

CAMP ALEXANDER DAY CAMP REGISTRATION FORM

Please fill out this form and the Health Form completely. Incomplete forms will not be processed.

Child's Name _____

Y member? Yes No Sex F or M Age _____ Birth Date ____/____/____

Parents Full Name _____

Address _____ City, State & Zip _____

Home Phone (_____) _____ Email _____

Mother's Work/Cell Phone (_____) _____ Father's Work/Cell Phone (_____) _____

Person(s) authorized to pick up child: Note: Staff will not release children to unauthorized persons.

Name _____ Phone (____) _____ Relationship to Child _____

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Send your child to cam for a 2nd session and get \$10 off your fee!!

Day Camp Ages 5-11; Check the week(s) you are registering for:

Week	Theme	Dates	Y-Member	Y-Member	Non-Member	Non-Member
			Early bird	After 4-15-10	Early bird	After 4-15-10
__1	Wrangler	June 14-18	\$147	\$157	\$162	\$172
__2	Animal Adventure	June 21-25	\$127	\$137	\$142	\$152
__3	Holiday	June 28-July 2	\$127	\$137	\$142	\$152
__4	Pirates	July 5-9	\$127	\$137	\$142	\$152
__5	Wrangler II	July 12-16	\$147	\$157	\$162	\$172
__6	Cartoon	July 19-23	\$127	\$137	\$142	\$152
__7	Wet n' Wild	July 26-30	\$127	\$137	\$142	\$152
__8	Super Hero	Aug 2-6	\$127	\$137	\$142	\$152
__9	Sports (at the Port YMCA)	Aug 9-13	\$127	\$137	\$142	\$152
__10	Wild n' Whacky Sports	Aug 16-20	\$127	\$137	\$142	\$152

Note: All fees go up \$10 after April 15th, so put a deposit down before April 15th to lock into our early bird rates!!

Check to register for Free Pre-care: 7:30-9:00am _____

On which days of the week: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

Have you attended Camp at Camp Alexander before? Yes No This will be my ____ year at camp.

A friend your child would like to be with: _____

Registration, deposits & payments: A \$25 non-refundable deposit is required for each week of Day Camp at time of registration. Bring in, mail or fax this completed registration form with the appropriate non-refundable deposit to secure each week attending. Mailing address: 211 Wis. River Dr., Port Edwards, WI 54469; fax 715-887-3262(fax paying with credit card only). Payment of the balance due must be paid two weeks prior to the start of camp or a child on the wait-list will be given your registered opening. State licensing requires that a Health Form including immunization information must be completed each year and in camper's file.

I understand the registration, deposit and payment guidelines. I will complete and have the Health Form including immunization information to the YMCA before my child attends camp. I authorize my child to take part in all camp activities, if applicable, including bus trips, sleepovers and field trips. In case of illness or injury the Camp Director or counselor has my permission to secure medical attention if unable to communicate with me. I authorize photographs/video taken of my child participating in camp activities to be used in promotional literature.

Parent/Guardian Signature: _____ Date _____