



SUMMER CAMP 2018 KINDER RIDGE REGISTRATION

CAMP ENROLLMENT

- Kinder Ridge K (for children entering Kindergarten for the 2018-2019 school year)
- Kinder Ridge 1 (for children entering 1st grade for the 2018-2019 school year)

PARTICIPANT INFORMATION (Please print clearly. Use one form per child.)

Is your child a YMCA member? Yes No

Full Name _____

Gender: Male Female

Date of Birth _____

School District: 41 89 200 Other

RESPONSIBLE PAYER

Full Name _____

Email _____

Address _____

City, State ZIP _____

Cell Phone _____

Alternate Phone _____

ACKNOWLEDGMENT OF POLICIES REGISTRATION FEE

I understand that the registration fee of \$10 per camp week is required at the time of registration, and is non-refundable and non-transferable.

Signature _____ Date _____

REFUND POLICY

I understand that any changes to camp registrations due to vacations must be made by June 1. After June 1, a camper may withdraw from a camp week, but will forfeit 60 percent of the camp fee. There will be no refund for unattended sessions.

Signature _____ Date _____

TRANSFER POLICY

I understand that I am able to transfer camp weeks if there is open space. Any transfer will require a \$10 transfer fee. Registration fees cannot be transferred.

Signature _____ Date _____

-OVER-

CAMP REGISTRATION

**If your child's last day of school falls in the middle of camp Week 1, or first day is in the middle of Week 11, that camp week will be prorated. Check the appropriate box if this situation applies: Week 1 prorated Week 11 prorated

SESSION	KINDER RIDGE CAMP FEE	CAMP FEE WITH EXTENDED CARE	TOTAL
1: June 4-8**	<input type="checkbox"/> Member \$150 <input type="checkbox"/> Non-member \$190	<input type="checkbox"/> Member \$180 <input type="checkbox"/> Non-member \$230	\$
2: June 11-15	<input type="checkbox"/> Member \$150 <input type="checkbox"/> Non-member \$190	<input type="checkbox"/> Member \$180 <input type="checkbox"/> Non-member \$230	\$
3: June 18-22	<input type="checkbox"/> Member \$150 <input type="checkbox"/> Non-member \$190	<input type="checkbox"/> Member \$180 <input type="checkbox"/> Non-member \$230	\$
4: June 25-29	<input type="checkbox"/> Member \$150 <input type="checkbox"/> Non-member \$190	<input type="checkbox"/> Member \$180 <input type="checkbox"/> Non-member \$230	\$
5: July 2-6* *Prorated due to July 4th.	<input type="checkbox"/> Member \$120 <input type="checkbox"/> Non-member \$152	<input type="checkbox"/> Member \$144 <input type="checkbox"/> Non-member \$184	\$
6: July 9-13	<input type="checkbox"/> Member \$150 <input type="checkbox"/> Non-member \$190	<input type="checkbox"/> Member \$180 <input type="checkbox"/> Non-member \$230	\$
7: July 16-20	<input type="checkbox"/> Member \$150 <input type="checkbox"/> Non-member \$190	<input type="checkbox"/> Member \$180 <input type="checkbox"/> Non-member \$230	\$
8: July 23-27	<input type="checkbox"/> Member \$150 <input type="checkbox"/> Non-member \$190	<input type="checkbox"/> Member \$180 <input type="checkbox"/> Non-member \$230	\$
9: July 30 - August 3	<input type="checkbox"/> Member \$150 <input type="checkbox"/> Non-member \$190	<input type="checkbox"/> Member \$180 <input type="checkbox"/> Non-member \$230	\$
10: August 6-10	<input type="checkbox"/> Member \$150 <input type="checkbox"/> Non-member \$190	<input type="checkbox"/> Member \$180 <input type="checkbox"/> Non-member \$230	\$
11: August 13-17**	<input type="checkbox"/> Member \$150 <input type="checkbox"/> Non-member \$190	<input type="checkbox"/> Member \$180 <input type="checkbox"/> Non-member \$230	\$
To pay the member rate, the camper must be a Y member at the time of registration.			TOTAL \$

For families with three children registered for camp, a 20 percent discount will be applied to fee for the child attending the least expensive program.

FINANCIAL ASSISTANCE

If you receive financial assistance, please indicate type: B.R. Ryall YMCA scholarship State of Illinois subsidy*

*Must complete change of provider forms by May 1.

PAYMENT SCHEDULE

Please indicate how you will pay for the camp sessions. Please provide a credit card number below for draft of camp fees.

Payment in full at the time of registration for all registered sessions

(Anyone who pays in full at registration for all 11 camp weeks will receive a 10 percent discount.)

Credit card charge on June 1, July 2 and August 1 for that month's registered sessions

(Weeks 1-4 will be charged on June 1; weeks 5-8 will be charged on July 2; and weeks 9-11 will be charged on August 1.)

PAYMENT INFORMATION

Enclosed is my check made payable to the B.R. Ryall YMCA.

Please charge my credit card: AMEX Discover Mastercard Visa

Card # _____ CSV _____ Expiration Date _____

Name on Card _____ Signature _____

Office Use Only	D1
Dep	D2
	D3