



2010 DAY CAMP REGISTRATION FORM – East Belleville YMCA

CAMPER INFORMATION

Membership # \_\_\_\_\_

Camper's Name \_\_\_\_\_ Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade Entering \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_ Gender M F

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell/Pager \_\_\_\_\_ Work \_\_\_\_\_

Address(if different) \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Please place an "X" in the white boxes for each week you would like to register for camp. Be sure to indicate if you need AM and/or PM Care.

Member _____ Non-Member _____	Registration Fee	June 1-4	June 7-11	June 14-18	June 21-25	June 28-July 2	July 5-9	July 12-16	July 19-23	July 26-30	Aug 2-6	Aug 9-13
		WK 1	WK 2	WK 3	WK 4	WK 5	WK 6	WK 7	WK 8	WK 9	WK 10	WK 11
Registration Fee												
Traditional Camp												
Kinder Camp Full Day												
Kinder Camp ½ Day												
CIT												
Tweens on the Move												
BlueStorm Basketball												
Computer Camp												
Craft Building Camp												
Babysitters Camp												
Swim Camp												
Water Park Hop												
AM Care												
PM Care												

Total Fees \_\_\_\_\_

(Less Discounts) \_\_\_\_\_

TOTAL PAID \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY  
 Third party Provider:  
 CHASI \_\_\_ Yes \_\_\_ No  
 Scholarship \_\_\_ Yes \_\_\_ No  
 Co-pay: \$ \_\_\_\_\_