

**Regional YMCA of Western Connecticut
Greenknoll Day Camp
2010 REGISTRATION FORM**

Camper Information

Camper's Name: _____ Date of Birth: _____

Address: _____

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

Gender: _____ Grade Entering In The Fall: _____ 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

Mother's Name: _____

Father's Name: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Employer: _____

Employer: _____

Work Phone: _____

Work Phone: _____

Cell Phone/Pager: _____

Cell Phone/Pager: _____

**PARENT/GUARDIAN AUTHORIZATION FOR PARTICIPATION AND HOSPITALIZATION IN THE
EVENT OF AN EMERGENCY**

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/credit 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. 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.

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: _____

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

Which program will your child be participating in?

<u>Please check a box</u>	Price Per Week	Sibling Discount (1 st child pays full price)
Pre-School FULL DAY (Ages 3+4 ONLY, 9:00 am -4:00 pm)	\$255 (Week of 7/5- \$204)	\$245 (Week of 7/5- \$194)
Pre-School HALF DAY (Ages 3+4 ONLY, 9:00 am -12:30 pm)	\$175 (Week of 7/5- \$140)	\$165 (Week of 7/5- \$130)
Regular Day Camp	\$245 (Week of 7/5- \$196)	\$235 (Week of 7/5- \$186)
C.I.T. Program(Ages 14-15 only)	\$175 (Week of 7/5- \$140)	\$165 (Week of 7/5- \$130)

THE REGULAR CAMP DAY IS FROM 9:00AM UNTIL 4:00 PM.

EXTENDED CARE HOURS FROM 7:00 AM UNTIL 6:30 PM ARE INCLUDED IN THE WEEKLY CAMP FEES FOR ALL FULL DAY PROGRAMS.

Week 1 _____ 06/14-06/18

Week 6 _____ 07/19-07/23

Week 2 _____ 06/21-06/25

Week 7 _____ 07/26-07/30

Week 3 _____ 06/28-07/02

Week 8 _____ 08/2-08/06

Week 4 _____ 07/06-07/09 (closed Mon 7/5)

Week 9 _____ 08/09-08/13

Week 5 _____ 07/12-07/16

Week 10 _____ 08/16-08/20

Week 11 _____ 08/23-08/27

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 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: _____