

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, www.danversymca.org

Camper's Name: _____ Birth Date: ____/____/____ Gender: M ___ F ___ Age ___ Grade Entering in Sept. _____
Address: _____ Town _____ Zip: _____ Email address: _____

Home Phone: (____) _____ Y Member? Y _____ N _____ I am Registering my child for: (check one) Day Camp _____ C.I.T. Program _____
(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 \$205 all others

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)

OFFICE USE ONLY

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

Deposit = \$25 per camper / per week

1st June 29-July 1	M-F	_____	_____	W_bc_ac R_bc_ac F_bc_ac
2nd July 5-July 8	M-F	_____	_____	T_bc_ac W_bc_ac R_bc_ac F_bc_ac
3rd July 11-July 15	M-F	_____	_____	M_bc_ac T_bc_ac W_bc_ac R_bc_ac F_bc_ac
4th July 18-July 22	M-F	_____	_____	M_bc_ac T_bc_ac W_bc_ac R_bc_ac F_bc_ac
5th July 25-July 29	M-F	_____	_____	M_bc_ac T_bc_ac W_bc_ac R_bc_ac F_bc_ac
6th Aug 1-Aug 5	M-F	_____	_____	M_bc_ac T_bc_ac W_bc_ac R_bc_ac F_bc_ac
7th Aug 8-Aug 12	M-F	_____	_____	M_bc_ac T_bc_ac W_bc_ac R_bc_ac F_bc_ac
8th Aug 15-Aug 19	M-F	_____	_____	M_bc_ac T_bc_ac W_bc_ac R_bc_ac F_bc_ac

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

See Adventure Camp Registration on 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: _____ 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 YMCA
34 Pickering Street
Danvers, MA 01923