

## 2024 Stateline Family YMCA Summer Camp

### Sunshine 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
Weekly (M-TH)	\$86	\$115	\$25

### Camp Program

#### Sunshine Camp

WK	DATE	THEME	Attending
1	June 3-6	No Camp	N/A
2	June 10-13	Fun On the Farm	[ ]
3	June 17-20	Color Craze	[ ]
4	June 24-27	Under Construction	[ ]
5	July 1-4	No Camp	N/A
6	July 8-11	Dino-Mite	[ ]
7	July 15-18	Ready, Set, Read	[ ]
8	July 22-25	Lights, Camera, Action	[ ]
9	July 29- Aug 1	Buggin' Out	[ ]
10	Aug 5-8	Weather and Water	[ ]
<b>NON-REFUNDABLE DEPOSIT DUE AT TIME OF REGISTRATION</b>			Deposit Due \$25/Week \$_____

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

# 2024 Stateline Family YMCA Summer Camp Sunshine Camp Payment Information Form



## Parent/Guardian Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

DOB \_\_\_\_\_

Total # of Weekly Registrations	_____	x \$25	=	\$
Grand Total Due At Time of Registration	\$			

## OFFICE USE ONLY

YES

- ☐ Daxko registration matches form
- ☐ 2<sup>nd</sup> 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 \_\_\_\_\_  
(Childcare Billing Specialist)

Date \_\_\_\_\_

## Select Draft Option:

- ☐ Weekly/Session/Theme Day Draft **Remaining Balance Due (Fee less the deposit)**  
Will draft the Monday prior to the week registered

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 \_\_\_\_\_