

2010

Decatur County Family YMCA Preschool Camp Registration

Weeks Attending

Child's Name: _____ Date of Birth: _____ Home Phone: _____ Address: _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">WEEK 1</td> <td style="width: 25%;">6/14-6/18</td> <td style="width: 25%;"><input type="checkbox"/></td> <td style="width: 25%;">WEEK 6</td> <td style="width: 25%;">7/19-7/23</td> <td style="width: 25%;"><input type="checkbox"/></td> </tr> <tr> <td>WEEK 2</td> <td>6/21-6/25</td> <td><input type="checkbox"/></td> <td>WEEK 7</td> <td>7/26-7/30</td> <td><input type="checkbox"/></td> </tr> <tr> <td>WEEK 3</td> <td>6/28-7/2</td> <td><input type="checkbox"/></td> <td>WEEK 8</td> <td>8/2-8/6</td> <td><input type="checkbox"/></td> </tr> <tr> <td>WEEK 4</td> <td>7/5-7/9</td> <td><input type="checkbox"/></td> <td>WEEK 9</td> <td>8/9-8/13</td> <td><input type="checkbox"/></td> </tr> <tr> <td>WEEK 5</td> <td>7/12-7/16</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> </table>	WEEK 1	6/14-6/18	<input type="checkbox"/>	WEEK 6	7/19-7/23	<input type="checkbox"/>	WEEK 2	6/21-6/25	<input type="checkbox"/>	WEEK 7	7/26-7/30	<input type="checkbox"/>	WEEK 3	6/28-7/2	<input type="checkbox"/>	WEEK 8	8/2-8/6	<input type="checkbox"/>	WEEK 4	7/5-7/9	<input type="checkbox"/>	WEEK 9	8/9-8/13	<input type="checkbox"/>	WEEK 5	7/12-7/16	<input type="checkbox"/>			
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PARENT/GUARDIAN INFORMATION

Name: _____ Phone: _____
 Alternate #: _____
 Name: _____ Phone: _____
 Alternate #: _____
 Parent Email: _____

CHILD TRANSPORTATION

(WHO IS ALLOWED TO PICK UP THE CHILD)

Name & Relationship: _____
 Name & Relationship: _____
 Name & Relationship: _____
 Name & Relationship: _____

(CAMP STAFF RESERVE THE RIGHT TO ASK FOR PICTURE ID)

HEALTH & SAFETY INFORMATION

Physician: _____ Phone: _____

Does the child have allergies, take special medication, or have a special condition our staff should be aware of?

Yes If yes please explain: _____
 No _____

I, _____ give the camp staff permission to apply sunscreen and or insect repellent as needed.
 (Parent/ Guardian Signature)

PRESCHOOL CAMP FEES

Weekly:	M-\$70	Daily:	M- \$18
	PM- \$90		PM \$28
Pre and Post Camp rates \$5/ day			

PRE REGISTRATION FEE OF \$2 PER DAY REQUIRED
DEPOSIT WILL GO TOWARD WEEKLY FEE
 LATE FEE OF \$2 PER DAY IF NOT PRE REGISTERED BY
 FRIDAY!!

I hereby agree that the Decatur County Family YMCA Staff and the Decatur County Family YMCA are released from the liability in connection with medical treatment and unavoidable accidents. The Decatur County Family YMCA also permission to use necessary medical measures in the event of an emergency and this treatment will be the responsibility of the child's legal parent/ guardian. I also agree that the Decatur County Family YMCA has my permission to use and other art forms depicting my child in future promotions.

 Parent/ Legal Guardian Signature

 Date