



**2010 SUNSATION DAY CAMP REGISTRATION FORM
PART TIME SCHEDULE FULL DAY CAMP/EXTENDED DAY
LIMITED SPACE AVAILABLE**

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

Select your camp choice by circling the appropriate code in your chosen camp site/sessions.

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

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

SF-SECOND CHILD FULL DAY OPTION

SE-SECOND CHILD EXTENDED DAY OPTION

CIRCLE DAYS CAMPER WILL ATTEND: Mon Tues Wed Thurs Fri

(3 Day Minimum. If camper attends a field trip day, there will be added \$10 fee due to field trip costs)

PARENT NAMES: _____ HOME PHONES: _____

STREET ADDRESS: _____

CITY _____ STATE: _____ EMAIL: _____

***** If wish to utilize On-Line Bill Pay you must include email 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 SUNSATION DAY CAMP REGISTRATION FORM
PART TIME Full Day Camp / Extended Day Camp
LIMITED SPACE AVAILABLE

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

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

Home Address: _____ **SCHEDULE (circle Days to be Used) MON TUES WED THURS FRI**

Weekly Sessions	1 2 3 4 5 6 7 8 9 10 11											
	6/22-25	6/28-7/2	7/5-9	7/12-16	7/19-23	7/26-30	8/2-6	8/9-13	8/16-20	8/23-27	8/30-9/3	
SITE LOCATIONS												
Harleysville Branch Site Grades K-2	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 choose Scout Cabin	
Harleysville Scout Cabin Grades 3-5	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 Site Grades 6-9	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 choose Scout Cabin	
Skippack Elementary Site Grades K-5	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 choose Scout Cabin	
Skippack Teen Camp Site Grades 6-9	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 choose Scout Cabin	
CIT Camp Program MUST BE PRE-APPROVED BY DIRECTOR! Director Matches CIT with camp site location.	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 CIRCLING 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

Number of Weeks Registered _____ x \$25 Deposit = Total Deposit \$ _____

EMPLOYEE USE ONLY (Employee must complete this portion of form)
 Front Desk Initial: _____ Receipt #: _____ Info. Packet: _____ Member ID: _____ Expiration Date: _____