



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Camp Jorn YMCA Preschool Summer Camp

3 months-4 years old
Register Now! Program Dates: June 11 – August 31, 2018
Program Hours: 6:30am-5:30pm

13591 Zenner Lane
Manitowish Waters, WI 54545
campjornymca.org

Dawn Holt
715-543-8390
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Camp Jorn YMCA Preschool Summer Camp 2018

Ages 3 months – 4 years old

Complete the form below and attach one copy of camper's Enrollment Form, Health History and Immunization Record.

PRESCHOOL SUMMER CAMP REGISTRATION FORM: PreSchool Camp Programs licensed by the state of WI.

Child's Name (First & Last): _____ Gender: Male Female

Age: _____ Grade Entering (Sept. 2018): _____ Birthdate: _____ T-shirt size: _____

How many summers have you attended Camp Jorn? _____ How did you hear about us? _____

Childs _____ Mailing _____ & _____ Physical _____ Addre _____

City: _____ State: _____ Zip: _____

Email _____ for _____ registration/camper _____ communication _____ (please _____ pr _____)

My child(ren) will be attending the following:

- Session 1: June 11-June 15
- Session 2: June 18-June 22
- Session 3: June 25-June 29
- Session 4: July 2-July 6 (No camp on July 4)
- Session 5: July 9-July 13
- Session 6: July 16-July 20
- Session 7: July 23-July 27
- Session 8: July 30-August 4
- Session 9: August 6-August 10
- Session 10: August 13-August 17
- Session 11: August 20-August 24
- Session 12: August 27-August 31

Please check the program desired:

- Infant & Toddler (3 months-2 years old)**
 Full-time \$175/week Part-time \$39/day
- Two Year Old (24-30 months)**
 Full-time \$155/week Part-time \$35/day
- Preschool (2-1/2-4 years old)**
 Full-time \$135/week Part-time \$30/day

Please check the days your child will be attending:

- MON TUE WED THUR FRI

Childcare Policy:

Tuition is to be paid in full on Friday preceding the next week's service. Child care services for the child may be terminated if payment is not current.

Photo/Talent Release: I hereby irrevocably release, consent and authorize the YMCA and its agents to use my and/or my child's photograph/likeness/voice, as it pertains to my and/or my child's participation with the YMCA, in any manner for promotional efforts without the expectation of or rights to any reimbursement in connection with its use.

Parent/Guardian Signature: _____ Date: _____

Payment: Your balance may be paid by credit card, check or money order. (Make checks payable to Camp Jorn YMCA)

Pay the full fee \$ _____ Pay portion of the fee \$ _____ Total to Charge \$ _____

Credit Card #: _____ Exp. Date: _____

Print _____ Cardholder _____ Name _____

For more information call Dawn Holt at 715-543-8390 or dawn@campjornymca.org