



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

LAKOTA FAMILY YMCA

CAMP ARROWHEAD REGISTRATION FORM

SUMMER 2020

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

Camper First Name: _____ Camper Last Name: _____

Birthdate ___/___/___ Gender (circle one): **MALE** **FEMALE**

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

1st(Sioux) 2nd(Cherokee) 3rd (Comanche) 4th (Navajo) 5th(Apache)

6th(Hopi) 7th(Iroquois) 8th-10th(CIT) Shirt Size: Youth _____ OR Adult _____

Address: _____

City: _____ Zip Code: _____

Primary Phone # _____ Secondary Phone # _____

Email: _____

2. CAMP WEEK REGISTRATION—YOUR 1ST PYAMENT IS DUE WHEN YOU REGISTER and will be processed within two business days. First payment includes \$50 NON-REFUNDABLE/NON-TRANSFERABLE deposit for each week you have pre-registered to attend.

Camp Arrowhead		CAMP TYPES (Select weeks below)			To avoid paying a <u>Late registration fee of \$ 35.00</u> , register by the following dates:
Week	Camp Week Dates	DAY 9a-4p	EXT DAY 7a-6p	C.I.T. 7a-6p	
1	5/26—5/29 05/25/20 No Camp				Register by 5/20/20
2	6/1—6/5				Register by 5/27/20
3	6/8—6/12				Register by 6/3/20
4	6/15—6/19				Register by 6/10/20
5	6/22—6/26				Register by 6/17/20
6	6/29—7/3				Register by 6/24/20
7	7/6—7/10				Register by 7/1/20
8	7/13—7/17				Register by 7/8/20
9	7/20—7/24				Register by 7/15/20
10	7/27—7/31				Register by 7/22/20
11	8/3—8/7				Register by 7/29/20

Total # of weeks Registered: _____ **X \$50 for each week \$** _____ **+ \$35 late fee if applicable** **Total Due Today \$** _____

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: _____

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

PARENT/GUARDIAN 1:
NAME: _____
RELATIONSHIP TO CHILD: _____
PRIMARY NUMBER: _____
SECONDARY NUMBER: _____
OTHER NUMBER: _____
EMAIL: _____

PARENT/GUARDIAN 2:
NAME: _____
RELATIONSHIP TO CHILD: _____
PRIMARY NUMBER: _____
SECONDARY NUMBER: _____
OTHER NUMBER: _____
EMAIL: _____

- 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. FEES, BILLING POLICIES AND PROCEDURES

(see Camp Arrowhead Registration and Information Sheet for more information.)

Fees: **Member Rates:** **Day Camp: \$148** **Ext. Day Camp: \$185** **CIT: \$119**
Non-Member Rates: **Day Camp: \$190** **Ext. Day Camp: \$228** **CIT: \$150**
DEPOSIT OF \$50 FOR ALL PRE-REGISTERED WEEKS REQUIRED.

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 \$50 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 \$35 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: _____

5. PAYMENT INFORMATION COMPLETED BY FRONT DESK (If using multiple payment options, both credit cards need to be available at time of registration or it will not be completed. Please payment method into the account and list the last 4 digits below.

Card 1:
CARD HOLDER NAME: _____
LAST 4 DIGITS OF CREDIT CARD NUMBER TO BE BILLED: _____
EXP. DATE: _____ **%OF CHARGES TO THIS CARD:** _____
STREET ADDRESS: _____ **ZIP CODE:** _____
SIGNATURE: _____

Card 2:
CARD HOLDER NAME: _____
LAST 4 DIGITS OF CREDIT CARD NUMBER TO BE BILLED: _____
EXP. DATE: _____ **%OF CHARGES TO THIS CARD:** _____
STREET ADDRESS: _____ **ZIP CODE:** _____
SIGNATURE: _____