

Stateline Family YMCA – Wocklgo/BeRo Summer Camp 2020

Child Information

Child's Name _____ Male Female
Address _____ Birthdate _____
City, State, Zip _____ Age: _____
Home Phone _____ Grade Level for Fall 2019 _____

Parent/Guardian 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 help us provide the best care possible

Has your child been diagnosed or treated for the following:
 Asthma Allergies Special Dietary Needs
 Diabetes Seizures Allergies to Insect Stings
 ADD/ADHD Other _____

Please provide details for any of the above checked boxes:

Physician's Name: _____
Phone Number: _____
Hospital Preference: _____

Parent 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 Wednesday prior to the week my child will attend 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 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: _____

YMCA Camp Registration

Camper's Name _____

Name of school your child attends: _____

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

Weeks and Dates	Camp Theme	Days Attending	
Week 1: June 1-5	Under the Big Top <input type="checkbox"/> Wocklgo Entertainers <input type="checkbox"/> BeRo	<input type="checkbox"/> Full Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	Payments are due in full the Wednesday prior to the camp week your child will be attending. <u>Full Week</u> Y Member \$118 Non-Member \$158 <u>Daily Rate</u> Y Member \$32 Non-Member \$42 <u>Please Note</u> Field Trips Are Subject to Change. A non-refundable deposit is required at time of registration. \$25/week \$10/day
Week 2: June 8-12	Inventors Workshop <input type="checkbox"/> Wocklgo Creators <input type="checkbox"/> BeRo	<input type="checkbox"/> Full Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	
Week 3: June 15-19	Treasure Hunters <input type="checkbox"/> Wocklgo Entrepreneurs <input type="checkbox"/> BeRo	<input type="checkbox"/> Full Week <input type="checkbox"/> M F	
Week 4: June 22-26	Survivor 2020 <input type="checkbox"/> Wocklgo Leaders <input type="checkbox"/> BeRo	<input type="checkbox"/> Full Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	
Week 5: June 29- July 3	Camper vs. Counselor <input type="checkbox"/> Wocklgo Scientists <input type="checkbox"/> BeRo	<input type="checkbox"/> Full -rated <input type="checkbox"/> M W <input type="checkbox"/> F	
Week 6: July 6-10	Year in a Week <input type="checkbox"/> Wocklgo Global Citizens <input type="checkbox"/> BeRo	<input type="checkbox"/> Full Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	
Week 7: July 13-17	Beach Party <input type="checkbox"/> Wocklgo Environmentalist <input type="checkbox"/> BeRo	<input type="checkbox"/> Full Week <input type="checkbox"/> M F	
Week 8: July 20-24	Camp Olympics <input type="checkbox"/> Wocklgo Athletes <input type="checkbox"/> BeRo	<input type="checkbox"/> Full Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	
Week 9: July 27- 31	Camp Hogwarts <input type="checkbox"/> Wocklgo Engineers <input type="checkbox"/> BeRo	<input type="checkbox"/> Full Week <input type="checkbox"/> M <input type="checkbox"/> T	
Week 10: August 3-7	World Explorers <input type="checkbox"/> Wocklgo Explorers <input type="checkbox"/> BeRo	<input type="checkbox"/> Full Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	
Week 11: August 10-14	Prehistoric Adventure <input type="checkbox"/> Wocklgo Artists <input type="checkbox"/> BeRo	<input type="checkbox"/> Full Week <input type="checkbox"/> M F	
Extra Days: August 17-18	August 17 – Super Hero August 18 – Anything Goes	<input type="checkbox"/> M <input type="checkbox"/> T	

- Rate Plan 1** (Pay in Full by May 15)
- Lock-in at \$105/week for 10 weeks
- Receive Camp T-Shirt
- Receive camp specialty items on 1st day
- Receive 5 additional camp days free
- Receive a free youth summer membership
- Total cost is \$1050 (savings of \$800+)

- Rate Plan 2** (4 Month Payment Plan)
- Lock In by March 15th
- Lock-in at \$108/week for 10 weeks
- Receive Camp T-Shirt
- Receive the camp specialty items
- Receive 5 additional camp days free
- Receive a free youth summer membership
- Payments drafted on the 20th of March, April, May and June for the amount of \$270/month
- Total cost is \$1080 (savings of \$800+)

- Rate Plan 3** (3 Month Payment Plan)
- Lock In by April 15th
- Lock-in at \$108/week for 10 weeks
- Receive Camp T-Shirt
- Receive the camp specialty items
- Receive 5 additional camp days free
- Receive a free youth summer membership
- Payments drafted on the 20th of April, May and June for the amount of \$360/month
- Total cost is \$1080 (savings of \$800+)

*All camp rate plans are non-refundable.

