

**STILES POND 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: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Y Member? Y \_\_\_ N \_\_\_ I am Registering my child for: (check one) Day Camp \_\_\_\_\_ Summer of Service \_\_\_\_\_  
(write expiration date) (Must be 13 or 14 years of age)

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 \_\_\_

Emergency Contact: \_\_\_\_\_ Day Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Allowed to Pick Up? Y \_\_\_ N \_\_\_

Emergency Contact: \_\_\_\_\_ Day Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Allowed to Pick Up? Y \_\_\_ N \_\_\_

(Other than parent)

Late Fee: \$15.00 per camper-for fees not received by 1st day of attendance at chosen sessions.

Check Session(s) desired: \$175 Y Member \$200 all others

After two full weeks enrolled, deduct \$10 for each additional full week.

**OFFICE USE ONLY**

Deposit = \$25 per camper / per week

1st June 28-July 2	M-F	_____	_____
2nd July 5-July 9	M-F	_____	_____
3rd July 12-July 16	M-F	_____	_____
4th July 19-July 23	M-F	_____	_____
5th July 26-July 30	M-F	_____	_____
6th Aug 2-July 6	M-F	_____	_____
7th Aug 9-Aug 13	M-F	_____	_____
8th Aug 16-Aug 20	M-F	_____	_____

If care is needed after this week see Adventure Camp Form page 6

Bus Stop Location: \_\_\_\_\_

**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

**BEFORE AND/OR AFTER CAMP CARE: Fees Must Be Paid In Full For Each Session**

BC Fees: \$2/day or \$10.00/wk AC Fees: \$7/day or \$30/wk

Late Payment Fee : \$15.00—see page 4 for more information

Before Care (BC): 7:30-8:00 AM After Care (AC): 4:00-6:00 PM

Sessions: (Please Circle)

June 28-July 2	M_bc_acT_bc_acW_bc_acR_bc_acF_bc_ac
July 5-July 9	M_bc_acT_bc_acW_bc_acR_bc_acF_bc_ac
July 12-July 16	M_bc_acT_bc_acW_bc_acR_bc_acF_bc_ac
July 19-July 23	M_bc_acT_bc_acW_bc_acR_bc_acF_bc_ac
July 26-July 30	M_bc_acT_bc_acW_bc_acR_bc_acF_bc_ac
Aug 2-Aug 6	M_bc_acT_bc_acW_bc_acR_bc_acF_bc_ac
Aug 9-Aug 13	M_bc_acT_bc_acW_bc_acR_bc_acF_bc_ac
Aug 16-Aug 20	M_bc_acT_bc_acW_bc_acR_bc_acF_bc_ac
Aug 23-Sept 3	See Adventure Camp Registration on page 6

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