



2019 Wildwood YMCA Summer Camp Registration

Child's Name: _____ Gender: _____ Family Password _____ Birthdate: __/__/__

Primary Address: _____ **Date** ____/____/____

City: _____ **State:** _____ **Zip:** _____ **Child Grade entering in the fall?:** _____

Parent/Guardian's Name: _____ **Cell & Work Phone:** _____

Parent/Guardian's E-Mail(required): _____ Home Phone:_____

Parent/Guardian's Name: _____ **Cell & Work Phone:** _____

Parent/Guardian's E-Mail(required): _____ Home Phone: _____

Emergency Contact: _____ **Phone:** _____

Authorized Person to Pick Up #1_____ **Phone:**_____

Authorized Person to Pick Up #2_____ **Phone:**_____

Authorized Person to Pick Up #3 _____ **Phone:** _____

Emergency Contact: _____ **Phone:** _____

Primary Language: _____

Does your child have a:

Custodial Agreement	YES	NO	If yes who has custody:_____

*Individual Education Plan	YES	NO

*504 or Behavioral Management Plan	YES	NO

**Chronic/Severe Health Condition	YES	NO
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*If yes please attach your IEP/BMP/504 to this form. Your registration will be forwarded to our Inclusion Services Department for further processing and notification of start date.

****Chronic/Severe health form (located in camp packet) must be completed by a doctor and submitted to the registrar before registration can be processed**

My Child's Immunizations are up to date	YES	NO	(Please attach a copy of immunization record for ages 5 & under)
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Insurance Name: _____ Group # _____ Policy # _____

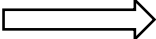
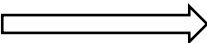
Primary Doctor: _____ Phone: _____ Preferred Hospital: _____

Please tell us anything else we should know to help provide the best care for your child:

(X all your requested camps and camp dates)

[illegible]

Special Interest Camps <small>(all camps except traditional and pre-school)</small>			pro-rated 4 day week					pro-rated 4 day week					
9:00AM - 4:00PM	Camp Cost (2 price opt)	Ages	wk 1	wk 2	wk 3	wk 4	wk 5	wk 6	wk 7	wk 8	wk 9	wk 10	wk 11
	Full, Non Member		28-May	3-Jun	10-Jun	17-Jun	24-Jun	1-Jul	8-Jul	15-Jul	22-Jul	29-Jul	5-Aug
PreSchool Camps 9:00AM - 12:00PM	Camp Cost (2 price opt)	Ages	wk 1	wk 2	wk 3	wk 4	wk 5	wk 6	wk 7	wk 8	wk 9	wk 10	
	Full, Non Member	3 - 5	28-May	3-Jun	10-Jun	17-Jun	24-Jun	1-Jul	8-Jul	15-Jul	22-Jul	29-Jul	
	\$90, \$110												
Counselor In Training - CIT	Leadership Cost	Ages			10-Jun	17-Jun	24-Jun	1-Jul	8-Jul	15-Jul	22-Jul	29-Jul	

* Application/acceptance only. Minimun commitment of 4 weeks.		\$150	14-17										
Camp Fees													
\$30 per each additional week of camp													
\$5 per AM only or PM only		\$											
\$10 per AM/PM		\$											
		Total		\$									
Deposit Payment (circle one of the following)		Online Bill Pay CASH CHECK CREDIT Last Four Digits _ _ _ _ Exp Date _ _ (on file)											
Deposit Policy: You must include the payment in full for the first week of selected camps, a minimum deposit of \$30 for each additional week of camp, \$10 for AM/PM and \$5 for each AM and PM Fun Club. Deposits are NON-REFUNDABLE and NON-TRANSFERABLE													
Weekly method of payment (circle one of the following)		Online Bill Pay CASH CHECK CREDIT Last Four Digits _ _ _ _ Exp Date _ _ (on file)											
Remaining Balance Policy: The balance of camp fees must be paid by the Wednesday, close of business, prior to the week of camp your child will be attending. Unpaid balances, including the late fees not paid by NOON on Friday will cause camp session to be dropped and spot offered to waiting list. Insufficient checks and credit cards returns will receive a \$25 returned service fee.													
Camp Session change or transfer policy:A \$10 fee per camper per session will be charged to change a session/transfer to another camp.													
I (We) authorize and request the YMCA of Greater St. Louis to charge my (our) checking/savings or credit card account for day camp fees.													
		Signature: _____ Date: _____											
FOR YOUR PRIVACY: Unless your registration and payments are being made at the Service Center, you may be contacted by the registrar to obtain credit number and expiration date.													
Indemnity Agreement: I agree to my child participating in the Gateway Region YMCA (YMCA) day camp programs and that he/she will comply with all rules and regulations. I also agree to abide by YMCA standards and guidelines. I hereby waive any claim of liability and will hold harmless the YMCA, its officers, directors, trustees, agents and employees for any bodily injury incurred by my child while participating in any day camp program or activity sponsored by the YMCA. I understand that no accident insurance is provided. In addition, I understand that the YMCA is not responsible for my child's personal property. I verify to the best of my knowledge that everything on this registration form and required enrollment and health form will be correct and the child herein is in good health. He/she has no physical aliments that will prevent normal participation unless specified on this form. I recognize failure to disclose, falsification or deliberate omission of information will result in termination of services. I grant the Gateway Region YMCA, its agents and the news media the right to photograph me and/or my family including children and to use the photographs, videos and other media for publicity purposes. I acknowledge that I am over the age of 18 and have carefully and completely read and understand the terms contained in this release waiver legal liability and voluntarily accept and agree to all such terms.													
Camp Agreement By signing this camp registration form, I understand that I have registered for the above camps, dates and times, I understand the YMCA camp payment policy, procedures and am responsible for all the camp fees. I understand additional enrollment forms and review of the Family Handook must be completed before camp attendance is permitted. I certify that all the information provided is complete and correct to thebest of my knowledge and recognize failure to disclose, falsification or deliberate omission of my information will result in termination of services. Thank you for choosing the YMCA. We look forward to having your camper.													
		Print Name: _____ Signature: _____ Date: _____											
Office use only Staff initials: Date received: _____ Time received: _____													