



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# LAKOTA FAMILY YMCA

## CAMP ARROWHEAD REGISTRATION FORM

### 1. CAMPER AND PARENT INFORMATION (Please print legibly or type.)

Camper First Name: \_\_\_\_\_ Camper Last Name: \_\_\_\_\_

Parent First Name: \_\_\_\_\_ Parent Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_ Lakota Family YMCA Member \_\_\_\_\_ Non-Member

Camper Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender (circle one):    MALE                  FEMALE

Grade for UPCOMING School Year (Camp Tribe Name) - Circle One

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

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

### 2. CAMP WEEK REGISTRATION—YOUR 1ST PYAMENT IS DUE WHEN YOU REGISTER and will be processed within two business days. First payment includes one week of camp PLUS \$40 NON-REFUNDABLE/NON-TRANSFERABLE deposit to hold each additional week you have pre-registered for.

MARK YOUR CALENDAR			WEEK SELECTION
WEEK	CAMP WEEK DATES	AVOID LATE FEES, REGISTRATION DEADLINE	SELECT WEEKS BELOW USING AN "X"
1	5/28—5/31	5/22/19	
2	6/3—6/7	5/29/19	
3	6/10—6/14	6/5/19	
4	6/17—6/21	6/12/19	
5	6/24—6/28	6/19/19	
6	7/1—7/5	6/26/19	
7	7/8—7/12	7/3/19	
8	7/15—7/19	7/10/19	
9	7/22—7/26	7/17/19	
10	7/29—8/2	7/24/19	
11	8/5—8/9	7/31/19	

#### CAMP TYPE - Circle One

Day Camp (9am - 4pm)

Extended Camp (7am - 6pm)

Counselor In Training

#### FEES

##### Member Rates

##### Non-Member Rates

Day Camp: \$144

Day Camp: \$185

Ext. Day Camp: \$180

Ext. Day Camp: \$221

CIT: \$119

CIT: \$150

### 3. BILLING INFORMATION: PARENT(S)/GUARDIAN(S) INFORMATION

#### PARENT/GUARDIAN 1:

NAME: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PRIMARY NUMBER: \_\_\_\_\_

SECONDARY NUMBER: \_\_\_\_\_

OTHER NUMBER: \_\_\_\_\_

#### PARENT/GUARDIAN 2:

NAME: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PRIMARY NUMBER: \_\_\_\_\_

SECONDARY NUMBER: \_\_\_\_\_

OTHER NUMBER: \_\_\_\_\_

- Who is the Primary Responsible Parent/Guardian for billing? \_\_\_\_\_
- Do you need your Child Care split 50/50 between Parents/Guardians? YES NO
  - If one credit card does not process, the full payment will be taken out of the other Parent/Guardians account once all other options have been exhausted.

### 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: \_\_\_\_\_ % OF CHARGES TO THIS CARD (100% or 50%): \_\_\_\_\_

Card 2: We do not accept AMEX

CARD HOLDER NAME: \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

STREET NUMBER: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ % OF CHARGES TO THIS CARD (100% or 50%): \_\_\_\_\_

### 5. FEES, BILLING POLICIES AND PROCEDURES (see Camp Arrowhead Registration and Information Sheet for more information.)

<b>Fees:</b>	<b>Member Rates:</b>	<b>Day Camp: \$ 144</b>	<b>Ext. Day Camp: \$ 180</b>	<b>CIT: \$ 119</b>
	<b>Non-Member Rates:</b>	<b>Day Camp: \$ 185</b>	<b>Ext. Day Camp: \$ 221</b>	<b>CIT: \$ 150</b>

#### 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 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, and deposit or \$40 for a deposit 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 the account is paid in full.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

OFFICE USE ONLY: GIVE A COPY TO PARTICIPANT