



YMCA SUMMER CAMP 2010 REGISTRATION FORM

STUDENT REGISTRATION INFORMATION

LAST NAME: _____ FIRST: _____ MIDDLE: _____

MALE FEMALE DATE OF BIRTH: ____/____/____

CURRENT SCHOOL: _____ GRADE ENTERING FALL 2010: _____ AGE: _____

GUARDIAN INFORMATION

LAST NAME: _____ FIRST NAME: _____

PRIMARY BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL: _____ PHONE: _____

WORK PHONE: _____ EMPLOYER: _____

SUMMER ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ ALT. PHONE: _____

EMERGENCY CONTACT(S):

NAME: _____ PHONE: _____ RELATION: _____

NAME: _____ PHONE: _____ RELATION: _____

THE FOLLOWING INDIVIDUALS ARE ALLOWED TO PICK UP MY CHILD:

NAME: _____ PHONE: _____ RELATION: _____

NAME: _____ PHONE: _____ RELATION: _____

NAME: _____ PHONE: _____ RELATION: _____

DO NOT ALLOW THE FOLLOWING INDIVIDUALS PICK UP MY CHILD:

NAME: _____ PHONE: _____ RELATION: _____

NAME: _____ PHONE: _____ RELATION: _____

Please return completed registration form to:
YMCA of Martha's Vineyard, attention: Summer Camp
111R Edgartown Vineyard Haven Rd.
Vineyard Haven, MA 02568
or drop it off at your Member Service Desk

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CAMPER'S NAME: _____

FINANCIAL POLICIES

- The member rate applies to children covered by a family membership. Please understand that in order to receive the member discounted rate for camp, the camper's membership must be valid and in good standing at the time of registration and for the duration of the camp session(s). If the membership should happen to lapse, the account will be adjusted to reflect the non-member rate and the parent/guardian will be responsible for payment of the difference.
- **A non-refundable deposit of \$50 per camp week must accompany this registration.** This deposit fee is applied towards your total camp fees. *Example: a child attending two weeks of camp would submit a deposit of \$100.*
- The balance is due 2 weeks prior to the start of your child's camp session. Registrations will not be held past the due date without full payment. Late fees may apply.
- Deadline for registrations is Wednesday prior to the start of the camp week, depending upon availability. Registration within two weeks of desired camp dates requires full payment at the time of registration.
- Requests submitted to transfer from one camp session to another will incur a \$10 transfer fee per occurrence.
- A written 2 week notice is required if you wish to withdraw your child from camp. **Tuition, less the \$50 deposit, will be refunded if notice is received two weeks prior to your child's camp session.** No credits will be issued if less than 2 weeks notice is provided before the start of camp.
- Refunds after the start of the camp session are made only if the child has a note from the physician stating that he/she can't participate in camp activities.

PARENT AGREEMENT I have read and understand the payment and refund policies for the YMCA of Martha's Vineyard Summer Camp Program. I give my child permission to participate in camp activities including but not limited to swimming, sports & fitness, arts and crafts, outdoor & environmental education, on-Island field trips and nutritional activities. I hereby give my permission to the medical personnel selected by the camp director to act in the best interest of my child in the case of an emergency. I approve photos to be taken of my child for use in YMCA promotional materials.

SIGNATURE OF PARENT/GUARDIAN (REQUIRED) _____ **DATE** I do not give permission to the YMCA to take photos of my child.

PAYMENT INFORMATION

(PLEASE USE THE WORKSHEET ON PAGE 3 TO DETERMINE FEES)

LINE 1: TOTAL AMOUNT DUE FROM PAGE 3\$ _____

LINE 2: DEPOSIT (\$50/week due at registration; \$25/week if applying for financial assistance)\$ _____

LINE 3: BALANCE DUE\$ _____

VOLUNTARY DONATION\$ _____

Check here if you are applying for Financial Assistance

DONATE TODAY

Every year, the YMCA provides financial assistance for those families in need. These funds are made possible by the donations of people like you. If you would like to make a donation to this campaign, please indicate your contribution in the donation line to the left.

PAYMENT METHOD: CHECK CASH/MONEY ORDER CREDIT CARD (please circle: Master Card, Visa, Discover)

Card No.: _____ Exp. Date ____/____/____ CVV: _____

Name on Card: _____ Signature: _____

- PLEASE INDICATE PAYMENT:**
- Deposit included (check/money order); please bill me for balance
 - Full payment (check/money order) included with this registration form
 - Use credit card for deposit now; please bill me for balance
 - Use credit card now for full balance

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PAYMENT WORKSHEET & CAMP SELECTION

CAMPER'S NAME: _____

FEES

MEMBERS* – \$215/WEEK
 GEN. PUBLIC – \$255/WEEK

**Member rate applies to campers with a family membership.*

DISCOUNTS

MULTIPLE WEEK OR SIBLING (*multiple child*)
 - DEDUCT \$10/WEEK OR \$10/CHILD

SIBLING MULTIPLE WEEK
 (*Multiple week & Multiple Child*)
 - DEDUCT \$15/WEEK

EXTENDED CARE

AM CARE: 8:00 – 9:00 AM
 PM CARE: 4:00 – 5:00 PM

MEMBERS - (DAY / WEEK)
 AM OR PM - \$7 / \$33
 AM & PM - \$13 / \$60

GEN. PUBLIC - (DAY / WEEK)
 AM OR PM - \$9 / \$43
 AM & PM - \$15 / \$70

PLEASE USE THE CHART BELOW TO SELECT SESSION DATES AND DETERMINE FEES:

THIS CAMP CONSISTS OF NINE 1-WEEK SESSIONS BEGINNING JUNE 28.
 PLEASE WRITE IN THE SESSION(S) YOUR CHILD WILL BE ATTENDING.

CAMP			EXTENDED CARE				
SESSIONS/DATES (put an "X" in the box to the left of your camp selection)		FEE (see above)	AM	PM	AM & PM	DAYS NEEDED (please circle)	FEE (see above)
X	<i>Member Example</i>	\$215			X	M T W Th F	\$39
	(1) June 28 - July 2					M T W Th F	
	(2) July 5 - 9					M T W Th F	
	(3) July 12 - 16					M T W Th F	
	(4) July 19 - 23					M T W Th F	
	(5) July 26 - 30					M T W Th F	
	(6) August 2 - 6					M T W Th F	
	(7) August 9 - 13					M T W Th F	
	(8) August 16 - 20					M T W Th F	
	(9) August 23 - 27					M T W Th F	
TOTAL CAMP FEES		\$	TOTAL EXTENDED CARE FEES				\$
TOTAL CAMP & EXTENDED CARE FEES							\$
LESS DISCOUNTS							\$
TOTAL FEES DUE (ENTER THIS AMOUNT ON PAGE 2, LINE 1)							\$

For questions regarding this form, please contact
 Emily Wash, Youth Program Director, at ew@ymcamv.org, or (508) 696 7171 ext. 108