



CENTRAL CONNECTICUT COAST YMCA
Lakewood-Trumbull Branch
Camp Tepee for Boys and Girls
2010 REGISTRATION & RELEASE FORM

Rec'd T- Shirt _____
 Open House _____
 Information _____
 Date Rec'd. _____

Please print or type, use separate form for each child.

Camper's First Name _____ Last _____ Boy ____ Girl ____
 Age entering camp yrs. _____ mos. _____ Date of Birth _____ Grade entering in Sept. _____
 Address _____ City _____ State ____ Zip _____
 Mother/Guardian _____ Home # _____ Work # _____
 Father/Guardian _____ Home # _____ Work # _____
 Mother's Employer _____ Father's Employer _____
 Child lives with _____ Mom's Cell # _____ Dad's Cell# _____

If parent cannot be reached, give name and relationship of person to be called in case of emergency.
 _____ Home # _____ Work # _____ Cell# _____
 Name Relationship

Parent/Guardian E-Mail Address _____ (camp info might be sent via e-mail)

Summer Camp

2010 Session Dates Pre Care 7:30-9:00am Post Care 3:30-6:00pm

Tepee K-6 th 5-11yrs Child has Special Needs <input type="checkbox"/> please ✓ If yes, please explain on back of this form <i>Must have approval from Kennedy Center before registration will be finalized.</i>	Camp improvement fee: <input checked="" type="checkbox"/> \$8.00 due upon registration with deposit					
	Session 1: June 28-July 9 <input type="checkbox"/> Pre care <input type="checkbox"/> \$71 Post care <input type="checkbox"/> \$107 AM Bus <input type="checkbox"/> \$29 PM Bus <input type="checkbox"/> \$29					
	Week 1 only 6/28-7/2 <input type="checkbox"/> Pre care <input type="checkbox"/> \$40 Post care <input type="checkbox"/> \$61 AM Bus <input type="checkbox"/> \$15 PM Bus <input type="checkbox"/> \$15					
	Week 2 only 7/5-7/9 <input type="checkbox"/> Pre care <input type="checkbox"/> \$40 Post care <input type="checkbox"/> \$61 AM Bus <input type="checkbox"/> \$15 PM Bus <input type="checkbox"/> \$15					
	Session 2: July 12-23 <input type="checkbox"/> Pre care <input type="checkbox"/> \$71 Post care <input type="checkbox"/> \$107 AM Bus <input type="checkbox"/> \$29 PM Bus <input type="checkbox"/> \$29					
	Session 3: July 26-Aug 6 <input type="checkbox"/> Pre care <input type="checkbox"/> \$71 Post care <input type="checkbox"/> \$107 AM Bus <input type="checkbox"/> \$29 PM Bus <input type="checkbox"/> \$29					
	Week 1 only July 26- 30 <input type="checkbox"/> Pre care <input type="checkbox"/> \$40 Post care <input type="checkbox"/> \$61 AM Bus <input type="checkbox"/> \$15 PM Bus <input type="checkbox"/> \$15					
	Week 2 only August 2-6 <input type="checkbox"/> Pre care <input type="checkbox"/> \$40 Post care <input type="checkbox"/> \$61 AM Bus <input type="checkbox"/> \$15 PM Bus <input type="checkbox"/> \$15					
	Session 4: Aug 9-20 <input type="checkbox"/> Pre care <input type="checkbox"/> \$71 Post care <input type="checkbox"/> \$107 AM Bus <input type="checkbox"/> \$29 PM Bus <input type="checkbox"/> \$29					
	Week 1 only: Aug 9-13 <input type="checkbox"/> Pre care <input type="checkbox"/> \$40 Post care <input type="checkbox"/> \$61 AM Bus <input type="checkbox"/> \$15 PM Bus <input type="checkbox"/> \$15					
	Week 2 only August 16-20 <input type="checkbox"/> Pre care <input type="checkbox"/> \$40 Post care <input type="checkbox"/> \$61 AM Bus <input type="checkbox"/> \$15 PM Bus <input type="checkbox"/> \$15					
	All 2 week sessions are \$510 for members and \$549 for non members All 1 week sessions are \$282 for members and \$309 for non members					
	Pioneers 7 th -10 th 12-15yrs	Session 1: June 28-July 9 <input type="checkbox"/> Pre care <input type="checkbox"/> \$71 Post care <input type="checkbox"/> \$107 AM Bus <input type="checkbox"/> \$29 PM Bus <input type="checkbox"/> \$29				
		Session 2: July 12-23 <input type="checkbox"/> Pre care <input type="checkbox"/> \$71 Post care <input type="checkbox"/> \$107 AM Bus <input type="checkbox"/> \$29 PM Bus <input type="checkbox"/> \$29				
Session 3: July 26-Aug 6 <input type="checkbox"/> Pre care <input type="checkbox"/> \$71 Post care <input type="checkbox"/> \$107 AM Bus <input type="checkbox"/> \$29 PM Bus <input type="checkbox"/> \$29						
Session 4: Aug 9-20 <input type="checkbox"/> Pre care <input type="checkbox"/> \$71 Post care <input type="checkbox"/> \$107 AM Bus <input type="checkbox"/> \$29 PM Bus <input type="checkbox"/> \$29						
All Pioneers sessions are: \$538 Members \$573 Non-Members						
LIT /CIT 4-weeks \$455 Member \$483 Non-Member Pre \$142 <input type="checkbox"/> Post \$214 <input type="checkbox"/> AM Bus <input type="checkbox"/> \$58 PM Bus <input type="checkbox"/> \$58 Sessions 1& 2 <input type="checkbox"/> LIT <input type="checkbox"/> CIT Sessions 3& 4 <input type="checkbox"/> LIT <input type="checkbox"/> CIT						

