

Registration For ALL Programs 2017

PLEASE COMPLETE EVERY LINE. (One per child) Use this form to register for Day Camp and Little Tykes Programs. For all other programs please contact the instructors directly or call the Youth Center office.
For CAMP-AFTER this form is processed-a Camp Packet must also be completed & returned to the office 2 weeks prior to campers start date.
 Camp packet is available at our office or call to request by mail.

Program or Sport _____ Start Date: ____/____/____ Time (if applicable) _____

Child's Name: (please print) _____ Gender: ____ Birthdate: ____/____/____

Allergies/Restrictions/Physical Limitations: _____ Age: ____ Grade in Fall 2017: _____

Parent's/Guardian's Names: _____

For purposes of required statistics for corporate funding, please list Parent's/Guardian's employers:
 Parent's/Guardian's Employer: _____ Parent's/Guardian's Employer: _____

Phone 1 #: _____ Phone 2 #: _____ Phone 3 #: _____

Email address: (required, for Youth Center use only) _____

Address-Mailing: _____ City _____ State _____ Zip: _____

Street Address (if different): _____ City _____ State _____ Zip: _____

Town/Township where child resides: _____ County: _____

Public school child attends or will be attending: _____

T-Shirt Size (check one) Child-MD Child-LG Adult-SM Adult-MD Adult-LG

Photo Consent, Please Check One: I do I do not consent that photos, DVD videos of myself and my child are the property of The Youth Center and may be reproduced and publicized and/or used on our website, on Facebook or as The Youth Center desires, free of any claim on my part.

Two additional persons who are authorized to assume responsibility for child if neither parent/guardian is available (Please complete both):

Name: _____ Name: _____

Phone: _____ Phone: _____

Relationship: _____ Relationship: _____

Child's Doctor: _____

Address: _____ Phone _____

- By my signature I attest to the following:**
- That all information I provided is correct.
 - That my child may be terminated at any time if deemed necessary by the director or appointee there of.
 - I understand, agree and consent to all terms and conditions as described in the registration information/brochure including payment requirements.
 - I will not hold The Youth Center employees or any persons affiliated responsible for any accident or injury incurred during my child's presence/involvement at The Youth Center or other venues utilized.
 - I realize there are no refunds or credits given for any reason and staff and/or scheduling may be subject to change.
 - I have read The Youth Center indemnification agreement, which is available on our website, and I agree to be bound by those terms.

In the event that the above named child is injured, and I cannot be reached in an EMERGENCY, I hereby give my permission to any physician to secure proper treatment for, and if required: to hospitalize, order injections, anesthesia, or surgery for my child.

*Parent/Guardian's Signature _____ Date _____

***For your child's safety a parent/guardian's signature and this completed form, with no alterations, is required before any child can participate in any program.**

Special Needs- If your child requires special assistance in any way please inform us prior to sign-up so we can prepare appropriately.
 Behavioral issues cannot be accommodated, and may result in child being terminated from camp.

FOR CAMP, check box for each week you wish to register:

Please remember to include deposit of \$25 per week, per child and \$30 annual membership fee				
Camp 2017	Payment Schedule Balance Due By:	Regular Day Camp 9am-4pm	AM Ext Hours 7-9am	PM Ext Hours 4-6pm
Week 1-Modified Camp* June 12-16	5/29			
Week 2-Traditional Camp June 19-23	5/29			
Week 3-Traditional Camp June 26-June 30	6/12			
Week 4-Traditional Camp July 3-7 (off July 4th) \$185	6/12			
Week 5-Traditional Camp July 10-14	6/26			
Week 6-Traditional Camp July 17-21	6/26			
Week 7-Traditional Camp July 24-July 28	7/10			
Week 8-Traditional Camp July 31- Aug 4	7/10			
Travel Week 9 Aug 7-11	7/24			
Travel Week 10 Aug 14-18	7/24			
Week 11-Modified Camp* Aug 21-25	8/7			
Week 12-Modified Camp* Aug 28-Sept 1	8/7			

of wks x \$25/wk deposit, _____ + \$30 membership = \$ _____ enclosed.

If paying AFTER due date, please add \$5 per week.

Weeks 1, 11 & 12 are Modified Camp daily options or partial week available*

Full Day Camp: 9am-4pm Preschool Rate: \$225 wk (Child who has not entered Kindergarten by 6/2017)
School age Rate: \$215 wk **TC- age 13 Rate:** \$155 wk **CIT- ages 14/15 Rate:** \$100 wk

Travel Weeks Camp: 9am-4pm \$280 per week, August 7th and August 14th (includes admission fees, if applicable)

Extended Care: 7-9am and/or 4-6pm \$30 per week for either Before or After Care OR \$50 per week for both

Daily Option: (Travel weeks excluded) \$55 day 9am-4pm; \$65 day w/ Extended Care.

You may switch weeks, provided there is availability; \$5 per week processing fee will apply.

We accept credit cards, checks (payable: the Youth Center), money orders, no cash please.

Alternate ways of registering: 1) Faxing registration form with credit card info or calling credit card info over the phone. 2) complete registration form with a check for the appropriate amount and dropping off 24/7 in the white mail box to the left of the front steps at The Youth Center.

- **Annual Membership/Registration fee must be current for all programs;** \$30.00 per person, per year (unless otherwise noted).
- **For camp:** Include \$25 per week per child non refundable deposit which will be applied to week's tuition. Additionally, our comprehensive health history "CAMP PACKET" must be completed 2 weeks prior to campers start date.

PLEASE NOTE: NO REFUNDS WILL BE GIVEN FOR ANY REASON

Great Rates

FILL OUT IF PAYING BY CREDIT CARD MasterCard Visa Discover

Card Number: _____ Name: _____
(as it appears on card)

(fee applies) Signature: _____ Expiration Date _____ Security Code _____