

2023 Summer Camp Weekly Registration Form

Camper's Name: _____ Camp Group: _____

Parent(s) Name: _____ Phone #: _____

Email: _____ Circle One: **Member** **Non-Member**

Circle the options that fit your child's summer schedule

	Full Week	Up to 3 Day Week	Days Attending (Circle)	Weekly Total			Full Week	Up to 3 Days Week	Days Attending (Circle)	Weekly Total
Week 1 June 5-9	\$165 members or \$205 non-members	\$110 members or \$140 non-members	M T W H F	Total \$ _____		Week 10 August 7-11	\$165 members or \$205 non-members	\$110 members or \$140 non-members	M T W H F	Total \$ _____
Week 2 June 12-16	\$165 members or \$205 non-members	\$110 members or \$140 non-members	M T W H F	Total \$ _____		Week 11 August 14-18	\$165 members or \$205 non-members	\$110 members or \$140 non-members	M T W H F	Total \$ _____
Week 3 June 19-23	\$165 members or \$205 non-members	\$110 members or \$140 non-members	M T W H F	Total \$ _____						
Week 4 June 26-30	\$165 members or \$205 non-members	\$110 members or \$140 non-members	M T W H F	Total \$ _____	<input type="checkbox"/> I'm electing to have payments withdrawn by: ___ Checking <ul style="list-style-type: none"> • Please attach voided check if choosing this option ___ Credit Card Credit Card #: _____ Name on Card: _____ Expiration Date: ___/___/___					
Week 5 July 5-7	\$110 members or \$140 non-members	\$110 members or \$140 non-members	W H F	Total \$ _____						
Week 6 July 10-14	\$165 members or \$205 non-members	\$110 members or \$140 non-members	M T W H F	Total \$ _____	<input type="checkbox"/> In house/online weekly payments will be made by the parent/guardian					
Week 7 July 17-21	\$165 members or \$205 non-members	\$110 members or \$140 non-members	M T W H F	Total \$ _____	<input type="checkbox"/> Special Arrangement. Needs to be set up before start of attendance. Please let us know if you're unsure if your circumstances fall within this category. (CCAP, Grant, Ect)					
Week 8 July 24-28	\$165 members or \$205 non-members	\$110 members or \$140 non-members	M T W H F	Total \$ _____	I authorize the Marshall Area YMCA to take camp payments as indicated above: Signature: _____					
Week 9 July 31-Aug 4	\$165 members or \$205 non-members	\$110 members or \$140	M T W H F	Total \$ _____	Cancellation Policy: Any changes made to the original registration may be made; as long as it is completed by Monday, one week PRIOR to the week of care. Changes made after one week prior to the child's registration week may receive a 50% refund or credit. Once a week of care begins, we will not give credits or refunds for that week.					

Note: All payment information will be used solely for camp registration purposes and will be secured.