



LAKOTA FAMILY YMCA

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2024 Camp Arrowhead ADD / DROP WEEKS

CAMPER INFORMATION

First Name: _____ Last Name: _____ Birthday: _____

Gender: Male Female LAKOTA FAMILY YMCA Member Non-member

Grade for 2024-2025 School Year – Please circle

1st Grade 2nd Grade 3rd Grade 4th Grade
5th Grade 6th Grade 7th Grade 8th-10th (CIT)

Shirt Size (new registrants) – Please circle:

Youth: Small Medium Large
Adult: Small Medium Large

Parent/Guardian Full Name: _____

Phone Number: _____ E-mail: _____

Week #	Camp Week Dates:	Add			Drop		
		Day 9a-4p	Ext. Day 7a-6p	CIT 8 th -10 th 7a-6p	Day 9a-4p	Ext. Day 7a-6p	CIT 8 th -10 th 7a-6p
1	5/28-5/31/2024						
2	6/3-6/7/2024						
3	6/10-6/14/2024						
4	6/17-6/21/2024						
5	6/24-6/28/2024						
6	7/1-7/5/2024						
7	7/8-7/12/2024						
8	7/15-7/19/2024						
9	7/22-7/26/2024						
10	7/29-8/2/2024						
11	8/5-8/9/2024						

Each ADD week has a \$50.00 non-refundable deposit. The remaining balance will be charged to the credit card provided the Friday prior to the start of that camp week. If a waitlist exists, you will be contacted via email by Kathy Joiner, kathy.joiner@lakotaymca.com when a spot is available. The waitlist does not guarantee placement.

- Each DROP week request must be received by the Wednesday prior to that camp week. Lakota Family YMCA will keep the \$50.00 non-refundable deposit.
- *No refund for missed days within the week unless a physicians note has been provided and approved by our Childcare Director, Lindsay Miller.
- *No refund for children who are dismissed or suspended from camp.

I understand that I am adding/dropping the above weeks for my child and agree to the terms stated herein. I fully accept all camp balances.

Signature: _____ Date: _____