

# YMCA Day Camp

701 Manor Street, Crystal Lake, IL 60014  
815-459-4455

## Registration Form 2009



### Fees and Payments

Camp	Membership Type	Weekly Fee
Day Camp	Full/Summer	\$155
Day Camp	Limited	\$190
Full Day Discovery	Full/Summer	\$155
Full Day Discovery	Limited	\$190
Teen Leaders Camp	All	\$70
Half Day Discovery	Full/Summer	\$105
Half Day Discovery	Limited	\$120



### Membership Prices:

Summer Youth (June - August) \$70

Limited \$40

Camper's Name \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Street Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City, State Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male or Female \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_ Daytime & Cell Phone \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_ Daytime & Cell Phone \_\_\_\_\_

Parent E-mail Address \_\_\_\_\_

### Membership:

in order to be eligible for YMCA Day Camp your child must be a full, limited, or summer membership at registration.

### Registration:

You may register for camp at the YMCA of McHenry County or via mail. A non-refundable/nontransferable deposit of \$25 for each session registered is required. Changing sessions will result in loss of your deposit. Sessions are not guaranteed and are filled on a first come first serve basis. You may fax your registration to 815-459-5101.

### Payments:

After we have processed your registration you will receive a payment statement and all required paperwork. Payment and paperwork is due two weeks prior to your first session or you risk being dropped from the session. \*Every child after the first child will receive a \$10 discount per session.

### Refund Policy

- More than 14 days before the first day of the session
  - Full refund less \$25 deposit.
- Less than 14 days before the first day of the session
  - No refunds will be given except for documented illness or injury.

Check Camp Group		Check Session	
<input type="checkbox"/> Discovery Half Day	<input type="checkbox"/> Pioneers	<input type="checkbox"/> Session 1	<input type="checkbox"/> Session 6
<input type="checkbox"/> Discovery Full Day	<input type="checkbox"/> Challengers	<input type="checkbox"/> Session 2	<input type="checkbox"/> Session 7
<input type="checkbox"/> Adventurers	<input type="checkbox"/> Navigators	<input type="checkbox"/> Session 3	<input type="checkbox"/> Session 8
<input type="checkbox"/> Explorers	<input type="checkbox"/> Survivors	<input type="checkbox"/> Session 4	<input type="checkbox"/> Session 9
<input type="checkbox"/> Voyagers	<input type="checkbox"/> Team Leaders	<input type="checkbox"/> Session 5	<input type="checkbox"/> Session 10

### Fee Calculation

Session Fees (# of Sessions x Weekly Fee) \_\_\_\_\_

**Total** \_\_\_\_\_

### To Be Enclosed

**Deposit** (# of Sessions x \$25) \_\_\_\_\_

**Total Amount Enclosed** \_\_\_\_\_

<b>Credit Card Payment</b>	Account Number _____ <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard
	Name on Card _____ 3 Digit Code _____
	Expiration Date _____ Signature _____
	Office Use Only: <input type="checkbox"/> Register <input type="checkbox"/> Filed <input type="checkbox"/> Paperwork <input type="checkbox"/> JL <input type="checkbox"/> Entered