

Summer Camp Enrollment Form



Child's name: _____ Date of Birth: _____

Parents/Guardians Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Start Date: _____

I am contracting with the Marshfield Area YMCA Summer Camp childcare services for the 2010 year.

Summer Day Camp \$35 Registration Fee		
Full Time	5 days a week	\$130/week
Part Time	4 days or less	\$105/week
Summer School Options		
Full Time	5 days/week	\$115/week
Part Time	4 days or less	\$95/week
Summer Day Camp and Summer School Drop in Rate		\$36/day

- ♣ A \$35 Non-Refundable Registration Fee is due at enrollment
- ♣ Required forms provided at enrollment must be completed prior to your child attending summer camp
- ♣ Bank draft payments are not offered for this program
- ♣ To guarantee your space, payment and schedules are due the **Thursday** before your child attends the following week
- ♣ Summer School schedules are due to the Y no later than 6/4/10
- ♣ Some optional field trips may have an additional cost

By signing below, I agree to the terms of Summer Camp listed above.

Parent/Guardian Signature

Date