



the Summer Camp Registration Form

Child's Name _____ Date of Birth ___/___/___

Address _____ City _____ State _____ Zip _____

Grade Level 2026-2027 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 the account by the due date****

Select enrollment for each week:		<input type="checkbox"/> Member	<input type="checkbox"/> Non-Member
Week 1 (June 3-5) Payment Due/Draft Friday May 22	*Closed Mon & Tues. <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Extended Care		
Week 2 (June 8-12) Payment Due/Draft Friday, May 29	<input type="checkbox"/> Full-Time or <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Extended Care		
Week 3 (June 15-19) Payment Due/Draft Friday, June 5	<input type="checkbox"/> Full-Time or <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Extended Care		
Week 4 (June 22-26) Payment Due/Draft Friday, June 12	<input type="checkbox"/> Full-Time or <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Extended Care		
Week 5 (June 29–July 2) Payment Due/Draft Friday, June 19	<input type="checkbox"/> Full-Time or <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur *Closed Friday <input type="checkbox"/> Extended Care		
Week 6 (July 6-10) Payment Due/Draft Friday, June 26	<input type="checkbox"/> Full-Time or <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Extended Care		
Week 7 (July 13-17) Payment Due/Draft Friday, July 3	<input type="checkbox"/> Full-Time or <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Extended Care		
Week 8 (July 20-24) Payment Due/Draft Friday, July 10	<input type="checkbox"/> Full-Time or <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Extended Care		
Week 9 (July 27-31) Payment Due/Draft Friday, July 17	<input type="checkbox"/> Full-Time or <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Extended Care		
Week 10 (Aug 3-7) Payment Due/Draft Friday, July 24	<input type="checkbox"/> Full-Time or <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Extended Care		
Week 11 (Aug10-13) Payment Due/Draft Friday, July 31	<input type="checkbox"/> Full-Time or <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur *Closed Friday <input type="checkbox"/> Extended Care		



Summer Camp T-Shirt Sizes

One free t-shirt per camper

Youth Sizes

- Small
- Medium
- Large
- X-Large

Adult Sizes

- Small
- Medium
- Large
- 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, 8:30am-5:30pm)

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

Part-Time: \$125 Member / \$145 Non-Member *Child may be enrolled up to 3 days of each Part-Time enrolled week.*

Extended Care: \$30 member / \$65 Non-Member *Care from 7:00-8:30am on each day of the week the child is enrolled in camp. Available at YMCA location only.*

Sibling Discount: \$10 discount each week for 2nd and additional children.

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: _____

Experation Date: ____/____/____ CVV _____

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 _____