

**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**



SUMMER ADVENTURE CAMP REGISTRATION PACKET

CONTACT ➡ For any questions, please contact our Camp Coordinator.

Camp Coordinator: Jenna Kingsley— jenna.kingsley@scymca.org
Youth & Family Director: Nick Tully— nick.tully@scymca.org



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SUMMER ADVENTURE CAMP

| <u>CAMP OPTIONS</u> | <u>MEMBER WEEKLY RATE</u> | <u>NON-MEMBER WEEKLY RATE</u> |
|-------------------------|-------------------------------|-----------------------------------|
| Full Week | \$140 | \$165 |
| 4 Days a Week | \$120 | \$145 |
| 3 Days a Week | \$105 | \$130 |
| Early Drop-Off (7:00am) | \$10 | \$10 |

DEPOSITS AND PAYMENTS

This form must be accompanied by a \$30 non-refundable deposit per child for each week they are registered. This deposit will be taken out of the rate from above.

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

Cancellation/Refund Policy

All cancellations and/or refund requests must be done through email or phone call to the Camp Coordinator. Refunds/credits will be issued as follows:

- ♦ A full refund (less the non-refundable deposit) will be issued if a written cancellation is received at least 2 weeks prior to the start of the camp week.
- ♦ Cancellations less than two weeks in advance will be charged a 25% processing charge in addition to the non-refundable \$30.
- ♦ Cancellations less than one week in advance will be charged a 50% processing charge in addition to the non-refundable \$30.
- ♦ Cancellations less than three days in advance will not be refunded.



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FIELD TRIPS

Field trips occur as an additional way for your camper to enjoy the summer! If you register for camp on the day of a field trip for your child's age group, they must attend the trip. Field trips cost an additional fee. Fees are listed below.

Some trips may require vaccination or a negative PCR Covid-19 test within 72 hours prior to the trip. These trips have an asterisk next to them in the cost column.

| Week | Early Drop – Off | Full Week | Single Days (Select Days) | 5-8 Field Trip (Tuesdays) | 9-13 Field Trip (Wednesdays) | All Camp Trip (Thursdays) |
|---------------------------|------------------|-----------|---------------------------|---------------------------|------------------------------|---------------------------|
| Week 1: June 6-10 | | | M T W TH F | N/A | N/A | N/A |
| Week 2: June 13-17 | | | M T W TH F | \$25 | \$25 | \$15 |
| Week 3: June 20-24 | | | M T W TH F | \$25 | \$25 | \$25 |
| Week 4: June 27-July 1 | | | M T W TH F | \$15 | \$25 | \$25 |
| Week 5: July 4-8 | | N/A | M T W TH F | N/A | N/A | \$25 |
| Week 6: July 11-15 | | | M T W TH F | \$15 | \$15 | \$15 |
| Week 7: July 18-22 | | | M T W TH F | \$15 | \$25 | \$15 |
| Week 8: July 25-29 | | | M T W TH F | \$15 | \$15 | \$15 |
| Week 9: August 1-5 | | | M T W TH F | \$25 | \$25 | \$25 |
| Week 10: August 8-12 | | | M T W TH F | \$25 | \$15 | \$25 |
| Week 11: Aug 15-19 | | | M T W TH F | \$15 | \$15 | \$25 |
| Week 12: Aug 22-26 | | | M T W TH F | N/A | N/A | N/A |

All field trips are subject to change

5-8 Groups (Tuesdays):

- June 14 – Crayola Experience
- June 21 – Bell Museum & Planetarium
- June 28 – Stearns History Museum
- July 5 – See Below
- July 12 – Airmaxx
- July 19 – SJU Arboretum
- July 26 – Elm Creek Beach
- August 2 – Hempker Zoo
- August 9 – Oliver Kelly Farm
- August 16 – Great River Bowl

9-13 Group (Wednesdays):

- June 15 – M.I.A.
- June 22 – Minnesota Science Museum
- June 29 – Minnesota Capitol
- July 6 – See Below
- July 13 – Great River Bowl
- July 20 – Mille Lacs Indian Museum
- July 27 – SCSU Ice Skating
- August 3 – MN Twins Game
- August 10 – Hempker Zoo
- August 17 – Airmaxx

Full Camp (Thursdays):

- June 16 – Skatin' Place
- June 23 – Marcus Theatre
- June 30 – Paul Bunyan Land
- July 7 – See Below
- July 14 – Summerland
- July 21 – Crow Wing State Park
- July 28 – Marcus Theatre
- August 4 – Stages Theatre
- August 11 – Sequest
- August 18 – Fun Lab

Fourth Of July Week—All Camp Trip

- WEDNESDAY, July 6th – Minnesota Lynx Game

* = Field Trips means a vaccination or a negative PCR Covid-19 test within 72 hours prior is required..



CAMP REGISTRATION FORM

Please print information on form

Child's Information

Last Name: _____ First Name: _____ MI: _____

Nickname: _____ Gender: ☐ Female ☐ Male ☐ Prefer Not To Say

Birth Date: _____ Age: _____ T-Shirt Size: _____

Address: _____

City: _____ State: _____ Zip: _____

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

List Previous Child Care Centers/Schools:

Current School Attending: _____ Grade: _____

Parent/Guardian Information

Primary Contact for information and emergencies!!

Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Place of Employment: _____

Business Address: _____

Primary Email: *To receive program updates

[illegible]

Parent/Guardian Information

Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Place of Employment: _____

Business Address: _____

Primary Email: _____ *To receive program updates

[illegible]

Person or agency having legal custody: _____

Address if different from above:



CAMP REGISTRATION FORM

Please print information on form

Emergency Contact Information:

Must list two contacts; One must be local and both contacts cannot be a Parent(s)/ Guardian(s) that are listed on other page.

- ⇒ 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

LOCAL EMERGENCY CONTACT:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Company Name: _____

OTHER EMERGENCY CONTACT:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Company Name: _____

List here any other people that you authorize to pick up & drop off your child(ren) from Summer Camp. You do not need to relist people from above or the previous page.

Person authorized to PICK-UP your child: _____ Relationship: _____

Person authorized to PICK-UP your child: _____ Relationship: _____

Person authorized to PICK-UP your child: _____ Relationship: _____

Person authorized to PICK-UP your child: _____ Relationship: _____

Person authorized to PICK-UP your child: _____ Relationship: _____

Person authorized to PICK-UP your child: _____ Relationship: _____

Person 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.