



2011 Lockport Family YMCA Day Camp Registration

2011 Day Camp Registration Card

Return registration to:

Lockport Family YMCA
19 East Avenue
Lockport, NY 14094
(716) 434-8887 Fax: (716) 434-0227
www.lockportymca.com
www.campkenan.com

Please Print Clearly

Campers Name _____

Date of Birth (mm/dd/yyyy) _____ / _____ / _____ Gender (please circle) Male Female

Race ___ Native American ___ Alaskan American ___ Caucasian/White ___ Hispanic ___ African American/Black ___ Asian/Pacific Is. ___ Other

Home Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone Number (____) _____ - _____ Camper Email _____

Camper School _____ Grade _____

Parent #1 _____

Parent Date of Birth(mm/dd/yyyy) _____ / _____ / _____

Home Address _____

Home Phone (____) _____ - _____

Cell Phone (____) _____ - _____

Email address _____

Employer _____

Work phone (____) _____ - _____

Parent # 2 _____

Parent Date of Birth(mm/dd/yyyy) _____ / _____ / _____

Home Address _____

Home Phone (____) _____ - _____

Cell Phone (____) _____ - _____

Email address _____

Employer _____

Work Phone (____) _____ - _____

All information is required for registration. This form must be completed in full to process.

Camper is YMCA Member ___ Yes ___ No Exp. Date _____ T Shirt Size _____

Camper lives with (please circle) Both Parents Mother Only Father Only Guardian Other

Day Camp Hours 8:30am-4:30pm

Day Camp Fees per week / per child

YMCA Member \$100 Non-Member \$175

Starpoint Day Camp YMCA Member \$105 Non-Member \$180

Extra Hours \$10 per week Early Arrival 7:00am Late Pick up 6:00pm

Camp Kenan Bus \$40 Per Week (departs YMCA promptly at 8:30am returns 5:00pm)

\$25 deposit per child / per week of Day Camp

\$2.00 deposit per child / per week of Extra Hours

\$5.00 deposit per child / per week of Camp Kenan Bus

All deposits due at time of registration. All balances due Wednesday prior to attending camp.

As parent/guardian of the above child I hereby waive, release and forever discharge the YMCA and it's officers, agents, employees, representatives, executors and all others acting on their behalf from any and all responsibilities or liability for injuries or damage arising out of his/her presence on the premises of the YMCA and its program premises. I also hereby release all of those mentioned above and any others acting upon their behalf from any responsibility or liability for any injury or damage sustained resulting from the participant's use of the YMCA's equipment or facilities or participation in YMCA activities, whether on YMCA premises or at another location. I understand the risks and dangers involved in participation in programs and activities of the YMCA. I agree to all policies set by the YMCA as written in the YMCA membership handbook.

Parent Signature _____ Date _____

X the week & camp your child will be attending. \$25 per week deposit required Non refundable / Non transferable	Fees	Week 1 6/27 - 7/1	* Week 2 7/5 - 7/8 4 Day week	Week 3 7/11 - 7/15	Week 4 7/18 - 7/22	Week 5 7/25 - 7/29	Week 6 8/1 - 8/5	Week 7 8/8 - 8/12	Week 8 8/15 - 8/19	Week 9 8/22 - 8/26	Week 10 8/29 - 9/2
YMCA Day Camp	\$100 \$175										
YMCA Day Camp extra hours	\$110 \$185										
Camp Kenan Day Camp	\$100 \$175										
Camp Kenan DC extra hours	\$110 \$185										
Camp Kenan DC w/ Bus	\$140 \$215										
Camp Kenan DC extra hours & Bus	\$150 \$225										
Starpoint Day Camp	\$105 \$180										
Starpoint Day Camp extra hours	\$115 \$190										
Kiddie Kamp	\$100 \$175										
Kiddie Kamp extra hours	\$110 \$185										
Kiddie Kamp Starpoint	\$105 \$180										
Kiddie Kamp Starpoint extra hours	\$115 \$190										
STAC YMCA	\$100 \$175										
STAC Starpoint	\$105 \$180										

* Week 2 Prices – YMCA \$80/\$140 Starpoint \$84/\$144 Extra Hours \$8 CK Bus \$32

Department of Social Services Assistance Yes No Authorization letter required to register.
 Weekly Co-Payment amount \$ _____ Co-Pay or \$25 per week due to reserve space.
 YMCA financial Assistance yes no Date application submitted

weeks registered _____ Camp deposits paid \$ _____ Total deposits paid \$ _____
 _____ Extra Hours deposits paid \$ _____ Total balance due \$ _____
 _____ Camp Kenan Bus deposits paid \$ _____

Or please charge to:

Visa MasterCard Discover Debit Card

Account Number _____

Expiration Date _____ Amount \$ _____

Cardholder's Name _____

Cardholder's Signature _____

Return this completed form with checks payable to:

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