



2010 DAY CAMP REGISTRATION FORM – O’Fallon 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.
At the bottom of the form, indicate with an “X” if you require pre-post care.**

	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	August 2-6	August 9-13	
Weeks	Wk 1	Wk 2	Wk 3	Wk 4	Wk 5	Wk 6	Wk 7	Wk 8	Wk 9	Wk 10	Wk 11	
Day Camp												
Baseball/Softball												
Basketball Camp												
Cheerleading/Gymnastics Camp												
Flag Football												
Golf Camp												
Soccer Camp												
Volleyball Camp												
Rock Climbing/Racquetball												
Fun & Fit Camp												
P.E. Recess Games												
Just Dance												
All the World's a Stage												
A Picture lasts a Lifetime												
Aquatic/Marine Biology												
Drama for the Young												
Explorers of the Wild Frontier												
Let's Get Crafty												
Computer Camp												
Ooey, Gooey, Sloppy Science												
Train your "I" in CSI												
What's Cooking												
Puppet Camp												
Kinder Camp												
CIT Program												
Pre Care												
Post Care												

Weekly Fees/Deposits Paid \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

Initial Day Camp Payment

One Time Registration Fee of \$25 \$ _____

(\$10 discount if registered during Kick-off)

First Week paid in full: \$ _____

Additional Weeks (\$10 deposit x # of weeks): \$ _____

Total Amount Paid: \$ _____

Second Child Discount - \$5.00 off balance each week.

Signature _____ Date _____

Member _____ Non-Member _____

FOR OFFICE USE ONLY	
Third party Provider:	
CHASI	___ Yes ___ No
Scholarship	___ Yes ___ No