



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

LAKOTA FAMILY YMCA

CAMP ARROWHEAD REGISTRATION FORM SUMMER 2018

1. Camper Information (please print legibly or type)

Camper First Name: _____ Camper Last Name: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____ Phone 2: _____

Email: _____

_____ Lakota Family YMCA Member _____ Non-Member

Child's Date of Birth: ____/____/____

Gender (circle one): Male Female

Grade for 2018-2019 School Year: (Camp Tribe Name) -circle one

1st(Sioux) 2nd(Cherokee) 3rd(Comanche) 4th(Navajo)

5th(Apache) 6th(Hopi) 7th(Iroquois) 8th-10th(CIT)

2. Camp Week Registration— Your 1st payment is due when you register. First payment includes 1 week of camp plus a \$40 non-refundable/non-transferable deposit to hold each additional week you have pre-registered for.

Mark your Calendar			CAMP TYPES (Select weeks below using an "X")		
Week	Camp Week Dates	Avoid Late Fees, Registration Deadline	DAY 9a-4p Member Fee: \$144/week Non-Member Fee: \$185/week	EXTENDED DAY 7a-6p Member Fee: \$180/week Non-Member Fee: \$221/week	CIT 7a-6p 8th - 10th Grade Member Fee: \$119/week Non-Member Fee: \$150/week
EX.	EX.			X	
1	5/29—6/1	5/23/2018			
2	6/4—6/8	5/30/2018			
3	6/11—6/15	6/6/2018			
4	6/18—6/22	6/13/2018			
5	6/25—6/29	6/20/2018			
6	7/2—7/6 NO Camp 7/4	6/27/2018			
7	7/9—7/13	7/4/2018			
8	7/16—7/20	7/11/2018			
9	7/23—7/27	7/19/2018			
10	7/30—8/3	7/25/2018			
11	8/6—8/10	8/1/2018			

Camper Name: _____

2. Billing Information: Parent(s)/Guardian(s) Information

Parent/Guardian 1

Name: _____

Relationship to Child: _____

Address: _____

City: _____ Zip Code: _____

Primary Number: _____

Secondary Number: _____

Other Number: _____

Email: _____

Parent/Guardian 2

Name: _____

Relationship to Child: _____

Address: _____

City: _____ Zip Code: _____

Primary Number: _____

Secondary Number: _____

Other Number: _____

Email: _____

• Who is the Primary Responsible Parent/Guardian for Billing?: _____

• Do you need your Child Care Split between Parents/Guardians: YES NO

• If yes, please verify how your bill needs split: _____

*Note: if one credit card does not process, the full payment will be taken out of the other credit card.

4. Payment Information (If using multiple payment options, both credit cards need to be available at time of registration or it will not be completed. We will collect an imprint of all credit cards)

Card 1: we do not accept AMEX

Card Holder Name: _____

Credit Card Number: _____ Exp. Date: _____

Street Number: _____ Zip Code: _____

Percent of charges to be added to this card (ie, 100%, 65%, 25%): _____

Signature: _____

Card 2: (used if splitting payments) we do not accept AMEX

Card Holder Name: _____

Credit Card Number: _____ Exp. Date: _____

Street Number: _____ Zip Code: _____

Percent of charges to be added to this card (ie, 100%, 65%, 25%): _____

Signature: _____

5. Fees, Billing Policies and Procedures (see Camp Arrowhead Registration and Information Sheet for more information)

Fees: Member Rates: Day Camp: \$144 Ext. Day Camp: \$180 CIT: \$119

Non-Member Rates: Day Camp: \$185 Ext. Day Camp: \$221 CIT: \$150

Payments:

- IF setting up a payment plan for multiple weeks of camp, credit card(s) **MUST** be on file with the Lakota Family YMCA. It is your responsibility to keep this information up to date with the Lakota Family YMCA.
- By registering for this program you authorize any and all child care related fees to be charged to your credit card.
- Payments will be deducted from your account on the Friday prior to the week registered. Only the balance for the week prior will be withdrawn.
- Cancelled weeks must be received in writing 1 week prior, if you placed a deposit down for that week it will not be refunded.
- There will be no balances on accounts carried over from week to week.

Credit Card Declines: Credit cards may decline up to 3 times with no additional fees. The 4th time and all other declines there after will be charged a \$15.00 fee. *Compromised credit cards will be waived a declined fee until it becomes abused.

Late Fee: A \$30 late fee per child will be accessed to your account(s) if we do not receive your payment by Monday at 8:00am the week you will attend. Your child(ren) will not be permitted to use our services until account is paid in full.

Parent/Guardian Signature: _____

Office Use ONLY: GIVE COPY TO PARTICIPANT

Staff Member Receiving: _____ Date Received: _____