


SUMMER DAY CAMP



@ the YWCA

June 6th—July 29th, 2016

8:00 AM— 5:00 PM

CLOSED MONDAY—JULY 4TH
HAPPY INDEPENDENCE DAY!

\$75 Weekly / Per Camper (8-Weeks)

REGISTRATION DEADLINE MAY 20TH

\$25 Registration fee to reserve your child spot

Financial assistance is available.

For children ages: 6-11 yo

Campers must be entering into the 1st grade Fall of 2016

IT'S WHERE YOU WANT TO BE!

**MEALS & SNACKS, FIELD TRIPS, MUSIC & READING
ARTS & CRAFTS, SPORTS & GAMES, NEW FRIENDSHIPS**

17 Fifth Street SW | Huron, SD 57350 | (605) 352-2793



2016 YWCA SUMMER DAY CAMP

REGISTRATION FORM – 5/20/16 Deadline!

Return completed form & \$25 registration Fee to the YWCA Huron 17 5th Street SW Huron, SD 57350

Name of Child: _____

____ Boy ____ Girl ____ Age GRADE ENTERING IN FALL 2016 _____

Mother(Guardian) Name: _____ Phone: _____ Work: _____

Home Address: _____

Father (guardian) name: _____ Phone: _____ Work: _____

IN CASE OF EMERGENCY:

Contact Peron: _____ Phone: _____

Does your child have any physical or emotional needs of which the teacher should be aware of such as allergies, food allergies, or medications? _____

FIELD TRIP PERMISSION ACKNOWLEDGEMENT
 My son/daughter, _____, has my permission to participate in the supplemental learning opportunities that the YWCA SUMMER CAMP provides. I understand that these outings may include bus riding or travel by foot. I understand that I will be informed when a field trip is scheduled.
 Parent/Guardian's Signature: _____ DATE: _____

PHOTO PUBLICATION ACKNOWLEDGEMENT
 YWCA of HURON has my permission to submit photos (taken of my child during special events) to the local newspaper for publication or placed on any social media contexts.
 Parent/Guardian's signature: _____ DATE: _____

AFTER PROGRAM PICK UP

Please indicate plans for after program pick up: Bus / Parent / Walk Home / Other: _____

PEOPLE AUTHORIZED TO PICK UP YOUR CHILD FROM THE SUMMER DAY CAMP:

Name: _____ Relationship: _____ Phone: _____

WRITTEN PERMISSION IS REQUIRED IF YOUR CHILD IS TO GO WITH ANYONE OTHER THAN DESIGNATED ABOVE.

_____ (Child's Name) is in good physical health at the present, and has up-to-date immunizations and physical examinations. He/she has my permission to take part in all the YWCA Summer DAY CAMP activities. I agree to not send my child if he/she has recently been exposed to any contagious disease. I will not hold YWCA of Huron responsible for accidents or sickness.

*I understand that there is a weekly cost of participation for the Summer Day Camp of **\$75.00**. Camper must register for the full 8week course. (\$75.00 x 8 WKS = \$600.00) Payment is due prior to each camp week beginning. The camper is unable to participate until payment has been received. **If paid in full by 6/6/15 you will receive a 10% discount.***

Payment Received: Registration ___ 6/6 ___ 6/13 ___ 6/20 ___ 6/27 ___ 7/4 ___ 7/11 ___ 7/18 ___ 7/25 ___

Parent/Guardian's Signature: _____ Date: _____