



Meeting Waters YMCA Camps 2019

Before & After Care Enrollment Form

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

Child's Name: _____ Date of Birth: _____

Parent/Guardian Name(s): _____

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

Cell Phone: _____ House Phone: _____ Work Phone: _____

Email: _____

Y Day Camp (\$25AM + \$25 PM/session):

Please check off the session in which your child is currently enrolled and the before and/or after care hours that you would like:

Before Care 8-9am

- Session 1: June 24 –June 28
- Session 2: July 1-July 5 (closed 7/4)
- Session 3: July 8-July 12
- Session 4: July 15-July 19
- Session 5: July 22-July 26
- Session 6: July 29-August 2
- Session 7: August 5-August 9
- Session 8: August 12-August 16
- Kinder Camp: August 5 -9

of Before Care: _____ x \$25 = \$ _____

After Care 4-5pm

- Session 1: June 24 –June 28
- Session 2: July 1-July 5 (closed 7/4)
- Session 3: July 8-July 12
- Session 4: July 15-July 19
- Session 5: July 22-July 26
- Session 6: July 29-August 2
- Session 7: August 5-August 9
- Session 8: August 12-August 16
- Kinder Camp: August 5 -9

of After Care: _____ x \$25 = \$ _____

Before Care \$ _____ + After Care \$ _____ = Total _____

- My payment for Before/After Care is enclosed.
- Please bill me for Before/After Care with my regular sessions invoice(s).

For Payment with VISA or MASTER CARD:

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

Name on Card: _____ Billing Address: _____

City: _____ State: _____ Zip: _____

Total to be charged: \$ _____ Signature: _____

Please return this completed form to:

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