Stateline Family YMCA – Wocklgo/BeRo Summer Camp 2021

Child Info	
Address —	
City, State, Zip	
Home Phone	-
Trome i none	☐ Male ☐ Female
	an Information
Parent/Guardian #1	Parent/Guardian #2
Last Name:	Last Name:
First Name:	First Name:
Cell Phone:	Cell Phone:
Employer:	Employer:
Email:	Email:
Emergency Contacts (Two conta	cts other than parent/guardian)
Emergency Contact #1	Emergency Contact #2
Name:	Name:
Relationship:	Relationship:
Phone #:	Phone #:
Medical and Behavior Questions to h	elp us provide the best care possible
Has your child been diagnosed or treated for the following:	Physician's
☐ Asthma ☐ Allergies ☐ Special Dietary Needs ☐ Diabetes ☐ Seizures ☐ Allergies to Insect Stings	Name:
□ ADD/ADHD □ Other	Phone Number:
Please provide details for any of the above checked boxes:	Hospital Preference:
Parent Statement of Understanding	
I understand that my child must be physically signed in/out by a	uthorized adults 🛘 Yes 🗘 No
I understand that the YMCA is not responsible for lost, stolen o	or damaged personal articles 🛘 Yes 🗘 No
I 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	t of an emergency 🛘 Yes 🗀 No
Use photos or videos taken of my child for any and all promotio	nal purposes 🗆 Yes 🗆 No
To transport my child as necessary for all activities. Bussing, sv	wimming, field trips ☐ Yes ☐ No
Allow my child to go on short walks with the group under Y Sta	ff Supervision
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:

YMCA Camp Registration

Camp: □ BeRo

□ Wocklgo

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

Weeks and Dates	Camp Theme	Days Attending	
Week 1: June 7-11	Backyard Bash	□Full Week \$10 second child discount □ MWF □ T TH	Payments are
			due in full the
Week 2: June 14-18	Green Thumb	□Full Week \$10 second child discount	Wednesday prior to the
		□M/W/F □T/TH	
Week 3: June 21-25	World Explorer	□Full Week \$10 second child discount	camp week your child will be
		□M/W/F □T/TH	attending.
Week 4: June 28-July 2	A Year in a Week	□Full Week \$10 second child discount	
		□M/W/F □T/TH	Full Week Y Member \$140
Week 5: July 5-9	Treasure Hunters	□Full Week \$10 second child discount	Non-Member \$190
		□M/W/F □T/TH	\$150
Week 6: July 12-16	Camp Y-lympics	□Full Week \$10 second child discount	
		□M/W/F □T/TH	2 Day rate T/Th Y Member \$72
Week 7: July 19-23	Brilliant Brushes	□Full Week \$10 second child discount	Non-Member \$92
		□M/W/F □T/TH	
Week 8: July 26-30	Time Warp	□Full Week \$10 second child discount	3 Day rate M/W/F Y Member \$102
		□M/W/F □T/TH	Non-Member \$132
Week 9: August 2-6	Survivior	□Full Week \$10 second child discount □M/W/F □T/TH	2 nd child discount on full week only
Week 10: August 9-12	Storybook Summer	□Full Week \$10 second child discount □M/W/F □T/TH	\$25 Non-refundable
Extra Day: August 16 Camp Theme Day	Splish Splash \$32 Member \$42 Non-Member	□ Monday	deposit is required at time of registration.
Extra Days: August 17 Camp Theme day	Summer Fiesta \$32 Member \$42 Non-Member	□ Tuesday	

☐ Rate Plan 1 (Pay in Full by May 1) Lock-in at \$1,200 (register early space is limited)

- Receive Camp T-Shirt
- Receive Y Lunch Bag
- Receive a free youth summer membership (June, July, August)
- \$10 discount off youth swim class sessions during months of April, May, June and July. (discount can not be used with other discounts)
- Includes 2 camp theme days on August 16 and 17. Savings of (\$84)

□ Rate Plan 2 (5 Month Payment Plan) □ Rate Plan 3 (4 Month Payment by March 1 (register early space is limited)

