



YMCA of SOUTHWEST ILLINOIS

**2012 DAY CAMP REGISTRATION FORM - DOWNTOWN BELLEVILLE/OUTDOOR CENTER YMCA**

**CAMPER INFORMATION**

Member # \_\_\_\_\_ Non-Member \_\_\_\_\_

Camper's Name \_\_\_\_\_ Phone \_\_\_\_\_ Birth date \_\_\_\_\_ 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.

Camp Name	Ages	Time	1	2	3	4	5	6	7	8	9	10	11
			May 29 - June 1	June 4-8	June 11-15	June 18-22	June 25-29	July 2-6	July 9-13	July 16-20	July 23-27	July 30 - Aug 3	Aug 6-10
<b>OUTDOOR CENTER CAMPS</b>													
Camp Kataka Full Day	6-12	9a-4p											
KinderCamp	3-5	9a-4p											
Counselor in Training	13-15	9a-4p											
Just Dance!	7-12	9a-4p											
Canoeing 101	7-12	9a-4p											
Climbing 101	10-15	9a-4p											
Cooking Camp	8-14	9a-4p											
Flag Football Camp	6-12	9a-4p											
Gone Fishin'	6-12	9a-4p											
Association Field Day*	7-12	9a-4p											
Imagination Land - Drama Camp	12-17	9a-4p											
All The World's a Stage	8-12	9a-4p											
<b>Pre &amp; Post Care (at OC only)</b>													
Pre Care	6-12	6:30a-9a											
Post Care	6-12	4p-6p											
Combo (Pre & Post Care)													
<b>DOWNTOWN BELLEVILLE CENTER</b>													
Curious George's Aquatic	4-6	1p-4p											

**Initial Day Camp Payment**

One Time Registration Fee of \$0 - March 10<sup>th</sup> \$ \_\_\_\_\_  
 One Time Registration Fee of \$10 - March 11<sup>th</sup>-18<sup>th</sup> \$ \_\_\_\_\_  
 One Time Registration Fee of \$20 - March 19<sup>th</sup> - April 28<sup>th</sup> \$ \_\_\_\_\_  
 One Time Registration Fee of \$40 - April 29<sup>th</sup> - End of Summer \$ \_\_\_\_\_

First Week paid in full: \$ \_\_\_\_\_

Reserve Specialty Camps - \$25.00 \$ \_\_\_\_\_

Total Amount Paid: \$ \_\_\_\_\_

FOR OFFICE USE ONLY

Third party Provider:

CHASI Yes No

Scholarship Yes No

Co-pay: \$ \_\_\_\_\_

Co-pay: \$ \_\_\_\_\_