

DAY CAMP



PLEASE PRINT

Camper's Last Name: _____ Camper's First Name: _____

Date of Birth: _____ Age: _____ Male _____ Female _____

Grade entering in September 2017: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Child Lives with _____ Mother _____ Father _____ Both _____

Mothers Full Name _____ Mothers Day Time Phone _____

Fathers Full Name _____ Fathers Day Time Phone _____

Unable to locate parents (emergency) please call:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Please Let the YMCA know if you or your child has special needs requiring any accommodations:

Person(s) Authorized to pick up child:

Name: _____ Phone _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Phone _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Phone _____

Address: _____

City: _____ State: _____ Zip: _____

Child's Physician _____ Phone _____

Child's Dentist _____ Phone _____

Physical conditions requiring attention: allergies, ie. Penicillin, asthma, hay fever or insect stings; hearing, speech, epilepsy, heart, vision, diabetes, or any other condition: _____

Dates of most recent immunizations: DPT _____ Polio _____ Measles _____ Rubella _____

Insurance Co. _____ Policy # _____

Preferred Hospital _____

As a legal guardian of my child,

I do hereby consent and authorize the Pike County YMCA Day Camp staff to take any and all action, including use of medical services and hospital facilities as they deem appropriate in the event that my child should become ill or otherwise injured under the care of the Day Camp Program. In addition, I authorize the YMCA to use pictures of my child for promotional purposes.

DAY CAMP



Camper's Entering Kindergarten-12 years of age.

Early bird arrival is between 6:00 a.m. & 7:30 a.m.

If you must select the extended hours option if you need to drop your child off before 7:30 a.m.

Camp will be open from 6:00 a.m. - 6:00 p.m.

Activities will run from 9:00 a.m.- 4:00 p.m.

Camp cost are as stated:

Members \$110.00 per week

Non-members \$130.00 per week

A \$10.00 discount will be assessed to each additional registered family member.

Sessions	Dates	Camper	CDT	Early Bird
1	May 29- June 2			
2	June 5-9			
3	June 12-16			
4	June 19-23			
5	June 26-31			
6	July 3-7			
7	July 10-14			
8	July 17-21			
9	July 24-28			
10	July 31- August 4			
11	August 7-11			
12	August 14-18			
13	August 21- 25			

Any cancellations after Monday preceding the week of camp or a no-show are subject to full payment for the week. All children must be signed in when dropped off and signed out when picked up. Any child pick-ups after 6:00 p.m. are subject to a \$5.00 added fee per 15 minutes late.

----- Participant is a current YMCA Member

----- I have attached a non-refundable cash or check deposit for the selected session(s) and will pay the balance at the start of each weekly session.

Signature _____ Date _____

Complete registration form and send or return to:
 Pike County YMCA | 400 Pride Drive | Waverly, Ohio 45690
 P | 740-947-8862 or F | 740-947-5616