

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 Address: _____

City: _____ State: _____ Zip: _____

Email for registration/camper communication (please print clearly): _____

Father's Name: _____ Mother's Name: _____

Employer: _____ Employer: _____

Business Phone: _____ Business Phone: _____

Home or Cell Phone: _____ Home or Cell Phone: _____

Download all forms at www.campjornymca.org/child-care/registration-forms/

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: _____

Authorized Cardholder Signature: _____

Send forms to: Camp Jorn YMCA Attn.: Dawn Holt, 13591 Zenner Lane, Manitowish Waters, WI 54545

Fax: 715-543-2390 Email: dawn@campjornymca.org

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