

2014 SUMMER DAY CAMP



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Camp Options	Fee per Week	
	<u>MEMBER</u>	<u>NON-MEMBER</u>
Full Week (7:30am-6:00pm)	\$98	\$118
Early Bird Drop Off (Starting at 7:00a.m.)	\$5	\$5
Late Pick Up (Until 6:30pm)	\$5	\$5
Single Day	\$25	\$25
Field Trips	\$10	\$10
CIT Program	\$250	\$250

**Week 5 will be \$78.00 for members and \$98 for non members

Field Trips Dates:

June 12th, June 24th, July 3rd, July 17th, August 7th, and August 14th

HOT LUNCH PROGRAM

A healthy hot lunch will be provided to your camper every day if you wish to participate in the program! Monthly menus will be provided. You must let us know 1 week before the start of each week if you wish to participate!

This form must be accompanied by a \$25.00 non-refundable deposit per child for each week.

Week	Full Week	Early Bird	Late Pick UP	Single Day (Circle Days)	Field Trip
1- June 2 - 6				M T W H F	N/A
2- June 9 - 13				M T W H F	
3- June 16 - 20				M T W H F	N/A
4- June 23 - 27				M T W H F	
5- June 30 - July 3 *Closed the 4th* Lindbergh Museum/				M T W H	
6- July 7 - 11				M T W H F	N/A
7- July 14 - 18				M T W H F	
8- July 21 - 25				M T W H F	N/A
9- July 28-August 1				M T W H F	N/A
10- August 4 - 8 Skatin' Place				M T W H F	
11- August 11 - 15				M T W H F	
12- August 18 - 22				M T W H F	N/A
13- August 25 - 29				M T W H F	N/A

Full payment for each week must be received by the Wednesday preceding the week of camp. After this date a \$10.00 late fee will be applied. Any cancellations after Wednesday preceding the week of camp or a no-show are subject to full payment for the week. All children must be signed in when dropped off and signed out when picked up. Any child pick-ups after 6:00 p.m. (Unless Late Pick Up is paid for) are subject to an \$5.00 late fee until 6:30pm then \$1.00 added per minute after 6:30pm.

Yes / No I have received the parent information packet. (Packet is available online at www.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.**

Complete registration form and send or return to:
St. Cloud Area Family YMCA | 1530 Northway Drive | St. Cloud, Minnesota 56303
P | 320-253-2664 F | 320-253-1252

2014 Summer Day Camp



PLEASE PRINT

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

Date of Birth: _____ Age: _____ Male _____ Female _____

Grade entering in September 2013: _____

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 with name and relationship) _____

Mothers Full Name _____ Mothers Day Time Phone _____

Fathers Full Name _____ Fathers Day Time Phone _____

I wish to serve as a parent Chaperone for one or all bussed field trips Yes No

Available Dates (Circle): June 12th June 24th July 3rd July 17th August 7th August 14th

Unable to locate parents (emergency) 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:

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 _____

