

YMCA SOUTHCOST SUMMER CAMPS 2009 REGISTRATION FORM

CAMP MASSASOIT & CAMP METACOMET

LAST NAME	FIRST NAME	() MALE () FEMALE	D.O.B. / /	AGE AT CAMP	GRADE
MAILING ADDRESS			CITY	STATE	ZIP
HOME PHONE	CELL PHONE		RECEIVE NEWSLETTERS! *EMAIL*		
SUMMER ADDRESS (IF DIFFERENT)			CITY	STATE	ZIP
SUMMER PHONE			SECOND EMAIL		
PARENT'S FULL NAME			WORK PHONE	CELL PHONE	
PARENT'S FULL NAME			WORK PHONE	CELL PHONE	
GUARDIAN'S NAME (IF DIFFERENT)			WORK PHONE	CELL PHONE	
DO BOTH PARENTS RESIDE AT HOME? () YES () NO					
EMERGENCY CONTACT		HOME PHONE	CELL PHONE	RELATION	
OTHER AUTHORIZED PICK-UP		HOME PHONE	CELL PHONE	RELATION	
OTHER AUTHORIZED PICK-UP		HOME PHONE	CELL PHONE	RELATION	
DO NOT RELEASE MY CHILD TO THE FOLLOWING PERSON(S):					
GROUP WITH FRIEND					

CAMP SELECTION

PLEASE CIRCLE CAMP CHOICE	MET OR MAS SESSION 1 (1 WEEK) 6/22 - 6/26		MET OR MAS SESSION 2 (2 WEEK) 6/29 - 7/10		MET OR MAS SESSION 3 (2 WEEK) 7/13 - 7/24		MET OR MAS SESSION 4 (2 WEEK) 7/27 - 8/7		MET OR MAS SESSION 5 (1 WEEK) 8/10 - 8/14		MET OR MAS SESSION 6 (1 WEEK) 8/17 - 8/21	
	MEM.	G.P.	MEM.	G.P.	MEM.	G.P.	MEM.	G.P.	MEM.	G.P.	MEM.	G.P.
METACOMET (MET)												
MASSASOIT (MAS)												
COUNSELOR TRAINING 15 YEARS	N/A		\$465 \$575				N/A		N/A			
DRAMA SPECIALTY CAMP <small>METACOMET ONLY</small>	\$231	\$257	\$408	\$466	\$408	\$466	\$408	\$466	\$231	\$257	\$231	\$257
LIT 14 YEARS	N/A		\$653 \$735				\$653 \$735					
SAILING CAMP <small>MASSASOIT ONLY</small>	\$231	\$257	\$408	\$466	\$408	\$466	\$408	\$466	\$231	\$257	\$231	\$257
SCAMPER 1/2 DAY 4-5 YEARS	\$116	\$138	\$212	\$240	\$212	\$240	\$212	\$240	\$116	\$138	\$116	\$138
SCAMPER FULL DAY 4-5 YEARS	\$193	\$238	\$373	\$420	\$373	\$420	\$373	\$420	\$193	\$238	\$193	\$238
TEEN SPECIALTY 12-15 YEARS	\$231	\$257	\$408	\$466	\$408	\$466	\$408	\$466	\$231	\$257	\$231	\$257
TRADITIONAL 5-14 YEARS	\$193	\$238	\$373	\$420	\$373	\$420	\$373	\$420	\$193	\$238	\$193	\$238
YOUNG FARMER SPECIALTY CAMP <small>METACOMET ONLY</small>	\$231	\$257	\$408	\$466	\$408	\$466	\$408	\$466	\$231	\$257	\$231	\$257
EXTENDED CARE AM OR PM	\$20		\$40		\$40		\$40		\$20		\$20	
EXTENDED CARE BOTH	\$35		\$70		\$70		\$70		\$35		\$35	

TRANSPORTATION

<p>MORNING SESSION 1</p> <p><input type="checkbox"/> My child is registered for AM Ext. Care</p> <p><input type="checkbox"/> I will drive my child to camp at 9:00am</p>	<p>SESSION 2,5,6</p> <p><input type="checkbox"/> My child is registered for AM Ext. Care</p> <p><input type="checkbox"/> I will drive my child to camp at 9:00am</p> <p><input type="checkbox"/> My child will ride the bus to camp:</p> <p>AM Bus Letter _____ Stop # _____</p>	<p>SESSION 3 & 4</p> <p><input type="checkbox"/> My child is registered for AM Ext. Care</p> <p><input type="checkbox"/> I will drive my child to camp at 9:00am</p> <p><input type="checkbox"/> My child will ride the bus to camp:</p> <p>AM Bus Letter _____ Stop # _____</p>
<p>AFTERNOON SESSION 1</p> <p><input type="checkbox"/> My child is registered for PM Ext. Care</p> <p><input type="checkbox"/> I will pick up my child from camp at 4:00pm</p>	<p>SESSION 2,5,6</p> <p><input type="checkbox"/> My child is registered for PM Ext. Care</p> <p><input type="checkbox"/> I will pick up my child from camp at 4:00pm</p> <p><input type="checkbox"/> My child will ride the bus home from camp</p> <p>PM Bus Letter _____ Stop # _____</p>	<p>SESSION 3 & 4</p> <p><input type="checkbox"/> My child is registered for PM Ext. Care</p> <p><input type="checkbox"/> I will pick up my child from camp at 4:00pm</p> <p><input type="checkbox"/> My child will ride the bus home from camp</p> <p>PM Bus Letter _____ Stop # _____</p>
<input type="checkbox"/> CHECK HERE IF CHLD IS 12 OR OLDER - PERMISSION TO WALK FROM BUS		

