



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2017 YMCA SUMMER CAMP

Camp Options	Member Weekly Fees	Potential – Member Weekly Fees
Full Week (7:30 a.m.—6 p.m.)	\$110	\$130
4 Day Pricing	\$105	\$105
3 Day Pricing	\$90	\$90
Early Bird Drop-Off (starting at 7 a.m.)	\$10	\$10
Late Pick Up (Ending at 6:30pm)	\$10	\$10
Field Trips (Special Summerland pricing of \$18)	\$12	\$12
Week 5 Pricing	\$105	\$105

WEEK	Full Week	Early Bird Drop-Off	Late Pick-Up	Single Day (Circle Days)	Field Trip
#1 JUNE 5-9				M T W H F	N/A
#2 JUNE 12-16 Mill City Museum				M T W H F	
#3 JUNE 19-23				M T W H F	N/A
#4 JUNE 26-30 Stages Theater (Shrek Jr.)				M T W H F	
#5 JULY 3-7 No Camp on July 4				M W H F	N/A
#6 JULY 10-14 North West Company Fur Post				M T W H F	
#7 JULY 17-21 Great River Bowl				M T W H F	
#8 JULY 24-28 Mille Lacs Indian Museum				M T W H F	
#9 JULY 31- AUG 4 Summerland				M T W H F	
#10 AUG 7-11 Parkwood Theater				M T W H F	
#11 AUG 14-18 Skatin' Place				M T W H F	
#12 AUG 21-25				M T W H F	N/A
#13 AUG 28- SEPT 1				M T W H F	N/A

HOT LUNCH PROGRAM

A healthy hot lunch will be provided at no extra cost to your camper every day if you wish to participate in the program! Monthly menus will be provided.

This form must be accompanied by a \$30 non-refundable deposit per child for each week.

Regularly attending families will be set up in an auto-pay program for the summer. These "draws" will happen on the **Friday** before each week of camp that you are registered for. For anyone who prefers to prepay for Summer Camp (and thereby opt out of the auto-pay program), you must pay in full at the time of registration.

Yes / No I have received the parent information packet. (Packet is available online at scymca.org or at the front desk).
Camper will NOT be allowed to come to camp until Parent Information Waiver form is returned to the St. Cloud Area Family YMCA.

Must complete registration in person. If you have questions, please contact Carolyne.
Phone: 320-253-2664



2017 YMCA SUMMER CAMP

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PLEASE PRINT

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

Date of Birth _____ Age (during the summer) _____ Male _____ Female _____

Grade entering in Sept. 2017 _____

Shirt Size (Circle) YS YM YL AS AM AL

Address _____

City _____ State _____ Zip _____

Email Address _____

Home Phone _____ Child Lives with _____ Mother _____ Father _____ Both _____
Other (please specify) _____

Mother's Full Name _____ Mother's Daytime Phone _____

Father's Full Name _____ Father's Daytime Phone _____

I wish to serve as a parent Chaperone for one or all bussed field trips: YES NO

Available Dates (Circle): June 15 June 29 July 13 July 20 July 27 August 3 August 10 August 17

Emergency Contacts (unable to locate parents, 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 (Other than parents, unless listed):

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 _____