

Adventure Day Camp Registration Form: Complete one form per camper Tear Out and send or bring to: Danvers YMCA 34 Pickering Street Danvers, MA 01923

Camper's Name: _____ Birth Date: ____/____/____ Gender: M ___ F ___ Age ___ Grade Entering in Sept. _____
 Address: _____ Town _____ Zip: _____ Interested in the C.I.T. program? Yes _____
 (Must be 14 or 15 years of age)

Home Phone: (____) _____ Y Member? Y _____ N _____
 (write expiration date)

Parent's Name: _____ Day Phone: (____) _____ Cell Phone: (____) _____ Allowed to Pick Up? Y ___ N ___

Parent's Name: _____ Day Phone: (____) _____ Cell Phone: (____) _____ Allowed to Pick Up? Y ___ N ___

(Other than parent)
 Emergency Contact: _____ Day Phone: (____) _____ Cell Phone: (____) _____ Allowed to Pick Up? Y ___ N ___

Emergency Contact: _____ Day Phone: (____) _____ Cell Phone: (____) _____ Allowed to Pick Up? Y ___ N ___

I am registering my child for: *Full Day: 9:00 AM-4:00 PM Half Day 9:00AM-1:00PM-4 & 5 year olds **BEFORE AND/OR AFTER CAMP CARE: Fees Must Be Paid In Full For Each Session**
 *After two full weeks enrolled, deduct \$10.00 for each additional full week.
 **A \$10.00 fee will be charged per week for alternate schedule variations.
Late Fee: \$15.00 per camper-for fees not received by 1st day of attendance at chosen sessions.
Check days desired in session desired: No deduction in weekly fee due to absence
OFFICE USE ONLY
 Before Care (BC): 7:30-9:00 AM After Care (AC): 4:00-6:00 PM
 Sessions: (Please Circle)

1st June 28-July 2	T/Thurs	M/W/F	Mon-Fri	Deposit \$ _____	Date _____	M bc ac T bc ac W bc ac R bc ac	June 28-July 2	M bc ac T bc ac W bc ac R bc ac	F bc ac
2nd July 5-July 9	T/Thurs	M/W/F	Mon-Fri	Deposit \$ _____	Date _____	M bc ac T bc ac W bc ac R bc ac	July 5-July 9	M bc ac T bc ac W bc ac R bc ac	F bc ac
3rd July 12-July 16	T/Thurs	M/W/F	Mon-Fri	Deposit \$ _____	Date _____	M bc ac T bc ac W bc ac R bc ac	July 12-July 16	M bc ac T bc ac W bc ac R bc ac	F bc ac
4th July 19-July 23	T/Thurs	M/W/F	Mon-Fri	Deposit \$ _____	Date _____	M bc ac T bc ac W bc ac R bc ac	July 19-July 23	M bc ac T bc ac W bc ac R bc ac	F bc ac
5th July 26-July 30	T/Thurs	M/W/F	Mon-Fri	Deposit \$ _____	Date _____	M bc ac T bc ac W bc ac R bc ac	July 26-July 30	M bc ac T bc ac W bc ac R bc ac	F bc ac
6th Aug 2-Aug 6	T/Thurs	M/W/F	Mon-Fri	Deposit \$ _____	Date _____	M bc ac T bc ac W bc ac R bc ac	Aug 2-Aug 6	M bc ac T bc ac W bc ac R bc ac	F bc ac
7th Aug 9-Aug 13	T/Thurs	M/W/F	Mon-Fri	Deposit \$ _____	Date _____	M bc ac T bc ac W bc ac R bc ac	Aug 9-Aug 13	M bc ac T bc ac W bc ac R bc ac	F bc ac
8th Aug 16-Aug 20	T/Thur	M/W/F	Mon-Fri	Deposit \$ _____	Date _____	M bc ac T bc ac W bc ac R bc ac	Aug 16-Aug 20	M bc ac T bc ac W bc ac R bc ac	F bc ac
9th Aug 23-Aug 27	T/Thur	M/W/F	Mon-Fri	Deposit \$ _____	Date _____	M bc ac T bc ac W bc ac R bc ac	Aug 23-Aug 27	M bc ac T bc ac W bc ac R bc ac	F bc ac
10th Aug 30-Sept 3	Sports	Climbing	KidzArt	Golf	Trip	M bc ac T bc ac W bc ac R bc ac	Aug 30-Sept 3	M bc ac T bc ac W bc ac R bc ac	F bc ac

HEALTH INFORMATION

I understand that I must send a copy of my child's latest physical(no more than 24 months ago) and Immunization Record to camp **PRIOR** to my child attending. I further understand that I will be sent a Parent Packet that will include other medical information that I will need to send in, **PRIOR** to my child's first day at camp. I am aware that the Danvers Community YMCA does not provide Health Accident Coverage and it is my responsibility to obtain Health & Accident coverage for my child.

I attest that all of the above information is correct and I understand my responsibilities.

Signed: _____ Date: _____ 2010

Parent/Guardian Signature

Complete One Form per camper
Tear out this Form & Bring or send with \$25.00 deposit per session per camper to:
 Danvers YMCA
 34 Pickering Street
 Danvers, MA 01923