PAYMENT INFORMATION

TOTAL FROM FRONT PAGE \$ _____
FINANCIAL AID AUTO GRANT \$ _____
TOTAL CAMP FEES \$ _____

VOLUNTARY DONATION \$ _____

PAYMENT TYPE

Check Total \$ _____

Cash Total \$ _____

Credit Card (Master Card, VISA, Discover, American Express) \$ _____

Card No. _____ Expiration Date ____/____

Name (as it appears on Credit Card) _____

Signature _____

PAYMENT DUE DATES

Sessions 1-3 are due by June 15, 2009 • Sessions 4-6 are due by July 15, 2009

PAYMENT PLAN OPTION

An automatic credit card or checking account payment plan is available. Please contact us for appropriate paperwork regarding this payment option. Camp slots will not be held. Unpaid slots will be available to children on our waiting list.

DEPOSITS, REFUNDS AND PAYMENT POLICY: A \$50 deposit per session is required for each child at the time of registration. Your deposit is non-refundable and not transferable to other programs or other sessions. If you need to change your session, an additional \$50 will be charged. Requests for refunds will not be honored unless approved by the Camp Director for extenuating circumstances. Session dates cannot be switched.

CANCELLATIONS: A 2-week written notice is required. You'll be refunded the camp fee paid less the \$50 deposit. Refunds or credits take approximately 2-3 weeks.

YMCA FINANCIAL ASSISTANCE: By Application. If economic or other family circumstances prevent your child from participating in our programs, please contact the Camp Office for a financial aid application. All requests are confidential and must be received no later than May 1, 2009. A \$25 deposit per child is required at the time of registration. Financial assistance is provided for non-subsidized families for one session only due to the number of children in need. Financial Aid is made possible through the United Way and donations raised through the YMCA's annual fundraising campaign.

PACE VOUCHERS: If you are eligible to receive funding through PACE Child Care Works, a \$25 fee or verification letter is required to reserve a space for your child. If you have an approved voucher for camp, you will be charged according to your parent fee amount.

PARENT AGREEMENT: I have read and understand the payment and refund policies for the YMCA Southcoast Day Camp Program. I give my child permission to participate in camp activities including but not limited to ropes course programs, swimming lessons, basketball, soccer, tetherball, archery, arts & crafts, skateboard park, boating, and walking field trips. I approve photos to be taken of my child for use in YMCA promotional materials. I am aware that an incomplete or unsigned registration will be returned to me for completion. I hereby give my permission to the medical personnel selected by the camp director to act in the best interest of my child in the case of an emergency. Every effort will be made to contact the parent, guardian and emergency contacts.

I do not wish photos to be taken of my child.

Signature of Parent or Guardian(Required) _____ Date _____

MEDICAL INFORMATION: In addition to the information below, you must complete the attached medical history form found on the front of this booklet, AND attach your child's immunization record. Your registration WILL NOT BE PROCESSED unless all of these forms are attached and completed. Updated medical records are required by state mandate. Your child will not be registered or admitted into camp unless all required information is on file.

ALLERGIES _____ MEDICATIONS _____

Any conditions staff who will be supervising your child should be made aware of to allow your child a positive camp experience. (for example: fear of swimming or lightning, physical limitations)

Date of last physical _____ Office use: FORM ON FILE _____

AUTO GRANT

This optional financial assistance is made available through YMCA Southcoast's Annual Scholarship Fund and is intended for non-subsidized families in need.

Deduct \$20 for two-week sessions.

Deduct \$10 for one-week sessions.

Deduct \$5 for one-week, 1/2 day scamper camp.

DONATE

Every year, YMCA Southcoast provides financial assistance for those families who cannot afford to send their child or children to camp. These funds are made possible through the YMCA's annual fundraising campaign and by the donations of people like you. If you would like to make a donation to this campaign, please indicate your contribution in the donate line to the left.

If you would like to receive more information on financial assistance, please contact the membership director at your local YMCA.

YOU MAY REGISTER BY PHONE OR MAIL.

CAMP METACOMET
DARTMOUTH YMCA
276 GULF ROAD
DARTMOUTH, MA 02748
508.993.3361

CAMP MASSASOIT
MATTAPOISETT YMCA
38 RESERVATION RD., P.O. BOX 1067
MATTAPOISETT, MA 02571
508.758.4203