



SANFORD-SPRINGVALE YMCA 2017 MINI- MARLAND REGISTRATION FORM

For office use only
Date enrolled _____
Group _____
Full Time _____
Part Time _____

Program Information: For Camper Entering Kindergarten & 1st Grade

First time enrollments: Non-refundable registration fee of \$25 must accompany registration

1. CAMPER GENERAL INFORMATION

Camper's Last Name: _____ First Name: _____
Birth Date: _____ Gender: _____ Member ID: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Emergency Phone: (____) _____
Phone: (____) _____

2. PARENT INFORMATION

Mother / Guardian

First Name: _____
Last Name: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Address: _____
City: _____
State: _____ Zip: _____
E-Mail: _____

Father / Guardian

First Name: _____
Last Name: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Address: _____
City: _____
State: _____ Zip: _____
E-Mail: _____

3. CAMPER PICK-UP AUTHORIZATIONS

We will release your child **ONLY** to the people listed on this form unless notified by you in **writing**.
Photo ID (e.g., a driver's license) **MUST** be presented at time of pick-up.

NAME	RELATION	PHONE #
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____

4. TRANSPORTATION AUTHORIZATION-

On occasion we will use the YMCA bus and contract with other bussing companies to transport us to and from our adventure destination. You will always be notified in advance of any trips requiring bus transport.

I give permission to the Sanford Springvale YMCA to transport my child via bus as described above for camp program purposes and activities.

5. AUTHORIZATIONS

I give permission for the staff at Camp Marland to give/call for emergency medical treatment for my child if deemed necessary by the staff.

yes _____ no _____

I give Camp Marland permission to **apply** sun block and bug repellent to my child.

yes _____ no _____

I give permission to the Sanford-Springvale YMCA to use my child's picture/video for promotional/marketing purposes now and in the future.

Yes _____ no _____

PARENT SIGNATURE: _____



**Sanford-Springvale YMCA
2017 Mini - Marland
Registration Form**

Please check the box for each week of camp you wish to register for. Please be sure to check the appropriate level of attendance. If you have chosen to register for a part time camp experience please understand it is only offered on Mondays, Wednesdays, and Fridays unless approved otherwise by Camp Director.

Grade levels are determined by the grade children are entering NEXT school year, 2017-2018.

Note: \$10.00 Deposit due for each week registered at time of registration to secure camp slot. Scholarship recipients pay \$5.00 per week, and families using third party funding do not pay a registration fee.

Chickadee's (Campers Entering Kindergarten)

Week:	1	2	3	4	5	6	7	8	9
Dates	6/26-6/30	7/3-7/7	7/10-7/14	7/17-7/21	7/24-7/28	7/31-8/4	8/7-8/11	8/14-8/18	8/21-8/25
Full-Time (4-5 days) \$165									
Part-Time (1-3 days) \$115									

Part-time participants, Please check the days your child will attend: Part time slots available on these days only.

Monday

Wednesday

Friday

Loons (Campers Entering 1st Grade)

Week:	1	2	3	4	5	6	7	8	9
Dates	6/26-6/30	7/3-7/7	7/10-7/14	7/17-7/21	7/24-7/28	7/31-8/4	8/7-8/11	8/14-8/18	8/21-8/25
Full-Time (4-5 days) \$165									
Part-Time (1-3 days) \$115									

Part-time participants, Please check the days your child will attend: Part time slots available on these days only.

Monday

Wednesday

Friday



Mini Marland Aquatics Program

Aquatics Package \$25

The \$25.00 lesson fee will be added to weekly camp tuition.
Sessions are two weeks in length. Lessons occur Monday through Thursday.
Eight Instructional Swim Lessons w/ YMCA Aquatics Staff

What can we do to help your campers be safer and more confident in the water?

The aquatics package is designed to help campers build strong swimming skills as part of their summer camp experience. These swim lessons will help campers strengthen not only their swimming skills but also their self-confidence. Lessons will be in two sections, with two levels taught in each section. These lessons are going to take "waders" and "shoreline splashers" and help them begin to move independently and confidently into deeper water. We will also take campers who are "doggy paddling" and teach them to "crawl stroke". Campers "crawling" in a life jacket will shed the flotation and begin to swim independently of flotation assistance. If your camper swims without flotation already but can use some help building confidence and stamina then we have the answer for that also.

What level of skills does your camper currently have?

Please select the current skill level you feel your child is at. We will assess him/her during the 1st class to ensure accuracy of swim level so we can provide proper level of swim instruction. Your thoughts and goals for them will be helpful in getting them in the right class sooner.