EARLY BIRD INCENTIVE

Register by March 1st and receive \$10 off each session (mailed registrations must be postmarked March 1st or earlier)

(Does not include Bus/CIT/LIT, Pre/Post Care or Financial Aid)

Camp T-shirt to the first 300 campers who register in person at the YMCA.

Sizes are first come-first serve basis.

Mail completed, signed form to: Lakewood-Trumbull YMCA * P.O. Box 89 * Monroe, CT 06468

Special needs Description _____

Does the child have an IEP or Para at school? _____

Payment Information

1. A \$75 deposit for each session is required upon initial registration and is non-refundable. This deposit is applied toward your camp balance.
2. A one time Camp Improvement Fee of \$8.00 will be added to your registration with deposit. *(This fee will go directly into a fund for camp improvement.)*
3. A late registration fee of \$15.00 will be charged for all registrations taken after June 1st .
4. Sessions 1 & 2 balance is due by June 1, 2010. Sessions 3 and 4 are due by July 1, 2010
5. Pre Care and Post Care fees are due with camp balance.
6. There will be a \$15 service charge for any change. Changes will only be made when space is available.
7. Credit card returns and returned check fee is \$20.00.
8. A \$25 late fee will be charged if balance is not received by due date. Failure to remit balance and signed medical form by due date will jeopardize your child's enrollment in camp.
9. We are unable to honor personal requests for group assignments and activities. There will be no exceptions.
10. Please notify us if any information on this registration form changes while your child is at camp.

____ **I would like to contribute to the camper scholarship fund. Circle one: \$5 \$10 \$15 \$20 Other** ____
 If donating, please send a separate check in with your camp registration. Thank You

Payment Method

Check ____ Cash ____ Please charge my Visa/M.C. Account # _____

Amount \$ _____ Cardholder Signature _____ Exp.Date _____

I authorize the YMCA to automatically charge my camp payment(s) when due. (Please Initial) _____
 You can contact the YMCA to make a payment plan for smaller payments to be charged. The full amount must be paid prior to the start of the camp session.

Desired bus # _____ (see schedule in brochure) AM Stop _____ PM Stop _____
Circle desired session(s) 1 2 3 4 (stops and times are subject to change due to enrollment)

I hereby give permission for my child to participate in all activities that are part of the Camp Tepee program. I understand there are risks associated with camp activities and activities in which my child is a participant and hold the Lakewood-Trumbull YMCA, Central Connecticut Coast YMCA, its employees, representatives, agents, and assigns from any and all claims whatsoever against said parties resulting from or caused by my child's participation. I further grant permission to have my child transported to one the YMCA's other facilities in case of inclement weather and for any pictures taken of my child while at camp to be used for publicity and promotional purposes.

I understand that it is my responsibility to obtain, read and understand the Parent Handbook prior to my child's start at camp.

I have read the above and fully understand same.

Signature of Parent/Guardian X _____ **Date** _____

Please print name: _____

Mail completed, signed form to: Lakewood-Trumbull YMCA * P.O. Box 89 * Monroe, CT 06468

OFFICE USE ONLY

DEPOSIT \$ _____ DATE _____ CS CK VS MC EFT

1ST PAYMENT \$ _____ DATE _____ CS CK VS MC EFT

2ND PAYMENT \$ _____ DATE _____ CS CK VS MC EFT

Pre \$ _____ Post \$ _____ Service Fee \$ _____ Late Fee \$ _____