



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2016 YMCA SUMMER CAMP

Camp Options	Member Weekly Fees	Potential – Member Weekly Fees
Full Week (7:30 a.m.—6 p.m.)	\$100	\$120
Early Bird Drop-Off (starting at 7 a.m.)	\$7	\$7
Late Pick-Up (Until 6:30 p.m.)	\$7	\$7
Single Day	\$25	\$25
Field Trips (Special Summerland pricing of \$18)	\$12	\$12
Counselor-In-Training Program (Includes CPR & First-Aid Training)	\$250 (2-week program)	\$250 (2-week program)
Week 5 Pricing	\$90	\$100

WEEK	Full Week	Early Bird Drop-Off	Late Pick-Up	Single Day (Circle Days)	Field Trip
#1 JUNE 6-10				M T W H F	N/A
#2 JUNE 13-17 Oliver Kelley Farm				M T W H F	
#3 JUNE 20-24				M T W H F	N/A
#4 JUNE 27— JULY 1 Stages Theater (Annie Jr.)				M T W H F	
#5 JULY 5-8 No Camp on July 4				T W H F	N/A
#6 JULY 11-15 Como Zoo				M T W H F	
#7 JULY 18-22				M T W H F	N/A
#8 JULY 25-29 Fort Snelling				M T W H F	
#9 AUGUST 1-5				M T W H F	N/A
#10 AUG 8-12 Charles Lindbergh Museum				M T W H F	
#11 AUG 15-19 Summerland				M T W H F	
#12 AUG 22-26				M T W H F	N/A
#13 AUG 29— SEPT 2				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 \$25 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.

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



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PLEASE PRINT

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

Date of Birth _____ Age _____ Male _____ Female _____

Grade entering in Sept. 2016 _____

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 16th June 30th July 14th July 28th August 11th August 18th

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:

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 _____