



2010 SUNSATON DAY CAMP REGISTRATION FORM
FULL DAY CAMP/EXTENDED DAY

CHILD'S NAME GRADE AS OF 9/10

CHILD'S AGE: HOME PHONE:

T-Shirt Size (circle one) Youth: S M L Adult S M L XL XXL

(WE WILL DO OUR BEST TO ENSURE YOUR CHILD RECEIVES THE SIZE SPECIFIED, HOWEVER DUE TO ORDERING BEFORE ALL REGISTRATIONS ARE IN MAY LEAD TO CHILD RECEIVING A SIZE DIFFERENCE)

Does your child have a membership to the YMCA: YES NO

What type of membership does your child have: Family Program

INSTRUCTIONS FOR REVERSE SIDE OF THIS FORM

Please select your camp choice(s) by circling the appropriate code in your chosen camp site/session lines.

FD-FULL DAY OPTION (9AM-4PM)

ED-EXTENDED DAY OPTION (7AM-6PM)

SF-SECOND CHILD FULL DAY OPTION

SE-SECOND CHILD EXTENDED DAY OPTION

PARENT NAME: WORK PHONE:

PARENT NAME: WORK PHONE:

STREET ADDRESS:

CITY STATE: EMAIL:

*** If wish to utilize On-Line Bill Pay Option must include an Email Address with Registration***

Please check following if they apply to your family:

YMCA Staff Peter Becker Staff Subsidy

Applying for YMCA Scholarship (must be turned in by 5/21/10)

NOTE: Please read the Payment Information and Schedule Page in your Parent Handbook for all Payment in Full Dates, Late Fees, and Delinquency Info.

DEPOSIT INFORMATION:

of Registered Weeks x \$25 (Deposit per week) = Total Deposit

EMPLOYEE USE ONLY

Front Desk Initial:

Info Packet Received:

Membership ID:

Expiration Date:

2010 SUNSATON DAY CAMP REGISTRATION FORM

Full Day Camp / Extended Day Camp

Child's Name _____ Grade as of 9/10 _____ Age: _____ Home Phone: _____

Parent Name _____ Work Phone _____ Parent Name _____ Work Phone _____

Home Address: _____

Weekly Sessions	1	2	3	4	5	6	7	8	9	10	11
SITE LOCATIONS											
Harleysville Branch Camp 311 Alumni Ave Harleysville, PA Grades K-2 as of 9/1/10	6/21-25 FD ED SF SE	6/28-7/2 FD ED SF SE	7/5-9 FD ED SF SE	7/12-16 FD ED SF SE	7/19-23 FD ED SF SE	7/26-30 FD ED SF SE	8/2-6 FD ED SF SE	8/9-13 FD ED SF SE	8/16-20 FD ED SF SE	8/23-27 FD ED SF SE	8/30-9/3 CLOSED Please pick SCOUT CABIN
Harleysville Comm. Center Scout Cabin Camp 435 Park Ave Harleysville, PA Grades 3-5 as of 9/1/10	FD ED SF SE	FD ED SF SE	FD ED SF SE	FD ED SF SE	FD ED SF SE	FD ED SF SE	FD ED SF SE	FD ED SF SE	FD ED SF SE	FD ED SF SE	FD ED SF SE
Indian Valley Teen Camp 890 Maple Ave Harleysville, PA Grades 6-9 as of 9/1/10	FD ED SF SE	FD ED SF SE	FD ED SF SE	FD ED SF SE	FD ED SF SE	FD ED SF SE	FD ED SF SE	FD ED SF SE	FD ED SF SE	FD ED SF SE	CLOSED Please pick SCOUT CABIN
Skippack K-5 Camp Skippack Elementary School 4081 Heckler Rd Collegeville PA Grades K-5 as of 9/1/10	CLOSED Please pick another camp	FD ED SF SE	FD ED SF SE	FD ED SF SE	FD ED SF SE	FD ED SF SE	FD ED SF SE	FD ED SF SE	CLOSED Please pick another camp	CLOSED Please pick another camp	CLOSED Please pick SCOUT CABIN
Skippack Teen Camp Skippack Elementary School 4081 Heckler Rd Collegeville PA Grades 6-9 as of 9/1/10	CLOSED Please pick another camp	FD ED SF SE	FD ED SF SE	FD ED SF SE	FD ED SF SE	FD ED SF SE	FD ED SF SE	FD ED SF SE	CLOSED Please pick another camp	CLOSED Please pick another camp	CLOSED Please pick SCOUT CABIN
CIT Camp Program Ages 13-15 & must have completed prior CIT training course. ^{MUST} BE PRE-APPROVED BY DIRECTOR! <small>Director Matches CIT with camp site location.</small>	FD ED SF SE	FD ED SF SE	FD ED SF SE	FD ED SF SE	FD ED SF SE	FD ED SF SE	FD ED SF SE	FD ED SF SE	FD ED SF SE	FD ED SF SE	FD ED SF SE

PARENTS: PLEASE SELECT YOUR CHILD'S CAMP CHOICE(S) BY CIRCILING THE APPROPRIATE CODE IN YOUR CHOSEN CAMP SITE/SESSION

ED = Extended Day Option (7am - 6 pm) **FD** = Full Day Option(9 AM-4 PM) **SF** = Second Child Full Day Option **SE** = Second Child Ext. Day Option

PLEASE CHECK IF APPLY : YMCA Staff Peter Becker Staff Subsidy Applying for YMCA Scholarship

EMPLOYEE USE ONLY (Employee must complete this portion of form)

Front Desk Initial: _____ Receipt #: _____ Info. Packet: _____ Member ID: _____ Exp. Date: _____