

2024 Stateline Family YMCA Summer Camp

Camp WockIgo/Camp BeRo Registration

Contact: Tonia Mason (tmason@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	\$36	\$48	\$10
2-Day (T/TH)	\$88	\$112	\$25
3-Day (M/W/F)	\$126	\$160	\$25
Weekly	\$180	\$232	\$25
Session (2 Weeks)	\$346	\$450	\$50

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

Camp T-Shirt \$10

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Camp Program

Camp WockIgo Camp Bero

WK	DATE	THEME	Please Mark Your Registration			
			2-DAY	3-DAY	5- DAY	SESSION
1	June 3-7	Planting Kindness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/>
2	June 10-14	Animal Planet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	June 17-21	My Camp Era	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 <input type="checkbox"/>
4	June 24-28	Ohana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	July 1-5	Party In the USA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 <input type="checkbox"/>
6	July 8-12	Survivor- Camp Edition	<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	Camp Y-Lympics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	July 29- Aug 2	Drama-O-Rama	<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"/>	
NON-REFUNDABLE DEPOSIT DUE AT TIME OF REGISTRATION			\$25/Week \$_____	\$25/Week \$_____	\$25/Week \$_____	\$50/Session \$_____

Theme Days

May 29- Under Construction Aug 12- Camper Vs Counselor
 May 30- Water Wonders Camp Favorites
 May 31- Mario Party

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

Payment Plans

- Include 10 weeks of camp
- 5 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
- \$1580 - Lock-In by May 5th - Due at time of registration	- \$1632 - Lock-In by March 5th - \$272 Draft on the 5 th of each month, March-August	- \$1650 - Lock-In by April 5th - \$330 Draft on the 5 th of each month, April-August
SAVINGS UP TO \$990	SAVINGS UP TO \$938	SAVINGS UP TO \$920
Payment Plans are NON-REFUNDABLE- No Exception Granted.		

2024 Stateline Family YMCA Summer Camp Camp WockIgo/Camp BeRo 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	
<input type="checkbox"/>	Daxko registration matches form
<input type="checkbox"/>	2 nd Child discount applied if applicable
<input type="checkbox"/>	Bank draft scheduled by Childcare Billing Specialist
<input type="checkbox"/>	Registration paperwork returned to Assistant Director of YD (w/o Payment Info form)
Signature (Childcare Billing Specialist)	Date

Select Draft Option:

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