- | | | | | |
|--------------------------------|---|---------------------------------------|---|--------------------------|
| 1 | 2 | 3 | 4 | 5 |
| Can't Swim
Fearful of Water | | Doggy Paddling
Must have flotation | | Swims well, No flotation |

Session	Week 1	Week 2	Select
Session 1	7/10-7/13	7/17-7/20	
Session 2	7/31-8/3	8/7-8/10	



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2017 Mini Marland
Registration Form**

Financial Agreement

No Camp Marland Registrations will be accepted without a COMPLETED and SIGNED Fee Agreement Form. This serves as a financial contract, which verifies your tuition fees. All DHHS sponsored program participants **MUST** provide us with a current contract agreement. Contract expirations are the parent/guardian's responsibility. Expired contracts will result in full tuition application to the parent/guardian effective immediately after DHHS contract expiration date. Failure to pay assessed parent/guardian fees will result in application of full tuition fees or termination of childcare services. We reserve the right to change our fees when deemed necessary.

I hereby enroll my child in the summer camp program of this facility. I will require the services of this program for the before mentioned hours and days. **My payment will be made on or before the Friday prior to the week of services rendered.** Payments are made for service forthcoming not rendered. Failure to follow payment policy will result in immediate termination from all childcare programs and YMCA program services. **NO EXCEPTIONS. Camp fees are NON-Refundable for any week for non-use.**

Parent / Guardian Signature	Date
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Camp Marland Fee Structure

Full Time Camp Experience: \$165.00 (Five Days)
Part Time Camp Experience: \$115.00 (Three Days)

Savings Opportunities:

- I am a member of the Y:** Campers who are members of the Y receive \$5 per week savings on their weekly camp tuition.
- I will pay the total balance for my child's summer camp experience before June 15th.** Receive 10% off total camp cost.
- Multi-child discount:** Receive 10% percent off weekly tuition for 2nd child and each child there after. Must be enrolled in camp.

Savings Opportunities will be confirmed, calculated, & adjusted by the billing and enrollment associate at processing.

Campers may only use one form of financial assistance whether it be a State Subsidy or YMCA Scholarship. Savings opportunities may not be used in conjunction with any other form of financial assistance. At the Y we want all families to have an opportunity for savings.

Full Time Part time Rate	Swim Lesson Package \$25.00	My Camper is A Y Member. -\$5.00	Total Weekly Camp Tuition	10% Multi Child Savings Opportunities & 10% Full Pay Savings Opportunities Reductions will be calculated and applied by the Youth and Family Services Office.	I agree to pay the total weekly payment calculated here no later than the Friday before the week of camp for which my child is registered.	
<input style="width: 100px; height: 30px; border: 1px solid black;" type="text"/>	+	<input style="width: 100px; height: 30px; border: 1px solid black;" type="text"/>	-	<input style="width: 100px; height: 30px; border: 1px solid black;" type="text"/>	=	<input style="width: 100px; height: 30px; border: 1px solid black;" type="text"/>
				<input type="radio"/> Multi Child Savings <input type="radio"/> Full Pay Savings <input type="radio"/> YMCA Scholarship Recipient <input type="radio"/> 3rd Party Subsidized Payment	_____ (Initials of Parent/Guardian)	

We STRONGLY recommend that parents/guardians take advantage of our Electronic Fund Transfer (EFT) program at the Sanford-Springvale YMCA. It is free to set up and will ensure timely payment of program fees each week. Please refer to EFT / Credit Card Authorization form to utilize this program. (next page)



Sanford-Springvale YMCA 2017 Camp Marland Registration Form

ELECTRONIC FUNDS (EFT) OR CREDIT CARD AUTHORIZATION

Child's Name: _____

Childcare Site: **CAMP MARLAND**

Parent Name: _____

Parent Contact Day Phone Number: _____

Draft Start Date: _____

Please fill out the form below if you wish to have your weekly childcare payment withdrawn directly from your checking or savings account, or charged on your debit or credit card. Each week's fee will be withdrawn on Thursday evening and applied toward the next week's fee.

I authorize my bank to honor preauthorized Electronic Funds Transfers (or credit card charges) against my account for (membership/program/contribution) payments as indicated below. When the bank honors the EFT (or credit card) by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized EFT (or credit card) not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment plus service charge. It is further understood that if such payment is not honored by the bank (or credit card institution), then the YMCA, at its discretion, may resubmit the amount due for payment on a future date.

I choose to utilize the EFT option for my weekly payment direct debit from checking savings account

Bank Name: _____ Name on Account: _____

Routing/Transit Number: _____ Account Number: _____

I choose to utilize the EFT option for weekly payment from my credit card or debit card.

Credit Card Type: Visa MasterCard Card Holder Name: _____

Account Number: _____ Expiration Date: _____

Authorized Signature	Date
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Attach voided check or photocopy here.