



LAKOTA FAMILY YMCA

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2025 Camp Arrowhead ADD / DROP WEEKS

CAMPER INFORMATION

First Name: _____ Last Name: _____ Birthday: _____

Gender: Male Female LAKOTA FAMILY YMCA Member Non-member

Grade for 2025-2026 School Year – Please check

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

Shirt Size (new registrants) – Please check:

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	5/27-5/30/2025						
2	6/2-6/6/2025						
3	6/9-6/13/2025						
4	6/16-6/20/2025						
5	6/23-6/27/2025						
6	6/30-7/3/2025						
7	7/7-7/11/2025						
8	7/14-7/18/2025						
9	7/21-7/25/2025						
10	7/28-8/1/2025						
11	8/4-8/8/2025						

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: _____