

SAVE YOUR SPOT

Please note: Filling out this form will reserve your spot only if you complete your enrollment packet by 3/1/23. After this date, your spot will be forfeited.

CLEARLY PLACE AN "X" IN THE APPROPRIATE BOX TO INDICATE YOUR CAMP SELECTIONS

CAMP '23	AGE AT ATTENDANCE	Week 2 6/26— 6/30	Week 3 7/3— 7/7	Week 4 7/10— 7/13	Week 5 7/17— 7/21	Week 6 7/24— 7/28	Week 7 7/31— 8/4	Week 8 8/7— 8/11	Week 9 8/14— 8/18	Week 10 8/21— 8/25	Member Fee Per Week	Non Member Fee Per Week	Total No. of Weeks	Total Amt. Due
TRADITIONAL CAMPS														
Way in the Woods	5-6										\$265	\$315		
Sioux Village	7-8				S	M					\$265	\$315		
Iroquois & Comanche	9-10										\$265	\$315		
New Horizons	11-12										\$265	\$315		
Lakota	13-14										\$265	\$315		
East Village (Parent Meeting required)	5-14										\$265	\$315		
Aquatics	8-14										\$305	\$375		
Circle Y (Equine)	8-14										\$325	\$395		
Performing Arts	8-14										\$305	\$375		
Counselor in Training	15										FREE	\$510		
BEFORE AND AFTER CAMP EXTENDED CARE														
Before care (times TBD)	5-15										\$65 per week			
After care (times TBD)											\$65 per week			
TRANSPORTATION														
AM Bus	5-15										\$60 per week			
PM Bus											\$60 per week			

<PLEASE NOTE THAT OUR PRIMARY METHOD OF COMMUNICATION IS VIA EMAIL>

\$60 / week per child fee due upon submitting this SAVE YOUR SPOT form

CAMPER AND FAMILY INFORMATION

Camper's Full Name (First Last) : _____ Date of Birth: ___ / ___ / ___

Age: ___ Male ___ Female ___ Address: _____ City: _____ Zip Code: _____

<Preferred Communication> *Phone: _____ Email: _____

Parent/Guardian 1 Name: _____ DOB: ___ / ___ / ___ Cell: _____

Relationship to Camper: _____ Email: _____ Work: _____

Parent/Guardian 2 Name: _____ DOB: ___ / ___ / ___ Cell: _____

Relationship to Camper: _____ Email: _____ Work: _____

MORE INFORMATION ON BACK

AFTER COMPLETING THE FORM; PLEASE SUBMIT TO OUR CAMP STAFF (EMAIL OR DROP-OFF)

Camp Directors • Morgan Pritchard and Mel Sylvia • 508-947-1390 • MEPrichard@oldcolonyymca.org | MSylvia@oldcolonyymca.org
 Billing Coordinator • Bridgette DeBoe • BDeBoe@oldcolonyymca.org • 508-947-1390 X11



HOW TO SAVE YOUR SPOT FOR THE BEST SUMMER EVER

STEP 1: SAVE YOUR SPOT

Please complete this SAVE YOUR SPOT form to reserve weeks for camp. Each child needs a separate SAVE YOUR SPOT with a \$60 / week per child deposit.

SAVE YOUR SPOT reservations only valid until 3/1/23 without complete enrollment packet.
SAVE YOUR SPOT deposits are non-refundable

INITIAL HERE

STEP 2: COMPLETE ENROLLMENT PACKET (available starting 2/1/2023)

Completed packets and additional required documents (physical, IEP, medication forms) **due by 3/1/23** to complete and confirm enrollment. **Incomplete enrollment packets may result in loss of reservation.**

Extended care and transportation selections available on full enrollment packets.
Additional fees apply.

INITIAL HERE

STEP 3: PAYMENT OPTIONS (check one)

Private pay: \$60 / week per child deposit due for reservation

Current PACE Voucher or OCY Contract: Full summer registration unless otherwise stated on voucher.

I would like to apply for financial assistance (application available upon request, deposit required)

REFUND POLICY: No refunds will be made due to failure to attend or inclement weather.
Deposits are non-refundable. All fees are non-refundable.

Full camp payment is due in 6/2/23. Non-payment will result in loss of enrollment.
A fee of \$20.00 will be charged for insufficient fund transactions.

INITIAL HERE

Please note: Filling out this form will reserve your spot only if you complete you enrollment packet by 3/1/23. After this date, your spot will be forfeited.

I have read, understand, and agree to the Registration, Enrollment, & Additional Information above.

Parent/Guardian Signature: _____ Date: _____