



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# LAKOTA FAMILY YMCA

## CAMP ARROWHEAD REGISTRATION 2017

|  |            |  |  |
|--|------------|--|--|
| <b>Camper Name</b>   |            | <b>DOB</b>                               |  |
| <b>Parent(s)/Guardian(s) Name(s)</b>   |            |  |  |
| <b>Email Address</b> (required for billing)  |            |  |  |
| <b>Street Address</b>  |            | <b>Camper Gender</b><br>Male      Female |  |
| <b>City</b>  | <b>Zip</b> | <b>Home Phone:</b>                       |  |
| <b>Grade Entering in the Fall</b> (circle one)<br>1      2      3      4      5      6      7                            |            | <b>Cell Phone:</b>                       |  |
| <input type="checkbox"/> <b>MEMBER</b><br><small>(must be a member of Lakota Family YMCA to receive member rate)</small> |            | <b>Work Phone:</b>                       |  |
| <input type="checkbox"/> <b>NONMEMBER</b>  |            |  |  |

| Mark your Calendar |                        | CAMP TYPES<br><small>(Select weeks below)</small> |                       | Avoid Late Fees by registering before the dates listed below.<br><b>WEDNESDAY</b> |
|--------------------|------------------------|---|-----------------------|---|
| Week               | Camp Week Dates        | DAY<br>9a-4p                                      | EXTENDED DAY<br>7a-6p |   |
| 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<br>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: \_\_\_\_\_

Mark the **CAMP TYPE** weeks you want your child to attend.

- **Your 1st payment is due when you register.** It includes 1-week of camp plus a \$40.00 **non-refundable/non-transferable** deposit to hold each additional weeks.
- Each child's account must be set up using a Mastercard, Visa, or Discover credit/debit card. Tuition will be charged to your credit card each Friday for the upcoming week. Keep a copy of your receipts and registrations so you will know when your balance is due.

| CAMP RATES   |  |  |
|--|--|--|
| TYPE   | DAY  | EXTENDED   |
| Member   | \$140  | \$175  |
| Non-Member   | \$180  | \$215  |
| Late Registration Fee  | \$30   | To be added to Camp Rate if received <b>AFTER</b> 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 _____<br>x \$40 = \$ _____ |  |
| Add \$30 Late Registration Fee (if received <b>AFTER</b> Cut-off date) |  |  |
| <b>TOTAL AMOUNT DUE TODAY</b>  |  |  |