

DOA: \_\_\_\_\_

**Wayne County YMCA**  
**After School Camp at Wallenpaupack**  
**For Kindergarten – 5<sup>TH</sup> Graders 2022-2023**  
**Registration Form**

Name: \_\_\_\_\_ Gender: \_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Grade: \_\_\_\_\_ Y Member: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home#: \_\_\_\_\_ Work#: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home#: \_\_\_\_\_ Work#: \_\_\_\_\_

Names of 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 \$10.00/day or \$45/week (member), \$15.00/day or \$70/week (non-member) for each day my child is scheduled to attend the program. Ask about sibling discount for full week program only. \* Financial Assistance Available to those who qualify\*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**6 Month Update of Agreement and Emergency Contact**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Member 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: \_\_\_\_\_