- Lock-in at \$1,260
- Receive Camp T-Shirt
- Receive Y Lunch Bag
- Receive a free youth summer membership

(June, July and August)

- Payments drafted on the 5 of March, April, May, June and July for the amount of \$252/month
- Total cost is \$1,260
- \$10 discount off youth swim class sessions during months of April, May, June & July (discount can not be used with any other discounts)
- Includes 2 camp theme days on August 16 and 17. Savings of (\$84)

Plan)

- Lock In by April 1 (register early space is limited)
- Lock-in at \$1,260
- Receive Camp T-Shirt
- Receive Y Lunch Bag
- Receive a free youth summer membership

(June, July and August)

- Payments drafted on the 5 of April, May, June and July **\$315/month**
- Total cost is \$1,260
- \$10 discount off youth swim class sessions during months of April, May, June & July (discount can not be used with any other discounts)
- Includes 2 camp theme days on August 16 and 17. Savings of (\$84)

- *All camp rate plans are non-refundable.
- *2nd child discount on Camp Payment Plans only is \$100 per additional camper.

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

Name	Relationship
Name	Relationship
Name	Relationship

<u> </u>	YMCA Summer Camp Emergency Card
Child's Name:	DOB:
Home Address:	Phone:
Mother's Name:	Phone:
Father's Name:	Phone:
<u>Cam</u>	per's Medical Information
Allergies:	Current Medication:
If needed, preferred hospital:	
Physician & Phone:	
Parent/Guardian Signature Auth	orizing Emergency Care:
	Date:
have permission to pick-up my child: 1	listed on front of this card, the following peopl
have permission to pick-up my child: 1 2 3	listed on front of this card, the following peopl
have permission to pick-up my child: 1 2 3	listed on front of this card, the following peopl

Date:_

Other Information:_



STATELINE FAMILY YMCA BANK OR CREDIT CARD DRAFT AUTHORIZATION

Last

Name (please print)

First

Middle Initial

	Address				
			City	State	Zip Code
P	lease Select Draft Option Below:				
[] Camp WockIgo/BeRo Rate Plan #1	Child's Name(1 Time draft of \$1200 scheduled prior to May 1, 2021)			
[] Camp WockIgo/BeRo Rate Plan #2	Child's Name (Monthly draft of \$252 occurs on the 5 of March, April, May, June and July)			
[] Camp WockIgo/BeRo Rate Plan #3	Child's Name (Monthly draft of \$315 occurs on the 5 of April, May, June and July)			
	Camp WockIgo/BeRo Weekly Draft	Child's Name(Weekly draft occurs on the Wednesday prior to the week attending, please select the weeks below. A \$25 non-refundable deposit is required at time of registration for each week selected to secure your child's spot.)			
		Week 1 (draft 6/2) Week 4 (draft 6/23) Week 7 (draft 7/14)	Week 2 (draf Week 5 (draf Week 8 (draf	ft /30)	Week 3 (draft 6/16) Week 6 (draft 7/7) Week 9 (draft 7/28)
		Week 10 (draft 8/4)		•	Week 5 (draft 7/26)
	Camp WockIgo/BeRo Daily Rate Draft	Camp Theme Days For August 16 & 17 (d	lraft 8/11)		

Draft Options

Checking Accou	nt Bank Name			
	Account #			
	Bank Routing #			
Savings Accoun	t			
	Bank Name			
	Account #			
	Bank Routing #	_		
Credit Card				
	Name on Card	_		
	Account #	_		
	Card Type			
	(Discover, Mastercard or 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 elected program and the fee and adjustments defined by the program policy. The draft 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 because of non-sufficient funds, account closing or payment stopped. Two charges of this type will result in expulsion from the program. I authorize the Stateline Family YMCA to draft the above named bank or credit card account for payment of 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 preauthorization to validate the account number and bank transit number listed. I also understand that I am liable for the entire balance plus the processing fee for returned drafts. 				
Authorized Signature	Date			