



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

LAKOTA FAMILY YMCA

CAMP ARROWHEAD ADD Weeks 2017

Registration must be completed and signed by parties responsible for camper's account. One-registration per camper.

Camper's Name <i>(Must already be Registered)</i>										
Camper's Grade										
1	2	3	4	5	6	7	8	9	10	
Registered Account Holder's Name										
Relationship to Child										
Email Address <i>(required for billing)</i>										
Cell No. and/or Emergency Day Phone:										

TO ADD A WEEK OR ADDITIONAL WEEKS

Complete the **Camp Arrowhead ADD Weeks** form and deliver directly to the Lakota Family YMCA's Front Desk or **you may email ADD forms to heather.branham@lakotaymca.com**. This form is located on the Lakota Family YMCA's website under Child Care and Camp Arrowhead. When you add weeks, you must pay a **non-refundable, non-transferable \$40.00** deposit for each additional week. Remaining weekly fees will be charged to your credit card each Friday for the upcoming week. When registering for multiple weeks, you will be required to provide a credit card to keep on file. We accept Visa, Mastercard, or Discover.

LATE FEES: Register by Wednesday prior to the requested week of camp. There is a \$30 late registration fee for registrations made after the Wednesday deadline. We accept Discover, MasterCard, Visa, checks, cash and money orders.

Camp Arrowhead does not carry balances from week to week. Payments must be current in order for your child to attend. Late payments will require a receipt at camp drop off as your child's name may not be on the Tribe List. Staff cannot add a child's name to the Tribe List without proof of payment.

Make checks and money orders payable to: **Lakota Family YMCA**

Mark your Calendar		CAMP TYPES <i>(Select weeks below)</i>			Avoid Late Fees by registering the dates listed below. WEDNESDAY
Week	Camp Week Dates	DAY	EXT DAY	C.I.T.	
1	5/30-6/2				5/24/2017
2	6/5-6/9				5/31/2017
3	6/12-6/16				6/7/2017
4	6/19-6/23				6/14/2017
5	6/26-6/30				6/21/2017
6	7/3-7/7 NO Camp 7/4				6/28/2017
7	7/10-7/14				7/5/2017
8	7/17-7/21				7/12/2017
9	7/24-7/28				7/19/2017
10	7/31-8/4				7/26/2017
11	8/7-8/11				8/2/2017

I've selected the week or weeks I want my child to attend and understand weekly fees will be charged to my credit card each Friday for the upcoming week. I fully accept all remaining balances. **(Please sign and date below) REQUIRED**

Signature: _____ Date: _____

CAMP RATES			
TYPE	DAY	EXTENDED	C.I.T
Member	\$140	\$175	\$115
Non-Member	\$180	\$215	\$145
Late Registration Fee	\$30	To be added to Camp Rate if received AFTER the Weekly Cut-off date.	
FOR OFFICE USE ONLY			
Name of Welcome Center staff accepting form			
Date Welcome Center received registration			
First Payment plus \$40 Deposit for each additional week		# of Additional Weeks ____ x \$40 = \$_____	
Add \$30 Late Registration Fee (if received AFTER Cut-off date)			
TOTAL AMOUNT DUE TODAY			