

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 13 or 14 years of age)

Home Phone: (____) _____ Y Member? Y _____ N _____ E-Mail Address: _____
 (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 in 9 to 4 camp, 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

1st June 29-July 1	T/Thurs	M/W/F	Mon-Fri	Deposit \$ _____	Date _____	W ___ ac ___ R ___ bc ___ ac ___ F ___ bc ___ ac	
2nd July 5-July 8	T/Thurs	M/W/F	Mon-Fri	Deposit \$ _____	Date _____	T ___ bc ___ ac ___ W ___ bc ___ ac ___ R ___ bc ___ ac ___ F ___ bc ___ ac	
3rd July 11-July 15	T/Thurs	M/W/F	Mon-Fri	Deposit \$ _____	Date _____	M ___ bc ___ ac ___ T ___ bc ___ ac ___ W ___ bc ___ ac ___ R ___ bc ___ ac ___ F ___ bc ___ ac	
4th July 18-July 22	T/Thurs	M/W/F	Mon-Fri	Deposit \$ _____	Date _____	M ___ bc ___ ac ___ T ___ bc ___ ac ___ W ___ bc ___ ac ___ R ___ bc ___ ac ___ F ___ bc ___ ac	
5th July 25-July 29	T/Thurs	M/W/F	Mon-Fri	Deposit \$ _____	Date _____	M ___ bc ___ ac ___ T ___ bc ___ ac ___ W ___ bc ___ ac ___ R ___ bc ___ ac ___ F ___ bc ___ ac	
6th Aug 1-Aug 5	T/Thurs	M/W/F	Mon-Fri	Deposit \$ _____	Date _____	M ___ bc ___ ac ___ T ___ bc ___ ac ___ W ___ bc ___ ac ___ R ___ bc ___ ac ___ F ___ bc ___ ac	
7th Aug 8-Aug 12	T/Thurs	M/W/F	Mon-Fri	Deposit \$ _____	Date _____	M ___ bc ___ ac ___ T ___ bc ___ ac ___ W ___ bc ___ ac ___ R ___ bc ___ ac ___ F ___ bc ___ ac	
8th Aug 15-Aug 19	T/Thur	M/W/F	Mon-Fri	Deposit \$ _____	Date _____	M ___ bc ___ ac ___ T ___ bc ___ ac ___ W ___ bc ___ ac ___ R ___ bc ___ ac ___ F ___ bc ___ ac	
9th Aug 22-Aug 26	T/Thur	M/W/F	Mon-Fri	Deposit \$ _____	Date _____	M ___ bc ___ ac ___ T ___ bc ___ ac ___ W ___ bc ___ ac ___ R ___ bc ___ ac ___ F ___ bc ___ ac	
10th Aug 29-Sept 2	Sports	Climbing	KidzArt	Golf	Deposit \$ _____	Date _____	W ___ bc ___ ac ___ T ___ bc ___ ac ___ W ___ bc ___ ac ___ R ___ bc ___ ac ___ F ___ bc ___ ac

Before Care (BC): 7:30-9:00 AM After Care (AC): 4:00-6:00 PM
 Sessions: (Please Circle)

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: _____ 2011
 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 Y
 34 Pickering Street
 Danvers, MA 01923