

STATELINE FAMILY YMCA – WOCKIGO/BERO SUMMER CAMP 2022

Child Information

Child's Name: _____

Birthdate: _____

Address: _____

Age: _____

City State Zip Code: _____

Grade in Fall 2022: _____

Home Phone: _____

Male

Female

Parent/Guardian Information

Parent/Guardian #1

Last Name: _____

First Name: _____

Cell Phone: _____

Work Phone: _____

Employer: _____

E-Mail: _____

Parent/Guardian #2

Last Name: _____

First Name: _____

Cell Phone: _____

Work Phone: _____

Employer: _____

E-Mail: _____

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

Has your child been diagnosed or treated for the following?

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

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 Wednesday prior to the week attending	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: _____

YMCA Camp Registration

T-Shirt Size: CS CM CL AS AM AL AX Camp: BeRo Wocklgo

Weeks & Dates	Camp Theme	Days Attending	
Week 1: June 6-10	Animal Encounter	Full Week M/W/F T/H	<p>Camp Cost <u>2-Days (T/Th)</u> Member: \$80 Non-Member: \$100</p> <p><u>3-Days (M/W/F)</u> Member: \$114 Non-Member: \$144</p> <p><u>1 Week (M-F)</u> Member: \$162 Non-Member: \$204</p> <p><u>1 Session (2 weeks)</u> Member: \$310 Non-Member: \$390</p> <p>Deposit (non-refundable) \$50 per session (2 week) enrollment \$25 per weekly enrollment \$10 per daily enrollment</p> <p>Payment Due Date Due in full Monday prior to the week of attending camp.</p>
Week 2: June 13-17	Animal Encounter	Full Week M/W/F T/H	
Week 3: June 20-24	Wonder Working	Full Week M/W/F T/H	
Week 4: June 27-July 21	Wonder Working	Full Week M/W/F T/H	
Week 5: July 5-8	Cinema Kingpin	Full Week M/W/F T/H	
Week 6: July 11-15	Cinema Kingpin	Full Week M/W/F T/H	
Week 7: July 18-22	Stumbling Blocks	Full Week M/W/F T/H	
Week 8: July 25-29	Stumbling Blocks	Full Week M/W/F T/H	
Week 9: August 1-5	Confection Perfection	Full Week M/W/F T/H	
Week 10: August 8-12	Confection Perfection	Full Week M/W/F T/H	
Theme Day: June 1	Survivor \$34 Member \$44 Non-Member	Wednesday	
Theme Day: June 2	Be the Kind Kid \$34 Member \$44 Non-Member	Thursday	
Theme Day: June 3	Treasurer Hunter \$34 Member \$44 Non-Member	Friday	
Theme Day: August 15	Super Hero Adventure \$34 Member \$44 Non-Member	Monday	
Theme Day: August 16	Aloha Summer \$34 Member \$44 Non-Member	Tuesday	

Payment Plans

Payment Plan 1

- Non-refundable
- \$100 2nd child discount
- All 5 sessions (10 weeks) are included
- Free youth membership for June-August (\$69 value)
- Camp theme days included at no extra charge (220 value)

Pay in full by May 1

Total Cost: \$1,400

Payment Plan 2

- Non-refundable
- \$100 2nd child discount
- All 5 sessions (10 weeks) are included
- Free youth membership for June-August (\$69 value)
- Camp theme days included at no extra charge (220 value)

Register for all 5 sessions by Mar 5

Monthly Payment: \$292

Payment Dates: March 5, April 5,
May 5, June 5, and July 5

Total Cost: \$1,460

Payment Plan 3

- Non-refundable
- \$100 2nd child discount
- All 5 sessions (10 weeks) are included
- Free youth membership for June-August (\$69 value)
- Camp theme days included at no extra charge (220 value)

Register for all 5 sessions by Apr 5

Monthly Payment: \$365

Payment Dates: April 5, May 5, June
5, and July 5

Total Cost: \$1,460

STATELINE FAMILY YMCA EMERGENCY CARD

General Information

Child's Name: _____ D.O.B.: _____

Home Address: _____ Phone: _____

Parent/Guardian Name: _____ Phone: _____

Child's Medical Information

Allergies: _____ Current Medication: _____

Preferred Hospital (if needed): _____

Physician & Phone: _____

Parent/Guardian Signature Authorizing Emergency Care:
_____ Date: _____

In addition to the parent(s)/guardian(s) listed on the front of this card, the following people have permission to pick up my child:

1) _____ Phone _____

2) _____ Phone _____

3) _____ Phone _____

4) _____ Phone _____

5) _____ Phone _____

6) _____ Phone _____

Parent/Guardian Signature: _____ Date: _____

Other Information that may be helpful: _____

My child has permission to be photographed by the Y: Yes or No



STATELINE FAMILY YMCA BANK OR CREDIT CARD DRAFT AUTHORIZATION

Name (please print) _____
Last First Middle Initial

Address _____
Street City State Zip Code

Please Select Draft Option Below:

Camp Wocklgo/BeRo Option #2 Child's Name: _____
(Monthly Draft \$292 on the 5th of March, April, May, & June)

Camp Wocklgo/BeRo Option #3 Child's Name: _____
(Monthly Draft \$365 on the 5th of April, May, & June)

Camp Wocklgo/BeRo Weekly Draft Child's Name: _____
(Drafted on the Monday prior to the week attending camp)

Week 1 Week 2 Week 3 Week 4 Week 5 Week 6
Week 7 Week 8 Week 9 Week 10 Week 11 Week 12
Weekly Draft - Member \$310 Non-Member \$390

Draft Option:

Checking Account Bank Name: _____
Account #: _____ Routing #: _____

Savings Account Bank Name: _____
Account #: _____ Routing #: _____

Credit Card Name of Card: _____ Card Type _____
Card #: _____ Exp: _____ CID#: _____

- This authorization continues indefinitely and automatically until cancelled by the person signing this authorization. Draft cancellation needs 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