



DAYCAMP REGISTRATION

Section 1

DayCamp for: _____ SITE: SUBARU YMCA Date: _____

Section 2 For Members Only

Check If Current Member Update My Record

Childs First Name: _____ Last Name: _____

Phone Number in case of Update Questions: _____

Non-Members please fill in section 6 also

Section 3 Authorization

List names of all persons authorized to take my child from the facility and to contact in case of an emergency.

Please list yourself.

(Photo ID will be required at pick up.)

Name	Relationship	Phone
1 _____	_____	____-____-____
2 _____	_____	____-____-____
3 _____	_____	____-____-____
4 _____	_____	____-____-____

Section 4 Program Fees

Standard:	8:00am to 5:00pm	Members:	\$105/week	\$24/day	\$	____.____
		Non-Members	\$125/week	\$29/day		
ADD	7:00am to 8:00am	Members:	\$15/week	\$3/day	+	\$ ____.
AM Care		Non-Members	\$20/week	\$4/day		
ADD	5:00pm to 6:00pm	Members:	\$15/week	\$3/day	+	\$ ____.
PM Care		Non-Members	\$20/week	\$4/day		

MEMBERS ONLY

Additional Child Discount (A 20% Discount is provided for each additional child from the same Family Membership)

Additional Child(ren) X \$ ____ Fee X 0.80 --> \$ ____.

Child Care Voucher - \$ ____.

Total = \$ ____.

OFFICE USE ONLY!	AMOUNT PAID:	Cash / Credit / Check	Check #:
VALIDATE MEMBERSHIP:	STAFF INITIALS:	RECEIPT #:	

DAYCAMP REGISTRATION CONTINUED

Section 5 Health History

Please List any health concerns that we need to be notified of below :

Medication Now taking (if any) :

Section 6 Record Updates **Non Members Fill In**

First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Address:	<input type="text"/>	School:	<input type="text"/>
City:	<input type="text"/>	Zip:	<input type="text"/>
Home Ph:	<input type="text"/>	Sex:	<input type="text"/> M <input type="text"/> F
Birthdate:	<input type="text"/>	E-Mail:	<input type="text"/>
Mother/Guardian:	<input type="text"/>	Mess Ph:	<input type="text"/>
Father/Guardian:	<input type="text"/>	Mess Ph:	<input type="text"/>

Section 7 Survey

How did you hear of our program? 1.Walk In 2. Friend 3. Fam Magazine 4. Membership 5. Other _____

Section 8 Signature

I hereby certify that the above named individual is in good health and capable of participation in the YMCA of Kern County programs, equipment and facilities. I hold the YMCA harmless for any damages or injuries sustained on any activities. In case of a accident, the YMCA of Kern County has my authorization to secure, at my expense, such medical attention as is deemed necessary for the individual named on this form. I also understand that parent and child conduct must reflect YMCA Youth Program Philosophy, and I authorize the YMCA to use photographs, slides and/or videos of the person on this application as may be needed for its public relations program. There will be no cash refund unless the program is cancelled. Program credit will be given if requested.

There are no per hour options. DayCamp is provided for hours listed regardless of the number of hours actually used. **Late Pick up is \$1/min.** For Credit Card payments this signature authorizes charging of your card and your agreement to the credit card terms.

Parent/Guardian Signature: _____ Date: _____