



# Summer Camp Registration Form

Child's Name \_\_\_\_\_ Date of Birth \_\_\_ / \_\_\_ / \_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Grade Level 2025-2026 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 \_\_\_\_\_

Forms/Fees Received by \_\_\_\_\_

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

Full-Time: \$175 Member / \$225 Non-Member  
*Child will be enrolled Monday through Friday each Full-Time enrolled week.*

Part-Time: \$120 Member / \$130 Non-Member  
*Child may be enrolled up to 3 days of each Part-Time enrolled week as available.*

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. Available at YMCA location only.*

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

Select enrollment for each week:  Member  Non-Member

<b>Week 1</b> June 2-6 Payment Due/Draft Friday, May 23	<input type="radio"/> Full-Time OR	<input type="radio"/> Mon	<input type="radio"/> Tues	<input type="radio"/> Wed	<input type="radio"/> Thur	<input type="radio"/> Fri	<input type="radio"/> Extended Care
<b>Week 2</b> June 9-13 Payment Due/Draft Friday, May 30	<input type="radio"/> Full-Time OR	<input type="radio"/> Mon	<input type="radio"/> Tues	<input type="radio"/> Wed	<input type="radio"/> Thur	<input type="radio"/> Fri	<input type="radio"/> Extended Care
<b>Week 3</b> June 16-20 Payment Due/Draft Friday, June 6	<input type="radio"/> Full-Time OR	<input type="radio"/> Mon	<input type="radio"/> Tues	<input type="radio"/> Wed	<input type="radio"/> Thur	<input type="radio"/> Fri	<input type="radio"/> Extended Care
<b>Week 4</b> June 23-27 Payment Due/Draft Friday, June 13	<input type="radio"/> Full-Time OR	<input type="radio"/> Mon	<input type="radio"/> Tues	<input type="radio"/> Wed	<input type="radio"/> Thur	<input type="radio"/> Fri	<input type="radio"/> Extended Care
<b>Week 5</b> June 30-July 3 Payment Due/Draft Friday, June 20	<input type="radio"/> Full-Time OR	<input type="radio"/> Mon	<input type="radio"/> Tues	<input type="radio"/> Wed	<input type="radio"/> Thur *Closed*	<input type="radio"/> Fri	<input type="radio"/> Extended Care
<b>Week 6</b> July 7-11 Payment Due/Draft Friday, June 27	<input type="radio"/> Full-Time OR	<input type="radio"/> Mon	<input type="radio"/> Tues	<input type="radio"/> Wed	<input type="radio"/> Thur	<input type="radio"/> Fri	<input type="radio"/> Extended Care
<b>Week 7</b> July 14-18 Payment Due/Draft Friday, July 4	<input type="radio"/> Full-Time OR	<input type="radio"/> Mon	<input type="radio"/> Tues	<input type="radio"/> Wed	<input type="radio"/> Thur	<input type="radio"/> Fri	<input type="radio"/> Extended Care
<b>Week 8</b> July 21-25 Payment Due/Draft Friday, July 11	<input type="radio"/> Full-Time OR	<input type="radio"/> Mon	<input type="radio"/> Tues	<input type="radio"/> Wed	<input type="radio"/> Thur	<input type="radio"/> Fri	<input type="radio"/> Extended Care
<b>Week 9</b> July 28-Aug 1 Payment Due/Draft Friday, July 18	<input type="radio"/> Full-Time OR	<input type="radio"/> Mon	<input type="radio"/> Tues	<input type="radio"/> Wed	<input type="radio"/> Thur	<input type="radio"/> Fri	<input type="radio"/> Extended Care
<b>Week 10</b> Aug 4-8	<input type="radio"/> Full-Time OR	<input type="radio"/> Mon	<input type="radio"/> Tues	<input type="radio"/> Wed	<input type="radio"/> Thur	<input type="radio"/> Fri	<input type="radio"/> Extended Care



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Payment Due/Draft Friday, July 25	
<b>Week 11 Aug 11-15</b>	<input type="radio"/> Full-Time OR <input type="radio"/> Mon <input type="radio"/> Tues <input type="radio"/> Wed <input type="radio"/> Thur <input type="radio"/> Fri <input type="radio"/> Extended Care
Payment Due/Draft Friday, Aug 1	

## Summer 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