



OLD COLONY YMCA SUMMER CAMP MODIFICATION FORM

Child's Name _____ D.O.B _____

Parent/Guardian Signature: _____ Date: ___/___/___

REQUEST TO ADD CAMP WEEKS:

Additional Camp Weeks Needed: 1 2 3 4 5 6 7 8 9 10

Member rate: \$235 per week / Non-member \$285 per week

Total Fees due: _____ (must be paid in full)

Check Cash (Please submit with form)

Credit Card # _____ Exp date: _____

Add EXTENDED CARE

Early AM Care (7:00am-8:45am)

Add to session 1 2 3 4 5 6 7 8 9 10

PM Extended Care (4:00pm- 6:00pm):

Add to session 1 2 3 4 5 6 7 8 9 10

Fees Per Week: \$70 for AM or PM Care / \$100 for both AM and PM combined

Total Fees due: _____ (must be paid in full)

Change in session(s) enrolled

Session in which child is enrolled and will need to change: 1 2 3 4 5 6 7 8 9 10

Change to session: 1 2 3 4 5 6 7 8 9 10

Please note there is a 2 week notice required to make this change

Cancellation of services

Session(s) to cancel: 1 2 3 4 5 6 7 8 9 10

Please note all deposits are non-refundable when cancelling

Please explain the reason for the cancellation:

