



Day Camp Registration Form

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Child's Name _____ Date of Birth ___ / ___ / ___
 Address _____ City _____ State _____ Zip _____
 Grade Level 2024-25 School Year _____ Gender _____
 Enrolling Adult _____ Relationship to Child _____
 Primary Phone Number _____ Email Address _____
 Siblings attending camp (same weeks) _____

****If you are enrolling in our automatic payment option, complete the information on the reverse side of this page. If automatic payment information is not given, it is your responsibility to pay on the account by the due date.****

Child's T-Shirt Size

<u>Youth Sizes</u>	<u>Adult Sizes</u>
<input type="radio"/> Small	<input type="radio"/> Small
<input type="radio"/> Medium	<input type="radio"/> Medium
<input type="radio"/> Large	<input type="radio"/> Large
<input type="radio"/> X-Large	<input type="radio"/> X-Large

There is a \$30 one-time registration fee for each child regardless of total number of enrolled weeks.

\$30 Registration Fee Collected?
 Date: _____
 Staff Initials: _____

Weekly Rate (Monday-Friday, 8:30 am – 5:30 pm)

Full-Time: \$175 Member / \$225 Non-Member (Week 5 ONLY \$125 Member/\$175 Non-Member)

Child will be enrolled Monday through Friday each enrolled week.

Extended Care: \$30 Member / \$65 Non-Member

Care from 7:00-8:30 am on each day of the week the child is enrolled in camp. Drop off at YMCA.

Sibling Discount: \$10 discount each week for 2nd and additional child/ren

Select enrollment for each week:

<input type="radio"/> Week 1 June 3–7 Payment Due/Draft Friday, May 24	Theme: Welcome Summer!	<input type="radio"/> Extended Care
<input type="radio"/> Week 2 June 10–14 Payment Due/Draft Friday, May 31	Theme: We Love Sports	<input type="radio"/> Extended Care
<input type="radio"/> Week 3 June 17–21 Payment Due/Draft Friday, June 7	Theme: Outdoor Explore	<input type="radio"/> Extended Care
<input type="radio"/> Week 4 June 24–28 Payment Due/Draft Friday, June 14	Theme: Animal Planet	<input type="radio"/> Extended Care
<input type="radio"/> Week 5 July 1–3 Payment Due/Draft Friday, June 21	Theme: Stars and Stripes	<input type="radio"/> Extended Care
<input type="radio"/> Week 6 July 8–12 Payment Due/Draft Friday, June 28	Theme: Fun in the Sun	<input type="radio"/> Extended Care
<input type="radio"/> Week 7 July 15–19 Payment Due/Draft Friday, July 5	Theme: Wacky Science	<input type="radio"/> Extended Care
<input type="radio"/> Week 8 July 22–26 Payment Due/Draft Friday, July 12	Theme: Dino Adventures	<input type="radio"/> Extended Care
<input type="radio"/> Week 9 July 29–Aug 2 Payment Due/Draft Friday, July 19	Theme: Wet and Wild	<input type="radio"/> Extended Care
<input type="radio"/> Week 10 Aug 5–9 Payment Due/Draft Friday, July 26	Theme: Around the World	<input type="radio"/> Extended Care
<input type="radio"/> Week 11 Aug 12–16 Payment Due/Draft Friday, Aug 2	Theme: School is Cool!	<input type="radio"/> Extended Care



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Day Camp Automatic Payment Information

Payer Name _____ Payer Date of Birth ____/____/____
Primary Phone Number _____ Email Address _____
Mailing Address _____
City _____ State _____ Zip Code _____

Payment Method

- Credit/Debit Card Number _____
Expiration Date ____/____/20____
- Checking Account Number _____
Routing Number _____

I hereby grant authorization to the Waynesboro Area YMCA to initiate or terminate a weekly recurring draft. I acknowledge that I am responsible for confirming that the payment for care has been received by the due date.

Payer Signature _____ Date _____