

# WINTER DAY CAMP 2015-16 @ Parkway YMCA | Ages 5-12

DAILY RATES: \$25 FOR Y MEMBERS | \$35 FOR COMMUNITY PARTICIPANTS  
ADDITIONAL \$5 PER DAY FOR EXTENDED STAY\*

Please mark each day your child will be attending. Please note the daily rate remains the same for half days.

- |   |   |                                    |
|---|---|------------------------------------|
| <input type="checkbox"/> December 21                          | <input type="checkbox"/> December 28                          | <input type="checkbox"/> January 4 |
| <input type="checkbox"/> December 22                          | <input type="checkbox"/> December 29                          |                                    |
| <input type="checkbox"/> December 23                          | <input type="checkbox"/> December 30                          |                                    |
| <input type="checkbox"/> December 24 - Half Day (7:30 - 12PM) | <input type="checkbox"/> December 31 - Half Day (7:30 - 12PM) |                                    |



\*Regular day camp hours are from 7:30 AM - 5:30 PM, Extended stay is from 7:00 AM - 6:00 PM.  
No extended day offered on half days. Financial assistance is available on first come first serve basis.

Camper's Full Name: \_\_\_\_\_  
Gender:  Male  Female Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Primary Guardian Name: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email\*: \_\_\_\_\_  
(\*Please be sure you submit a valid email, updates will be sent via email!)

Second Guardian Name: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

List Any Known Allergies: \_\_\_\_\_  
Dietary Restrictions: \_\_\_\_\_

Unless presented with court authorized documents, both parents are assumed to have permission to pick up your child. please list parents as well as other adults (18 and older) who have permission to pick up your child from this program. The YMCA does not release your child to anyone other than those listed below unless notified in writing by a parent.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Day Phone: \_\_\_\_\_

I also understand that fee's are NON-REFUNDABLE, except for medical reason accompanied by a doctor's note. I give consent for my child's full participation in all day camp activities and hereby do release the Capital Region YMCA its officers, employees, volunteers, and representatives from all liability deriving.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Online registration available at [CAPITALREGIONYMCA.ORG](http://CAPITALREGIONYMCA.ORG)! Please submit to the YMCA!

Contact: Terrance White | [twhite@capitalregionymca.org](mailto:twhite@capitalregionymca.org) | 850-877-6151

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