

Wayne County YMCA
After School Camp at Wallenpaupack Sept 5th-Oct 31st
For Kindergarten – 5th Graders
Registration Form

Name: _____ Gender: _____ DOB ____/____/____ Age: _____ Grade: _____ Member: _____

Address: _____ Email: _____

Parent/Guardian's Name: _____ Employer: _____

Cell #: _____ Home#: _____ Work#: _____

Parent/Guardian's Name: _____ Employer: _____

Cell #: _____ Home#: _____ Work#: _____

Siblings Attending: _____ Grade: _____

Health Concerns: _____

Emergency Contact: If parents can't be reached:

Name: _____ Relationship: _____ Phone# _____

Pick Up Authorization: Names and phone numbers of the people allowed to pick up your child:

1. _____ 2. _____

3. _____ 4. _____

Notes: (Please Notify us of any issues pertaining to parental or family contact with this child. P.F.A's etc.)

Agreement

I have read & understand the information above. I wish to register my child for After School Camp with YMCA. I agree to pay the rate of \$7.50/day or \$35/week (member), \$10.00/day or \$45/week (non-member) for each day my child is scheduled to attend the program. * **Financial Assistance Available** *

Parent/Guardian Signature: _____ Date: _____

Staff Signature: _____ Date: _____

6 Month Update of Agreement and Emergency Contact

Parent/Guardian Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Photo Release Agreement

1. I give permission to the YMCA to use the photograph or likeness of my child for the purpose of educational or promotional matter.

Parent/Guardian Signature: _____ Date: _____