

LAKOTA FAMILY YMCA

2020 CAMP ARROWHEAD ADD FORM



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

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** \$50.00 deposit for each week. Remaining weekly fees will be withdrawn from your credit card each Friday for the upcoming week.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 all major credit cards.

LATE FEES: Register by Wednesday prior to the requested week of camp. There is a \$35 late registration fee for registrations made after the Wednesday deadline.

A late Payment fee will be added to your account if the balance is not paid by 8 AM on Monday Morning of \$ 35.00 per child. 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.

Camper Name: _____ **DOB:** ____/____/____

Camper Grade as of 2020/2021: 1 2 3 4 5 6 7 8 9 10

Parent/Guardian Name: _____ **Phone No.:** _____

Address: _____

Email(required for billing): _____

Camp Arrowhead		CAMP TYPES (Select weeks below)			To avoid paying a Late registration fee of \$ 35.00 , register by the following dates:
Week	Camp Week Dates	DAY	EXT DAY	C.I.T.	
1	5/26—5/29 <u>05/25/20 No Camp</u>				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: _____