

HALF-DAY CAMPS

Half-Day Registration 2016

Child's Full Name _____ DOB _____ Age (as of start of camp) _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Male Female Current YMCA Member? Yes No
 Mother's/Guardian's Full Name _____ Daytime Phone _____ Alt. Phone _____
 Father's/Guardian's Full Name _____ Daytime Phone _____ Alt. Phone _____
 Primary Email _____

EMERGENCY CONTACTS/AUTHORIZED PICK UPS (other than Parent/Guardian)

In the event of an emergency and parent/guardian cannot be reached I authorize the following people to be contacted on my behalf and allowed to pick up my child:

Name _____ Relationship _____ Phone _____
 Name _____ Relationship _____ Phone _____

Please staple an additional sheet if more names need to be listed.

CAMPS REQUIRE \$20 DEPOSIT/WEEK	WEEK 1 6/27-7/1	WEEK 2 7/5-7/8	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
BITTY BEARS	<input type="checkbox"/> M-F <input type="checkbox"/> M,W,F <input type="checkbox"/> T,R	<input type="checkbox"/> M-F <input type="checkbox"/> M,W,F <input type="checkbox"/> T,R	<input type="checkbox"/> M-F <input type="checkbox"/> M,W,F <input type="checkbox"/> T,R	<input type="checkbox"/> M-F <input type="checkbox"/> M,W,F <input type="checkbox"/> T,R	<input type="checkbox"/> M-F <input type="checkbox"/> M,W,F <input type="checkbox"/> T,R	<input type="checkbox"/> M-F <input type="checkbox"/> M,W,F <input type="checkbox"/> T,R	<input type="checkbox"/> M-F <input type="checkbox"/> M,W,F <input type="checkbox"/> T,R	<input type="checkbox"/> M-F <input type="checkbox"/> M,W,F <input type="checkbox"/> T,R	<input type="checkbox"/> M-F <input type="checkbox"/> M,W,F <input type="checkbox"/> T,R	<input type="checkbox"/> M-F <input type="checkbox"/> M,W,F <input type="checkbox"/> T,R
MINI ARTISTS & ATHLETES	<input type="checkbox"/> 6/13-6/15	<input type="checkbox"/> 6/20-6/23	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MINI ARTISTS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>
ARTS CAMP STONE QUARRY AGES 6-9	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	N/A	N/A	N/A	N/A
ARTS CAMP STONE QUARRY AGES 10-14	N/A	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	N/A	N/A	N/A	N/A	N/A
TEEN ARTS CAMPS	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	N/A	N/A	N/A
DANCE CAMP AT MANLIUS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A	N/A	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>
TWEEN CAMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
TWEEN FIT CAMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A	N/A	N/A	N/A	N/A
TENNIS CAMP Racquet Rookies Intermediate Challengers Power Hitters	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	N/A	N/A
JUNIOR SPORTS CAMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A	N/A

PLEASE MAIL ALL PAYMENTS AND FORMS TO: EAST AREA FAMILY YMCA, ATTN: PROGRAM BOOKKEEPER, 200 TOWNE DRIVE, FAYETTEVILLE, NY 13066

FOR OFFICE USE ONLY: Member / Non-Member Registration Form F/A Forms Complete Auto Pay Form
 Staff Initials _____ Date Received _____
 Missing Info Form Sent on _____ Reason: _____

