



# York City Day Camp



201

## Registration Form

Camp Dates – July ~~W~~ – July 2<sup>th</sup>,

Held at MESSIAH UNITED METHODIST CHURCH \*1300 N. Beaver Street\* York PA 17404\* 717-843-4574

Director ~~OHOLD~~ ~~6WDIIRUG~~

-~~H~~ ~~LOOLDPV~~

Email: [ycdsummer2014@gmail.com](mailto:ycdsummer2014@gmail.com)

REGISTER EARLY to avoid being disappointed by the camp being filled. Registrations will be processed as they are received. Registrations ~~KRXOG~~ be returned by May , 2014. ~~WREUDQVHHD~~ ~~SRWIRUR~~ ~~FKLOGUHQ~~ There is a **Registration Fee of \$25** per family to hold your child's space. Camp is for children ENTERING 1<sup>st</sup> through 6<sup>th</sup> grade.

Complete the registration form in full, including all the requested health information, and be sure that a parent or guardian has signed the form and sent it in with the **\$25 registration fee plus first week's fee of \$50.** We apologize, but registrations cannot be accepted over the phone.

Camp will run for 4 weeks, July ~~W~~ – July 2<sup>th</sup>, 201, Monday through Friday, 9am-4pm. You may register your child for one, or all, of the weeks of camp. The cost is \$50 per week per child. The first week's payment is due with registration. **Each week's payment is due no later than the Friday morning before the following week.** Camper scholarships ~~DUH~~ available ~~EDMGRQ~~ ~~ILQQLDQ~~ ~~HHGDQDYD~~ ~~LODEOH~~ ~~PKQV~~ co ~~PSOH~~ ~~WHD~~ ~~FKRODUK~~ ~~LS~~ ~~DSSOL~~ ~~FDWLRQ~~ ~~LWKR~~ ~~XU~~ ~~UHL~~ ~~WUD~~ ~~WLRQ~~ ~~RUPLI~~ ~~UHTX~~ ~~HWL~~ ~~Q~~ ~~LDOD~~ ~~W~~ ~~DEH~~ ~~FKRODUK~~ ~~LS~~ ~~DUHQ~~ ~~W~~ ~~H~~ ~~SHF~~ ~~W~~ ~~H~~ ~~G~~ ~~W~~ ~~R~~ ~~H~~ ~~F~~ ~~H~~ ~~G~~ ~~S~~ ~~H~~ ~~U~~ ~~W~~ ~~X~~ ~~G~~ ~~H~~ ~~A~~ ~~L~~ ~~scholarship~~ **forms** will be due by May <sup>th</sup>, 201.

In any case where a church is providing a partial or full scholarship, the pastor's or local church camp coordinator's signature must appear on the registration form as well as his/her contact information.

### BEFORE MAILING YOUR REGISTRATION REFER TO THE FOLLOWING CHECK LIST:

Complete the registration form in **FULL**  
Complete **ALL** health and insurance information. Please do not leave any blanks. Put **NA (notapplicable), NONE, NONE KNOWN.**

The pastor/camp coordinator's signature (if church is paying a portion of the camp fee)

4. Parent/Guardian signature

PLEASE PRINT LEGIBLY WHEN COMPLETING FORMS. IF SUBMITTING PAYMENT FOR MORE THAN ONE CAMPER, PLEASE INCLUDE A SUMMARY AS FOLLOWS: LIST OF CAMPERS, WEEKS ATTENDING, AND WEEKLY FEE AMOUNT PER CAMPER. YOUR COOPERATION IN THIS MATTER WILL EXPEDITE THE REGISTRATION PROCESS AND IS GREATLY APPRECIATED.

PLEASE MAIL the registration and medical forms with payment for the registration and the first week's tuition – CHECKS made payable to *York City Day Camp* – memo line *York City Day Camp* – to

York City Day Camp  
Messiah United Methodist Church  
1300 N. Beaver Street  
York, PA 17404

You will receive confirmation of your registration via email or by mail, if no email has been provided.

