

CAMP Y-ZONE

5th and 6th Grade

Grade in
September
2017

5th
6th

Circle one

No Daily Swim Lessons Available

PLEASE PRINT ALL ITEMS CLEARLY

Camper Name _____

Birth Date _____

Male / Female (circle one)

School : _____

Home Phone: _____

Grade in 9/2017 _____

Home Address: _____
(Street) (City) (Zip)

Hours: 8am-6pm	5 Days	4 Days	3 Days	Weekly Schedules are Fixed and May Not be Switched * Circle Days	7:15 am Early Drop Off \$35/week
GMY Member: \$295 <input type="checkbox"/>	\$295 <input type="checkbox"/>	\$255 <input type="checkbox"/>	\$210 <input type="checkbox"/>		
GMY Member Sibling Fee: \$285 <input type="checkbox"/>	\$285 <input type="checkbox"/>	\$245 <input type="checkbox"/>	\$200 <input type="checkbox"/>		
Non-Member Fee: \$300 <input type="checkbox"/>	\$300 <input type="checkbox"/>	\$260 <input type="checkbox"/>	\$215 <input type="checkbox"/>		
Non-Member Sibling Fee: \$290 <input type="checkbox"/>	\$290 <input type="checkbox"/>	\$250 <input type="checkbox"/>	\$205 <input type="checkbox"/>		
SESSION DATES					
JUNE 26-JUNE 30				M T W TH F	<input type="checkbox"/>
JULY 3-JULY 7	No Camp 7/4	<input type="checkbox"/>	<input type="checkbox"/>	M W TH F	<input type="checkbox"/>
JULY 10-JULY 14				M T W TH F	<input type="checkbox"/>
JULY 17 - JULY 21				M T W TH F	<input type="checkbox"/>
JULY 24 - JULY 28				M T W TH F	<input type="checkbox"/>
JULY 31- AUGUST 4				M T W TH F	<input type="checkbox"/>
AUGUST 7-AUGUST 11				M T W TH F	<input type="checkbox"/>
AUGUST 14-AUGUST 18				M T W TH F	<input type="checkbox"/>
AUGUST 21-AUGUST 25				M T W TH F	<input type="checkbox"/>

* I agree to the above schedule and understand that NO changes are permitted.

Parent/Guardian Signature _____ Date _____

PARENT INFO:

Parent/
Guardian 1 _____ CELL # _____

EMAIL _____ Work # _____

Parent/
Guardian 2 _____ CELL # _____

EMAIL _____ Work # _____

TOTAL CAMP FEES \$ _____

CASH

CHECK Check # _____

CHARGE Receipt # _____

Deposit Amount \$ _____
(50% of Total Camp Fees)

Balance Due \$ _____

After 6:00 PM, a late fee of \$25.00 for every 15 minutes per child will be charged for those Campers not picked up.

** I have read and understand the registration policies.

Parent/Guardian Signature _____ Date _____

May 1st Rates

Each camper is entitled to a free t-shirt. Additional t-shirts are \$7.00 each. SEE ORDER FORM

Please email questions to: info@gmyzone.org

Staff Initials _____