



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

2019 YMCA SUMMER CAMP

CAMP OPTIONS

- Full Week (7:30am-6:00pm)
- 4 Days a Week
- 3 Days a Week
- Early Drop-Off (7:00am)

MEMBER WEEKLY RATE

- \$125
- \$105
- \$90
- \$10

NON-MEMBER WEEKLY RATE

- \$145
- \$125
- \$110
- \$10

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.

FIELD TRIPS

Field trips occur as an additional way for your camper to enjoy the summer! If you register for camp on the day your group has a field trip, you must attend the trip.

➔ 5-8 Year Old's (Tuesdays):

- June 11-Skatin' Place
- June 18-Charles Lindbergh Museum
- June 25- Mill City Museum
- July 23- Works Museum

➔ 9-13 Year Old's (Thursdays):

- June 13- AirMAxx
- June 20- Skatin' Place
- June 27- Science Museum
- July 25- Bell Museum

➔ Full Group (Thursdays):

- July 11- Stages Theater Company
- July 18- Parkwood Theater
- August 1- Summerland
- August 8- Great River Bowl

DEPOSITS AND PAYMENTS

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 camp (and thereby opt out of the auto-pay program) they will have to pay in full at the time of registration.

Week	Full Week	Early Drop-Off	Single Days (Circle Days)	Field Trip Schedule	Field Trip Price
Week 1: June 3-7			M T W TH F	NA	
Week 2: June 10-14			M T W TH F	Yes/Yes	
Week 3: June 17-24			M T W TH F	Yes/Yes	
Week 4: June 24-28			M T W TH F	Yes/Yes	
Week 5: July 1-5			M T W F *No camp on 4th	NA	
Week 6: July 8-12			M T W TH F	Yes (together)	
Week 7: July 15-19			M T W TH F	Yes (together)	
Week 8: July 22-26			M T W TH F	Yes/Yes	
Week 9: July 24-Aug 2			M T W TH F	Yes (together)	
Week 10: Aug 5-9			M T W TH F	Yes (together)	
Week 11: Aug 12-16			M T W TH F	NA	
Week 12: Aug 19-23			M T W TH F	NA	

CONTACT ➔ For any questions, please contact our camp staff

Camp Coordinator: Kyle Benson— kyle.benson@scymca.org

Youth & Family Director: Carolyne Anderson— carolyne.anderson@scymca.org

Cancellation Policy: If fees have been paid and cancellation is made two weeks before the start of camp week, the balance will be returned less the deposit. If fees have been paid out but cancellation is made less than two weeks before the start of the camp week, the balance will be returned less the deposit and an additional 20%.



CAMP REGISTRATION FORM

Please print information on form

Child's Information

Last Name: _____ First Name: _____ MI: _____

Nickname: _____ Gender: Female Male Birth Date: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone #: _____ St. Cloud YMCA Member: Yes No

List Previous Child Care Centers/Schools: _____

Current School Attending: _____ Grade: _____

T-Shirt Size: Youth— S M L Adult— S M L

Parent(s)/Guardian(s) Information

Parent/Guardian: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Place of Employment: _____ Business Address: _____

Primary Email:

*To receive program updates

Parent/Guardian: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Place of Employment: _____ Business Address: _____

Primary Email:

*To receive program updates

Person or agency having legal custody: _____

Address if different from above: _____

Emergency Contact Information: (Must list 2; 1 must be local and both cannot be a Parent(s)/Guardian(s) listed above.)

⇒ Emergency Contact #1: Also an authorized Pick Up Can only pick up in case of an emergency

⇒ Emergency Contact #2: Also an authorized Pick Up Can only pick up in case of an emergency

First Emergency Contact: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Alternate Phone #: _____ Company Name: _____

Second Emergency Contact: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Alternate Phone #: _____ Company Name: _____

Person(s) authorized to PICK-UP your child: _____ Relationship: _____

Person(s) authorized to PICK-UP your child: _____ Relationship: _____

Person(s) NOT authorized to PICK-UP your child: _____ Relationship: _____

Person(s) NOT authorized to PICK-UP your child: _____ Relationship: _____

Please note: Appropriate paperwork, such as custody papers, must be attached if the custodial parent requests not to release the child to the other parents.