
\$_____

Payment Plans

- Include 10 weeks of camp
- 3 Theme Days
- \$10 Discount on Youth Summer Swim Lessons
- Camp T-Shirt – receive on 1st day of camp

<input type="checkbox"/> Option 1 Pay In Full	<input type="checkbox"/> Option 2 6 Month Draft	<input type="checkbox"/> Option 3 5 Month Draft
<ul style="list-style-type: none"> - \$1950 - Lock-In by May 5th - Due at time of registration 	<ul style="list-style-type: none"> - \$2016 - Lock-In by March 5th - \$336 Draft on the 5th of each month, March-August 	<ul style="list-style-type: none"> - \$2035 - Lock-In by April 5th - \$407 Draft on the 5th of each month, April-August
SAVINGS UP TO \$970	SAVINGS UP TO \$904	SAVINGS UP TO \$885
Payment Plans are NON-REFUNDABLE- No Exception Granted.		

2024 Stateline Family YMCA Summer Camp Growing Tree Camp Payment Information Form



Parent/Guardian Information:

Last Name _____ First Name _____ MI _____

Address _____ City _____ State _____ Zip Code _____

DOB _____

Total # of Weekly Registrations	_____	X \$25	=	\$
Total # of Session Registrations	_____	X \$50	=	\$
Total # of Theme Days	_____	X \$10	=	\$
Total # of Camp T-Shirts	_____	X \$10	=	\$
Grand Total Due At Time of Registration				\$

OFFICE USE ONLY

YES

- Daxko registration matches form
- 2nd Child discount applied if applicable
- Bank draft scheduled by Childcare Billing Specialist
- Registration paperwork returned to Assistant Director of YD (w/o Payment Info form)

Signature _____ Date _____
(Childcare Billing Specialist)

Select Draft Option:

- | | |
|---|--|
| <input type="checkbox"/> Weekly/Session/Theme Day Draft | Remaining Balance Due (Fee less the deposit) |
| <input type="checkbox"/> Payment Plan- Option 1 | Will draft the Monday prior to the week registered |
| <input type="checkbox"/> Payment plan- Option 2/3 | Will be paid at time of registration |
| | Will draft on the 5 th of e/ month March/April -Aug |

Camper's Name _____

Checking Account Bank Name _____
Account # _____ Routing # _____

Savings Account Bank Name _____
Account # _____ Routing # _____

Credit Card Name on Card _____
Account # _____ Card Type _____
(Discover, Master Card, Visa)
Expiration Date _____ CID # _____

- This authorization continues indefinitely and automatically until cancelled by the person signing this authorization. Draft cancellations require a 15 day notice.
- Amount of draft will be determined by the elected program, the fee and adjustments defined by the program policy. The fee may be adjusted based on increased fee rates or adjustments as defined by the program policy.
- Each program requires separate authorization forms.
- All drafts are non-refundable.
- A fee of \$25 will be charged for all returned drafts. Two charges of this type may result in expulsion from the program.

I authorize the Stateline Family YMCA to the above named bank or credit card account for membership or program fees. Any change in fees may constitute a change in the draft amount. I understand that the Stateline Family YMCA may initiate a pre-authorization to validate the account number listed. I also understand that I am liable for the entire balance plus the processing fee for returned drafts.

Authorized Signature

Date