

KINDER CAMP

Registration Form

Child's Name _____ Sex _____ Birthdate _____ Age _____

Address _____ City _____ Zip _____ + _____

Parent/Guardian _____ Birthdate _____ Home Phone _____

Work Phone _____ Ext. _____ E-mail Address _____

Emergency Contact Name _____ Phone _____

Special requests _____

Has your child attended Kinder Camp Before? Yes No

Morning Drop-off Location YMCA Bus I.D. Pennock (8:00 am) Camp Winnebago (8:25 am)

Session = 10KCAMP	Age 4-5: Max. 3 weeks YMCA Member: \$65 per week Non Member: \$80 per week	Age 3: Max. 2 weeks YMCA Member: \$65 per week Non Member: \$80 per week
	Week and Dates	Class Number
1. June 7-11	<input type="checkbox"/> KCA	
2. June 14-18	<input type="checkbox"/> KCB	
3. June 21-25	<input type="checkbox"/> KCC	<input type="checkbox"/> KCCC
4. June 28-July 2	<input type="checkbox"/> KCD	
5. July 5-9	<input type="checkbox"/> KCE	<input type="checkbox"/> KCEE
6. July 12-16	<input type="checkbox"/> KCF	
7. July 19-23	<input type="checkbox"/> KCG	<input type="checkbox"/> KCGG
8. July 26-30	<input type="checkbox"/> KCH	
9. August 2-6	<input type="checkbox"/> KCI	<input type="checkbox"/> KCII
10. August 9-13	<input type="checkbox"/> KCJ	
	Total Cost: \$ _____	Total Cost: \$ _____

I wish to pay by credit card:

Credit Card type:

Visa Mastercard Discover

Card # _____

Exp. Date ____/____ CVV# _____

Signature _____

Total Due \$ _____

Deposit to be charged \$ _____

My check for \$_____ is enclosed

I understand that my child will be active in outdoor activities and I must provide Camp Winnebago with the completed emergency information form prior to the start of camp.

Parent/Guardian Signature