



CAMP JEWELL YMCA

2017/18 Sunrise Childrens Center Registration Form

A separate form must be completed for each participant.

Child's Information: Male Female

Last Name: _____ First Name: _____
Date of Birth: ___/___/___ (must be at least 4) Grade _____ School: _____
Child Lives with: _____

Please note any special needs your child may have (including allergies):

Would you like a camp staff member to contact you regarding your child before the session commences? YES/NO

Primary/Parent/ Guardian Information: (All information, correspondence and invoices will be sent to this name)

Relationship to Child: Mother Father Other: _____ Mr. Mrs. Ms. Dr.
Last Name: _____ First Name: _____ Occupation: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email Address: _____ Date of Birth: ___/___/___
Street Address: _____ City: _____ State: _____
Zip/Postal Code: _____

Secondary/Parent/ Guardian Information: (All information, correspondence and invoices will be sent to this name)

Relationship to Child: Mother Father Other: _____ Mr. Mrs. Ms. Dr.
Last Name: _____ First Name: _____ Occupation: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email Address: _____ Date of Birth: ___/___/___
Street Address: _____ City: _____ State: _____
Zip/Postal Code: _____

Emergency Contacts & Authorized Pick up Persons: (In addition to parents/guardians)

*Use this area to list the individual(s) we may contact in an emergency and that you authorize to pick up your child from camp if you are unable to do so.

1. Name: _____ 2. Name: _____
Relationship to Child: _____ Relationship to Child: _____
Home Phone: _____ Home Phone: _____
Cell/Work Phone: _____ Cell/Work Phone: _____

PAYMENT INFORMATION

Payment Method: Check Enclosed Credit Card
Please charge \$ _____ on my credit card
MC VISA AMEX DISCOVER

Card # _____
Exp. Date: ___/___ Security Code: _____

Authorized Signature: _____

Cardholder's name (please print) _____

Please Make Checks Payable to: Camp Jewell YMCA

Please refer to the current SMCC flyer for information.

Please write session number here: _____

Please check session and write in fee.

____ Monday Fee: _____
____ Tuesday Fee: _____
____ Wednesday Fee: _____
____ Thursday Fee: _____
____ Friday Fee: _____
____ Daily Rate Number of Days: _____ Total Due: \$ _____

Parental Understanding

Please List Dates Required: _____

I agree to pay the total fee upon registration. Cancellations within 14 days of a particular session are non-refundable. I understand that I may not register my child for an SMCC program if I have an outstanding balance due to the YMCA. I hereby grant permission for the applicant to participate in all planned SMCC activities. **Please note the fees are per session, we are unable to charge per day.**

I authorize the Director to seek emergency medical attention for my child in the case of an accident or illness if I cannot be reached by phone. I authorize the YMCA to have and use the name, photographs, slides, and video tape of the person named on this application in camp promotion materials.

Adult or Parent (of minor) Signature/Date _____