



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Kinder Camp Summer Program Registration Form 2022

Parent/Guardian Name: _____

D.O.B: ____/____/____ Email: _____

Address: _____

Primary Phone: _____ Secondary Phone: _____

Child Name: _____ D.O.B: ____/____/____

Is your child potty trained? Y/N _____

Do you give YMCA Staff permission to assist with bathroom needs when necessary?
Y/N Initial _____

Please note: if you respond "no", you or a responsible party will need to come to the YMCA to assist your child with bathroom needs.

Emergency Contact: (other than Parent/Guardian listed)

Name: _____ Relationship to Child: _____

Primary Phone: _____ Secondary Phone: _____

I give my child permission to:

- Have my child eat a snack provided by the YMCA*? Y/N Initial _____
*All food allergy precautions and considerations will be taken.
- Have his/her picture taken to be used for publicity purposes?
Y/N Initial _____
- Go outside during the programming? Y/N Initial _____

5 Days (M-F) 3 Days (M, W, F)

Week	5 Day YMCA Member \$60 per/wk	5 Day Non-member \$70 per/wk	3 Day YMCA Member \$40 per/wk	3 Day Non-member \$50 per/wk	AM / PM 9am-12pm 12:30pm-3:30pm
Jul 5-Jul 8					
Jul 11-Jul 15					
Jul 18-Jul 22					
Jul 25-Jul 31					
Aug 1-Aug 5					
Aug 8-Aug 12					
Aug 15-Aug 19					
Aug 22-Aug 26					

** \$10 deposit per registered week is due upon registration**

Billing Agreements: (Please Initial)

_____ I understand there is a non-refundable \$25 registration fee per child after April 18th, 2022.

_____ I understand there is a \$10 non-refundable deposit that must be paid when registering for each Kinder Camp option. This includes 5-day or 3-day camp. This is per week and per child.

_____ I understand that my fees are due on Friday the week prior to my child(ren)'s scheduled camp week.

_____ I understand I will be charged an additional fee of \$18 for failed bank drafts. No exceptions.

_____ I understand that I will be charged an additional fee of \$10 for payments made after the provided due date.

Signature: _____ Print Name: _____

Date: _____

Authorized Pickup: (Includes Parent/Guardian listed above)

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Non-Authorized Pickup:

Name: _____

Name: _____

Child Special Needs/Information: (ADHD, Autism Spectrum Disorder, Glasses, Hearing Device, Allergies, etc.)

Sunscreen/Bug Spray Use Permission:

I give YMCA staff permission to assist my child while applying sunscreen/bug repellent.

Y/N Signature: _____

Please note: if you respond "no", you or a responsible party will need to come to the YMCA to assist your child with sunscreen/bug spray application.