

# 2023 SUMMER CAMP REGISTRATION FORM

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Your **Code Word** is required for pick up verification and can be used to allow pick up outside of the specific authorization list with caregivers' permission and a valid ID

## **CHILD'S INFORMATION**

Child's Name	Preferred Nam	ne
Address	City	Zip
Gender: Male Female Rat	ther Not Say Additional Identity	
Birth date	Age (as of registration date)	T-Shirt Size
Ethnicity: HISPANIC OTHER Race	: WHITE BLACK ASIAN-AMERICAN	INDIAN HAWAIIAN/PACIFIC ISLANDER
CONTACT INFORMATION		
Primary Contact Name:		Birthdate:
Relationship to Camper:		
Address	City	Zip
Phone	Email address	
Secondary Contact Name: _		
Relationship to Camper:		
Address	City	Zip
Phone	Email address	
EMERGENCY CONTACT INFORMA	TION	
Name	Relationship to Camper	Phone
Name	Relationship to Camper	Phone
AUTHORIZED PICK-UP INFORMA	TION	
	s there is sufficient court documental	rdian of the child may pick up the child at tion on file at the facility that indicates
	amily YMCA to allow the following inded:	dividual(s) to pick up my child(photo ID and
Persons not authorized to visit or	pick up my child (documentation must	: be attached):



Camp Session	Dates	Price	Initial
Session 1 – Lights, Camera, Action!	June 12-16	\$150	
Session 2 – Wild, Wild West	June 19-23	\$150	
Session 3 – The Outback	June 26-30	\$150	
Session 4 – Stars and Stripes	July 3-7	\$150	
Session 5 – Out of this World	July 10-14	\$150	
Session 6 – Under the Sea	July 17-21	\$150	
Session 7 – Splashtacular	July 24-28	\$150	
Session 8 – Holiday Week	July 31-August 4	\$150	
Session 9 – Community Champions	August 7-11	\$150	
Session 10 – Rainbow Olympics	August 14-18	\$150	

Leadership Camp	Price
Week 1	\$150
Week 2	\$150
Week 3	\$150
Week 4	\$150
Week 5	\$150
Week 6	\$150
Week 7	\$150
Week 8	\$150
Week 9	\$150
Week 10	\$150

# For sports and specialty camp, if choosing a half day and you want your camper to attend the afternoon at traditional camp, make sure to also circle the extended care pricing and initial to confirm.

Sports Camp	Dates	Full Day	Half Day	Extended Care	Initial
Soccer	June 19 - 23	\$165	\$135	\$30	
Baseball	June 26 - 30	\$165	\$135	\$30	
Swimming	July 10 - 14	\$165	\$135	\$30	
Basketball	July 17 - 21	\$165	\$135	\$30	
Volleyball	July 31 – August 4	\$165	\$135	\$30	

Specialty Camp	Dates	Half Day	Extended Care	Initial
Y's Museum Art Camp	June 19 – 23	\$135	\$30	
STEM Camp	June 26 – 30	\$135	\$30	
Music Camp	July 10 – 14	\$135	\$30	
Down on the Farm Agriculture Camp	July 17 – 21	\$135	\$30	
Feel the Beat Dance Camp	July 31 – Aug 4	\$135	\$30	
Gone Fishing Camp	August 7 – 11	\$135	\$30	

In an attempt to make this summer an enjoyable experience for all, please tell us about any existing learning or behavior plans that we should be aware of:

Does your camper take any medications? YES NO If yes, please list.				
Does your camper have any allergies? YES NO If yes, please list				
Does your camper have any food allergies? YES NO If yes, please list				
Does your camper have any medical conditions that we should be aware of? YES NO				
If yes, please provide further details.				



# **Accounting Policies**

- \$135 for second child and \$115 for each additional child
- \$40 registration fee and \$25 Non-refundable deposit fee due for each week at registration to hold spot and applies to weekly fee
- Financial Assistance will not apply to sports or specialty camps
- The registration fee and deposits for each child are due at the time of registration and are non-refundable
- Payments are due on Monday, seven days before the start of each session
- If no attempts on late payments are made, services will be suspended immediately
- All payments, including late fees and a \$25 re-enrollment fee must be paid before services can resume
- A late fee of \$1/child per minute will be charged beginning at 6:01 pm
- Make all checks payable to Goldsboro Family YMCA
- There will be a \$25 fee for all returned checks, payments, or credit card declines. All returned payments must be paid by cash or money order.
- Written notice of cancellation must be submitted two weeks in advance to <a href="mailto:sacc@qoldsboroymca.org">sacc@qoldsboroymca.org</a>

## Automatic Draft Information

I authorize my bank to honor preauthorized Electronic Funds Transfers (or credit card charges) against my account for (membership/program/ contribution) payments as indicated below. When the bank honors the EFT (or credit card) by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized EFT (or credit card) not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment plus service charge. It is further understood that if such payment is not honored by the bank (or credit card institution), then the YMCA, at its discretion, may resubmit the amount due for payment on a future date. A \$25 fee will be assessed on all returns (insufficient funds or otherwise). Please check the box and fill out the pertinent information for option 1 or option 2.

#### Option 1

l choose to utilize the EFT option for weekl	y/monthly payment (direct debit from my Checking or Savings)		
Bank Name	Name on Account		
Account Type: (circle one) CHECKING or SA	/INGS		
Routing Number	Account Number		
Authorized Signature	Date		
Option 2			
I choose to utilize the Credit Card Payment card)	option for weekly/monthly payments (automatic direct charge to credit		
Credit Card Type: (circle one) Visa MC	Discover Name on Card		
Card Number	/ Expiration Date/		
Authorized Signature	Date		

