

# 2010 YMCA SUMMER CAMP

## When?

**First Session: Monday, June 28, 2010 through Friday, July 9, 2010**

**Second Session: Monday, July 12, 2010 through Friday, July 23, 2010**

**Third Session: Monday, July 26, 2009 through Friday, August 6, 2010**

**Fourth Session: Monday, August 9, 2010 through Friday, August 20, 2010**

*The hours of operation are 8:00am-6:00pm*

## Who? Where? What?

Children Grades K-5 (Child must have completed kindergarten)

Rockland County YMCA, 35 South Broadway, Nyack NY 10960

- A carefully planned, flexible program in a supervised environment to care for children of working parents.
  - New York State licensed
  - Indoor and outdoor activities
  - Crafts, cooking, sports, field trips, swimming and special events
  - Professional staff
- (Swim caps are required & available at the YMCA front desk)

**Tuition: \$650 per two week session for members and \$675 for non-members, (cost of 1<sup>st</sup> Session is \$620 members \$645 non-members due to July 4<sup>th</sup> holiday.)**

Registration after 6/1/10 is \$675 for members and \$700 for non members per two week session. There is a 5% discount for the second child. Tuition is due as follows:

**1<sup>ST</sup> SESSION-TUITION IS DUE 6/21/10**

**2<sup>ND</sup> SESSION-TUITION IS DUE 7/6/10**

**3<sup>RD</sup> SESSION-TUITION IS DUE 7/19/10**

**4<sup>TH</sup> SESSION-TUITION IS DUE 8/2/10**

**Tuition must be paid in full before the start of each session. Children will not be admitted to the session unless their tuition has been paid.**

Summer Camp is on a first come first serve basis.

**For more information please call (845)727-1037.**

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If you would like your child/children to attend the YMCA Summer Camp please print your information below, tear-off and send with completed registration form to

**37 South Broadway Nyack, NY 10960, Attention: Joe Turco**

Please enclose a **\$100.00 deposit per session, per child.** Deposits received after 6/1/10 will require a deposit of \$125.00. **There are no refunds and/or credits**

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**Name of parent** \_\_\_\_\_

**Name & age(s) of child/children** \_\_\_\_\_

**Address & Phone Number(s) (Home/Work/Cell)** \_\_\_\_\_

\_\_\_\_\_ **What session(s):** \_\_\_\_\_

## 2010 YMCA SUMMER CAMP REGISTRATION FORM

School child attends \_\_\_\_\_

Child's Name \_\_\_\_\_

M \_\_\_\_\_ F \_\_\_\_\_ age \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone# \_\_\_\_\_

Mothers' name \_\_\_\_\_ Cell# \_\_\_\_\_

Work# \_\_\_\_\_

Fathers' name \_\_\_\_\_ Cell# \_\_\_\_\_

Work# \_\_\_\_\_

If parents are separated, print name, address and telephone # of the non-custodial parent.

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Session(s) Attending-1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_

I hereby authorize the YMCA personnel to provide transportation for my child/children to and from various field trips, to administer first aid if necessary and to transport my child to the hospital in case of an emergency.

Print Parent/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Sign Parent/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_