

VACATION CAMP

2009-2010 FORM

We build strong kids, strong families, strong communities.

Child's Name: _____ Birth date: _____ Age: _____

Address: _____ Town: _____ Zip: _____

Home Phone: _____ School: _____ Grade: _____

Name of parent/guardian registering camper: _____

Ph (Work): _____ (Cell): _____ email address: _____

Authorized for Pick-up

1. _____ 2. _____

POLICIES

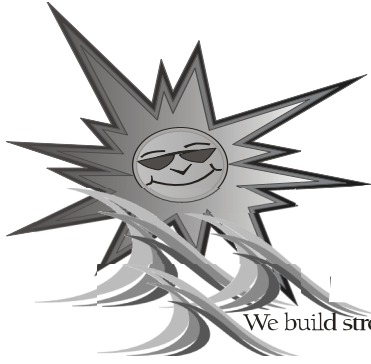
I understand that health forms (as required by New York State Department of Health law) must be completed, signed and returned to the YMCA prior to attendance in any program. **The YMCA CAN NOT admit your child into camp without a completed health form and no refunds for failure to bring health form will be granted.** I understand that my child will not be allowed to leave the premises with an unauthorized person. I understand that a \$5 fee per every 15 minutes will be charged for late pick up. Campers must be picked up at the time designated. As in any group activity, the inappropriate behavior of a few children can spoil the experience for the entire group. Therefore, the conduct policies in the Parent handbook apply directly to each child and will be used in determining his/her eligibility to continue as a participant.

By signing this document, I certify that I have received, read, understand and accept the rules, regulations and policies stated herein and in the Parent Handbook.

I authorize my financial institution to pay to the YMCA East Hampton RECenter the fees stated herein if I use a Credit card for payment. Installments, if that option is chosen, shall be made in equal monthly amounts, with the first installment being made on the date of registration. There is a \$30 fee for all returned items.

I, the undersigned and give permission for my child to participate in all camp activities planned for the days he/she attends. I give my child permission to leave YMCA building to participate in field trips. I also give permission for my child's photograph to be taken to use in YMCA promotional materials.

Parents/Guardians Signature: _____ Dated: _____



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Camper's Name _____

Camp Hours: 9am-4pm

Holiday Camp	Check Days
12/28	
12/29	
12/30	
12/31	
Total Days	
Amount Due	

Winter Camp	Check Days
2/15	
2/16	
2/17	
2/18	
2/19	
Total Days	
Amount Due	

Spring Camp	Check Days
3/29	
3/30	
3/31	
4/01	
4/02	
Total Days	
Amount Due	

Family Discount:

The first child fee is at regular price.

Each Additional Child 40% off

Package Discount:

Enroll your child in all 3 vacation sessions and receive an additional 5 % off the entire amount.

Camp Fees

6 days- \$335

5 days -\$280

4 days-\$225

3 days-\$170

2 days-\$115

1 day-\$60