



York City Day Camp 2021

Director: Melissa Stafford

Email: yccdaycamp@gmail.com

Registration Form

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

Camper Information:

Last Name _____ First Name _____

Home Street Address: _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email _____

Date of Birth _____ Gender (circle one) Male Female

Grade Entering 2021/2022 School Year _____

T-Shirt Size (circle one)

Youth Small	Adult Small	Adult XL
Youth Medium	Adult Medium	Adult 2XL
Youth Large	Adult Large	Adult 3XL

Parent/Guardian Information:

Parent/Guardian #1 _____

Address _____

City _____ State _____ Zip _____

Parent Email _____

Home Phone _____ Work Phone _____

Cell Phone _____

Parent/Guardian #2 _____

Address _____

City _____ State _____ Zip _____

Parent Email _____

Home Phone _____ Work Phone _____

Cell Phone _____

Weeks Attending in July 2021
(Please check all that apply.)

WEEK 1: July 5th-9th	WEEK 2: July 12th-16th
WEEK 3: July 19th-23rd	WEEK 4: July 26th-30th**

\$50 x Number of weeks= \$_____ total for summer camp.

**NOTE: Early Dismissal on July 30th following closing event. Also, there may be separate fees for some off campus activities, not to exceed \$15/event. More information to follow.

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/she is registering.

Parent/Guardian signature _____

Parent/Guardian name (please print)_____

If your church is providing a scholarship, please complete the below

Church Name _____

Church Address _____

Amount Individual is paying: \$_____

Amount Church is paying \$_____

Pastor/Camp Coordinator's Signature _____

Pastor/Camp Coordinators name (please print)_____

Pastor/Camp Coordinator Contact Phone Number _____

FOR OFFICE USE ONLY

Date Received _____

Date Processed _____

Camper # _____

Total Weeks _____ Total Fee _____ Deposit Amount _____

Check # _____ Campership _____