

**Regional YMCA of Western Connecticut
Greenknoll Day Camp
2017 REGISTRATION & PAYMENT FORMS Page 1 of 3**

Camper Information

Camper's First Name: _____ Last Name: _____

Date of Birth: _____ Gender: _____ Grade Entering In The Fall 2017: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

With whom does the child reside? _____

Please list any allergies, special diet or health needs or restrictions: _____

E-mail address for camp information: _____

Parent/Guardian Information

Name: _____

Name: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Employer: _____

Employer: _____

Work Phone: _____

Work Phone: _____

Cell Phone/Pager: _____

Cell Phone/Pager: _____

PARENT/GUARDIAN REGISTRATION AUTHORIZATION

I give permission for my child to participate in all Regional YMCA activities. I also give permission for photographs of my child to be used for publicity purposes. Children must be picked-up by 6:30 p.m. There is a charge of \$1 per minute for late pick-ups. I understand that I am financially responsible for all camp costs for my child. I have read and understand the refund policy and will inform the YMCA of any changes to my child's attendance in writing at least ten (10) days prior to the change. I am aware that there must be a current physical form on file in order for my child to participate. I confirm that my child is fully toilet trained. In the event I cannot be reached in an emergency, I hereby give consent to the staff of The Regional YMCA of Western Connecticut or competent authority to access emergency medical care and/or transportation to the hospital. I understand that a complete camp parent handbook is available online at www.regionalyymca.org.

X _____
Parent/Guardian's Signature Date

Emergency Contact Information

Please list the names and phone numbers of emergency contacts for your child in the event that you are unable to be reached in an emergency. The following individuals will also be authorized to pick-up your child from camp.

1. Name: _____ Home Phone: _____

Address: _____

Work Phone: _____ Cell Phone/Pager: _____

2. Name: _____ Home Phone: _____

Address: _____

Work Phone: _____ Cell Phone/Pager: _____

3 Name: _____ Home Phone: _____

Address: _____

Work Phone: _____ Cell Phone/Pager: _____

Please describe any custody or visitation restrictions: _____

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Camper's Name: _____ Grade Entering in fall 2017: _____

1. Which program will your child be participating in?

	Price Per Week	Week of 7/5
Pre-School 1/2 DAY (Ages 3+4 only, 9am -12:30 pm)*	\$195	\$168
Full Day Camp (Ages 3-13)*	\$273	\$233
C.I.T. Program (Ages 14-15 only)*	\$200	\$185

*A Sibling discount of \$10 a week applies to each additional child provided the first child pays full price

The regular camp day is from 9 am until 4pm.

Extended hours are from 7 am until 6:30 pm for all full day programs and are included in the weekly camp fee.

2. What weeks will your child attend?

Week #		Week of	Theme	<p>PAYMENT POLICIES:</p> <p>INITIAL PAYMENT: \$20 registration fee + first week that your child will attend.</p> <p>Payment for any additional weeks is due the WEDNESDAY PRIOR to each week.</p> <p>MEDICAL FORMS & MEDICATIONS:</p> <p>All campers must have a valid medical form on file prior to their first day.</p> <p>All medications (prescription & over the counter) must be in the original containers labeled with the camper's name and have a authorization completed by the physician & parent.</p>
Week 1	NO CAMP	6/12-6/16	Once Upon a Y	
Week 2		6/19-6/23	Game Show	
Week 3		6/26-6/30	Let's Cruise	
Week 4*		7/3-7/7 (closed 7/4)	Party At The Y	
Week 5		7/10-7/14	Happy Holidays	
Week 6		7/17-7/21	Carnival	
Week 7		7/24-7/28	Camp Show	
Week 8		7/31-8/4	Summer Fiesta	
Week 9		8/7-8/11	Color Wars	
Week 10		8/14-8/18	Space	
Week 11		8/21-8/25	Amazing Race	

PARENT COMMITMENT

I certify that my son/daughter is amenable to discipline and free from habits or attitudes which would make him/her an unsuitable camper. I confirm that my child is fully toilet trained. I also authorize the YMCA to have and use photographs, slides, or videotapes of the person named on this application.

Parent/Guardian's

Signature: _____ Date: _____

CAMPER COMMITMENT

I want to become a camper at Camp Greenknoll YMCA. I agree to abide by camp rules. I will do my best to make this a good experience for myself and for my fellow campers. I understand that failure to live up to this promise could result in my dismissal from camp without a refund.

Parent/Guardian's Signature: _____ Date: _____

Camper's Signature: _____ Date: _____

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Camper's Name: _____

Date of Birth: _____

Payment Policies

Please review the following to make sure you are clear on all our policies.

- 1) An initial payment must include:
 - a) a \$20 Registration Fee AND
 - b) Payment for the first week of enrollment is expected at the time of registration.
- 2) Post-dated form and payments must be handed in with initial registration. After the initial payment the credit/debit card on file will be charged on each Wednesday for the upcoming week. This form requires the use of a credit or debit card to make future payments to your camper's account. *We cannot hold a camper's space without payment arrangements.*
- 3) All registrations and payments must be received by the Thursday prior to the week of enrollment. Re-enrolling your child after this deadline will result in a late fee as indicated below.
- 4) A \$40 fee will be charged when registering the Friday, Saturday or Sunday prior to the week of enrollment. No exceptions will be made.
- 5) There will be a \$30 service fee for any returned checks.

INITIAL PAYMENT:

Registration Fee: \$20 per child per summer

Registration Fee: \$20.00

Weekly Fees: Payment for the first week of enrollment is due at the time of registration. The remaining weeks may either be paid at the time of enrollment or in accordance with the post-dated schedule below.

First week of enrollment: _____

Late Fee: Any registrations received after Wednesday for the following week are subject to a \$40 late fee. This includes both new registrations and additional weeks added to current registrations.

LATE FEE: _____

TOTAL INITIAL PAYMENT: _____

I have read and understand the payment policies and am aware that it is my responsibility to keep my payment and enrollment information up to date to avoid withdrawal from the program due to lack of payment.

Parent/Guardian Signature: _____ **Date:** _____

Payment Method: Cash___ Check___ Check # _____ Credit Card:___ (provide information below)

POST-DATED PAYMENTS: All credit/debit card charges will be charged the Wednesday prior to each week. Your child will not be registered for any weeks which payment or post-dated payment information has not been received.

Card Holder's Name: _____ Billing Zip Code: _____

Billing Street Address: _____

Card #: _____ CVV: _____ Exp. Date: _____

I give permission for the Regional YMCA of Western Connecticut to use the credit card above to make payments for YMCA Camp Greenknoll. I understand that charges will be made to my credit card at the time of enrollment and the Wednesday prior to each week that my child is registered. I have read and understand the payment policies and am aware that it is my responsibility to keep my payment information up to date to avoid withdrawal from the program due to lack of payment.

Parent/Guardian Signature: _____ **Date:** _____