

WESTFIELD AREA YMCA CAMP 2021 REGISTRATION FORM

Camper's Name: _____ Last _____ First _____ Birth Date: _____ Age _____ Sex: _____

Address: _____ Street _____ Town _____ Zip _____ Phone: _____

Parent/Guardian Email 1: _____ Parent/Guardian Email 2: _____

PLEASE WRITE THE CAMP NAME IN EVERY WEEK FOR WHICH YOU WOULD LIKE TO REGISTER THIS CAMPER:

	EXAMPLE	WEEK 1 6/28-7/12	WEEK 2 7/5-7/9	WEEK 3 7/12-7/16	WEEK 4 7/19-7/23	WEEK 5 7/26-7/30	WEEK 6 8/2-8/6	WEEK 7 8/9-8/13	WEEK 8 8/16-8/20	WEEK 9 8/23-8/27
Full Day	—									
Half Day (AM)	<i>Half-Day Complement</i>									
Half Day (PM)	<i>Mysteries of Magic</i>									
Before Care W=Westfield G=Garwood	W									
After Care W=Westfield G=Garwood	W									

Camp shirt size (circle one): **YS** **YM** **YL** **AS** **AM** **AL** Member ID #: _____

1. Remaining balances will be charged to the credit card provided at registration according to the payment schedule found on page 2. Payments by cash or check are due according to the payment schedule. _____ (initial).
2. I have read and understand the parent handbook (located online) and the camp change and cancellation policies on page 2. _____ (initial).
3. I understand there is a late pick-up fee of \$20 for every 15 minutes after camp end time. _____ (initial)
4. I give the Westfield Area Y permission to photograph my child and use the photographs for Y promotional purposes. _____ YES or _____ NO (initial one).

The Westfield Area YMCA is a 501(c)(3) charitable non-profit organization. Every year, we help approximately 300 less fortunate individuals participate in childcare, camp, membership and other rewarding Y programs. Your tax-deductible contribution helps children experience the magic of camp!

I would like to contribute the following amount to a family in need: \$25 \$50 1 week of camp (\$300) Other \$ _____