REFUND POLICY-If a registered camper is unable to attend camp; you must notify the Director immediately in order to get a refund. Refunds are given up to two weeks before the start of camp, subject to a ~~IRUIHLWXUHRIWKHUHLWUDWLRQ~~ ~~SHDQ~~ ~~DGGLWLRQ~~ ~~FKLOG~~ing fee. Cancellations within the two weeks prior to the event are only refunded in cases of documented medical concern or death in the family, which prohibits attendance. In order to receive a refund, the Director must be notified immediately of any accident or illness, followed by a written request with an accompanying doctor's excuse within one week. No refunds will be made for any reason after the start of the camp.

# Registration Form

PLEASE PRINT LEGIBLY WHEN COMPLETING THIS FORM. IF SUBMITTING PAYMENT FOR MORE THAN ONE CAMPER PLEASE INCLUDE A SUMMARY AS FOLLOWS: LIST OF CAMPERS, WEEKS ATTENDING, AND REGISTRATION AMOUNT FOR EACH CAMPER. YOUR COOPERATION IN THIS MATTER WOULD NOT ONLY EXPEDITE THE REGISTRATION PROCESS, BUT IS GREATLY APPRECIATED.

## CAMPER'S INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Ph \_\_\_\_\_ Cell Ph \_\_\_\_\_

Camper's email \_\_\_\_\_

Grade entering August/September 2019 \_\_\_\_\_ Male Female Birthdate \_\_\_\_\_

**T-Shirt Size (circle one):** Child Large Youth Small Youth Medium Youth Large Adult Small

Adult Medium Adult Large Adult XL Adult XXL Adult XXXL

## PARENT/GUARDIAN INFORMATION

Name of Parent/Guardian #1 (circle one) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Home Ph \_\_\_\_\_ Work Ph \_\_\_\_\_ Cell Ph \_\_\_\_\_

Name of Parent/Guardian #2 (circle one) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Home Ph \_\_\_\_\_ Work Ph \_\_\_\_\_ Cell Ph \_\_\_\_\_

## **WEEKS ATTENDING (please check all that apply)**

\_\_\_ **July 1-5** \_\_\_ **July 8-12** \_\_\_ **July 15-19** \_\_\_ **July 22- July 26**

***\$50 x Number of weeks= \_\_\_\_\_ total for summer camp ☺***

**NOTE: No Camp July 4. Early dismissal July 26 following closing program. Also, there may be separate fee for some off-campus activities not to exceed \$15/event.**

**PLEASE READ CAREFULLY** and circle applicable permissions – I **do /do not** give permission for my child’s name, address, and phone number to be shared with other campers in his/her group. I **do/do not** give permission for still or video pictures of my child to be used for camp promotional purposes.

I hereby give my permission for my child \_\_\_\_\_ to attend the camp session for which he or she is registering:

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Parent/Guardian name (PLEASE PRINT)

**Church**

\_\_\_\_\_  
Name/Address

Amount Individual is paying: \$ \_\_\_\_\_ Amount Church is paying \$ \_\_\_\_\_

\_\_\_\_\_  
Pastor or Camp Coordinator’s Signature

\_\_\_\_\_  
Pastor or Camp Coordinators name (PLEASE PRINT)

**FOR OFFICE USE ONLY**

Date \_\_\_\_\_

Total Weeks \_\_\_\_\_ Total

Received \_\_\_\_\_

Fee \_\_\_\_\_

Date \_\_\_\_\_

Deposit Amount \_\_\_\_\_ Check

Processed \_\_\_\_\_

# \_\_\_\_\_

Camper \_\_\_\_\_

Campership \_\_\_\_\_

# \_\_\_\_\_

Please provide any email address you would like added to our contact list below. We are trying to keep up with technology and use it to our advantage this summer.

1. Name: \_\_\_\_\_

Email: \_\_\_\_\_

2. Name: \_\_\_\_\_

Email: \_\_\_\_\_