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

Name _____

Relationship _____

Phone # _____

Name _____

Relationship _____

Phone # _____

Stateline Family YMCA Summer Camp Emergency Card

Child's Name: _____ DOB: _____

Home Address: _____ Phone: _____

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Camper's Medical Information

Allergies: _____ Current Medication: _____

If needed, preferred hospital: _____

Physician & Phone: _____

Parent/Guardian Signature Authorizing Emergency Care:

_____ Date: _____

In addition to the Mother and Father listed on front of this card, the following people have permission to pick-up my child:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Parent/Guardian Signature: _____

Date: _____

Other Information: _____



STATELINE FAMILY YMCA BANK OR CREDIT CARD DRAFT AUTHORIZATION

Name (please print)

Last

First

Middle Initial

Address

City

State

Zip Code

Please Select Draft Option Below:

Camp WockIgo/BeRo Rate Plan #1 Child's Name _____
(1 Time draft of \$1050 scheduled prior to May 15th, 2019) Chosen draft Date

Camp WockIgo/BeRo Rate Plan #2 Child's Name _____
(Monthly draft of \$270 occurs on the 20th of March, April, May, June)

Camp WockIgo/BeRo Rate Plan #3 Child's Name _____
(Monthly draft of \$360 occurs on the 20th of April, May, June)

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 5/27) Week 2 (draft 6/3) Week 3 (draft 6/10) Week 4 (draft 6/17) Week 5 (draft 6/24)
- Week 6 (draft 7/1) Week 7 (draft 7/8) Week 8 (draft 7/15) Week 9 (draft 7/22) Week 10 (draft 7/29)
- Week 11 (draft 8/5)

Weekly Fee: Y Member \$118/ General Public \$158
After Deposit/ Draft Amount: Y Member \$93/ General Public \$133

Camp WockIgo/BeRo Daily Rate Draft Child's Name _____
(Daily drafts occur on the Wednesday prior to the week attending, please select the days below. A \$10 non-refundable deposit is required at time of registration for each day selected to secure your child's spot.)

- | | | | | |
|---|--|---|---|--|
| <p>Week 1 (June 1-5)
<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F
Draft 5/27</p> | <p>Week 2 (June 8-12)
<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F
Draft 6/3</p> | <p>Week 3 (June 15-19)
<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F
Draft 6/10</p> | <p>Week 4 (June 22-26)
<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F
Draft 6/17</p> | <p>Week 5 (June 29- July 3)
<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F
Draft 6/24</p> |
| <p>Week 6 (July 6-10)
<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F
Draft 7/1</p> | <p>Week 7 (July 13-17)
<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F
Draft 7/8</p> | <p>Week 8 (July 20-24)
<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F
Draft 7/15</p> | <p>Week 9 (July 27-31)
<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F
Draft 7/22</p> | <p>Week 10 (August 3-7)
<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F
Draft 7/29</p> |
| <p>Week 11 (August 10-14)
<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F
Draft 8/5</p> | <p>Week 12 (August 17-18)
<input type="checkbox"/> M <input type="checkbox"/> T
Draft 8/12</p> | <p>Daily Fee: Y Member \$32/ General Public \$42
After Deposit/ Draft Amount: Y Member \$22/ General Public \$32</p> | | |

Please Select Payment Method On Backside



STATELINE FAMILY YMCA BANK OR CREDIT CARD DRAFT AUTHORIZATION

Draft Options

Checking Account

Bank Name _____

Account # _____

Bank Routing # _____

Savings Account

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