



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Licking County Family YMCA
LICKING HEIGHTS- North Elementary
6507 Summit Rd, Pataskala, OH 43062
Fax: 740.964.1625
Phone: 740.964.1674 option 7

Registration Date: ___/___/___

Membership Status: _____

Weeks Attending: _____ Deposit: _____

Processed by: _____

2017 Summer Day Camp

Child's Last Name (please print) First MI

Street Address

Cell Phone-Mom Cell Phone-Dad

City State Zip Code

_____ Female _____ Male

E-mail Address-Mom

E-mail Address-Dad

Pre-Camp: \$32.00/day tuition rate

Post-Camp: *Rates vary; based on program enrollment

Week 0- May 30-June 2, 2017	
	Tuesday May 30th
	Wednesday May 31st
	Thursday June 1st
	Friday June 2nd

Week 11- August 14-15, 2017	
	Monday August 14th
	Tuesday August 15th
	First day of school is August 16 th , 2017

Fee/Enrollment Schedule: ***Weekly Camp Fees are located in the Summer Camp Brochure***
Please select the weeks your child will be attending camp. There is a \$25 non-refundable deposit for each week of camp attended

Week 1- June 5-9, 2017		*Additional Fee*
	Traditional- Passport to...FUN	
	Specialty- Baseball Camp	\$20

Week 6- July 10-14, 2017		*Additional Fee*
	Traditional- At the Movies	
	Specialty- Cheer & Dance Camp	\$20
	Specialty- Outdoor Adventure	\$20

Week 2- June 12-16, 2017		*Additional Fee*
	Traditional- Grossology	
	Specialty- Gymnastics	\$15
	Specialty- Super Hero Academy	\$20

Week 7- July 17-21, 2017		*Additional Fee*
	Traditional- Decades of Fun	
	Specialty- Beauty Boot Camp	\$20
	Specialty- Soccer Camp	\$20

Week 3- June 19-23, 2017		*Additional Fee*
	Traditional- Color Craze	
	Specialty- Mad Scientist	\$20
	Specialty- Artful Antics	\$20

Week 8- July 24-28, 2017		*Additional Fee*
	Traditional- Olympics	
	NO SPECIALTY	

Week 4- June 26-June 30, 2017		*Additional Fee*
	Traditional- Wet-N-Wild	
	Specialty- Soccer Camp	\$20
	Specialty- Princess 101	\$20

Week 9- July 31-August 4 2017		*Additional Fee*
	Traditional- It's a Thingamaji	
	Specialty- Lego Construction	\$20
	Specialty- Basketball Camp	\$15

Week 5- July 3-7, 2017 (closed Tuesday)*Additional Fee		*Additional Fee
	Traditional- Holiday Hulabaloo	
	Specialty- Cooking Camp	\$20
	Specialty- Super Hero Academy	\$20

Week 10- August 7-11, 2017		*Additional Fee*
	Traditional- #TBS Throwback Summer	
	Specialty- Cooking Camp	\$20

Before and After Camp Care:

Day camp hours are 8:30 a.m. to 3:30 p.m. Please indicate below if your child will need care before 8:30 a.m. and/or after 3:30 p.m.

Before Camp: _____ \$10 per week; children who will arrive to camp between 6:30 a.m. - 8:30 a.m.

After Camp: _____ \$15 per week; Children who will need to be picked up between 3:30 p.m. - 6:00 p.m.



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Permission & Authorization

Child's Name _____ **Grade as of Aug. 2017** _____

Immunizations

Is your child current on all their immunizations:

- Yes, they are current
- No, they are NOT current

Please list insurance provider: _____ Date of last tetanus vaccine: _____

Transportation

The YMCA will be responsible for transportation of children to and from routine swimming trips as well as occasional field trips. Please indicate permission for these trips

- Yes, I grant permission
- No, I do NOT grant permission

Parent Signature: _____ Date: _____

Participation

Is there any reason your child should NOT participate in camp or certain activities?

- Yes
- No

If yes, please explain:

Swimming Ability

Please check which category best describes your child's swimming ability

- Non-swimmer
- Beginner
- Intermediate/Advanced

I hereby give permission for my child, _____ to participate in swimming activities at the Newark Hollandar Pool and Newark Branch Outdoor Pool.

Parent Signature: _____ Date: _____

Photo Permission

The YMCA Western Branch occasionally will take pictures of campers and LITs during camp activities for use in promotional materials. Do you grant the Licking County Family YMCA permission to take/use photographs for your child?

- Yes, I grant permission
- No, I do NOT grant permission

Parent Signature: _____ Date: _____

Authorized Pick-Up

The Following People have my permission to pick-up my child

Name	Relationship to child	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

***Please attach a copy of any custody paperwork that would affect your child while in our care.**

