



Camp Discovery - Registration Form

2017 Camp Discovery Registration

Please use one form per child.

PLEASE PRINT CLEARLY

Child's Name _____

Grade as of 9/13 _____ Age as of 6/13 _____

Date of Birth _____ Sex _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Emergency Phone _____

Father's Name _____ Work Phone _____

Mother's Name _____ Work Phone _____

Email Address _____

YMCA Member Yes No

Membership must be valid at the time for registration to receive member rates and must remain valid through season.

RETURN WITH \$10 DEPOSIT PER SESSION TO:

YMCA 2998 W. Pearl City Rd Freeport IL 61032

I understand that I am responsible for full camp payment for each week registered prior to the start of camp.

PARENT / GUARDIAN WAIVER

The YMCA has permission to transfer my child, named above, off the property for the purpose of medical care of program activity as deemed appropriate by the director. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the director to hospitalize, secure proper treatment, to order injection, anesthesia or surgery for my child as named above.

I further give permission to the YMCA to take photographs of my child to use for YMCA publications and advertising. I (parent/guardian) have read and agree to all the conditions of this application

Date _____ Signature _____

REGISTER -Circle sessions corresponding to desired camps

	W	W	W	W	W	W	W	W	W	W	W	W
	e	e	e	e	e	e	e	e	e	e	e	e
	e	e	e	e	e	e	e	e	e	e	e	e
	k	k	k	k	k	k	k	k	k	k	k	k
	1	2	3	4	5	6	7	8	9	10	11	12
Day Camp												
Kindergarten	1	2	3	4	5	6	7	8	9	10	9	10
1st grade	1	2	3	4	5	6	7	8	9	10	9	10
2nd grade	1	2	3	4	5	6	7	8	9	10	9	10
3rd grade	1	2	3	4	5	6	7	8	9	10	9	10
4th grade	1	2	3	4	5	6	7	8	9	10	9	10
5th grade	1	2	3	4	5	6	7	8	9	10	9	10
6th grade	1	2	3	4	5	6	7	8	9	10	9	10
7th grade	1	2	3	4	5	6	7	8	9	10	9	10
Days attending			M	T	W	TH	FRI					

_____ # of Wks **X** _____ = \$ _____

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METHOD OF PAYMENT

Check Enclosed Payable to YMCA Children's Center

Call with Credit Card Info

Office Use Only:
 Sacc Family _____
 Subsidy Co - Payment _____
 DCFS _____
 YMCA Scholarship _____