



Meeting Waters YMCA Camps 2017 Enrollment Form

Please only list one child per form. Please make copies for additional children.

Child's Name: _____ Date of Birth: _____

Parent/Guardian Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Email: _____

Session(s) for which you are registering your child:

Y Day Camp (\$165/session):

- | | | | |
|------------------------------------|-----------------|------------------------------------|---------------------|
| <input type="checkbox"/> Session 1 | June 19-June 23 | <input type="checkbox"/> Session 6 | July 24-July 28 |
| <input type="checkbox"/> Session 2 | June 26-June 30 | <input type="checkbox"/> Session 7 | July 31-August 4 |
| <input type="checkbox"/> Session 3 | July 3- July 7 | <input type="checkbox"/> Session 8 | August 7-August 11 |
| <input type="checkbox"/> Session 4 | July 10-July 14 | <input type="checkbox"/> Session 9 | August 14-August 18 |
| <input type="checkbox"/> Session 5 | July 17-July 21 | | |

Specialty Sessions:

- | | | |
|--|----------------------------------|---|
| <input type="checkbox"/> Leaders-In-Training | June 26-June 30 plus 3 other wks | \$300 |
| <input type="checkbox"/> KinderCamp | August 14-August 18 | \$180 |
| <input type="checkbox"/> Family Camp | July 23 | \$25-100/family- sliding scale (you choose) |

\$ _____ Total of non-refundable deposit(s) (\$25 for each session you've checked above).

+ \$25.00 Non-refundable administrative fee

\$ _____ Total

For Payment with VISA or MASTERCARD:

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

Name on Card: _____ Billing Address: _____

City: _____ State: _____ Zip: _____

Total to be charged: \$ _____ [] Please charge to the credit card currently on file for Y-ASPIRE

Signature: _____

This form must be accompanied by a non-refundable administrative fee of \$25 and a non-refundable deposit of \$25 per session or a letter from a third party funder which states that they will pay this amount.

After we receive your enrollment form and fees, we will send you a registration packet. Please indicate your preferences below (If you leave it blank, we will send you paper forms by mail.):

- [] Send Camp registration forms and Parent Handbook by e-mail. (You will need to be able to print the forms)
- [] Please send me a Financial Assistance Application.

Please return the completed form, with total of deposit(s) and administrative fee to:

Meeting Waters YMCA, PO Box 511, Bellows Falls, VT 05101, fax 802-463-3447, or e-mail info@meetingwatersymca.org