

# Summer Camp Registration 2020



Super Early Registration March - \$35	Early Registration April - \$45	Regular Registration May 1-22 - \$55	Late Registration After May 23 - \$65
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**Upon registering your child(ren) for any YWCA Young Wonders program, please complete the following information and pay the appropriate registration fee (per child).**

*All registration fees are non-refundable and non-transferable.*

Child's Full Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Requested Start Date: \_\_\_\_\_ (Summer camp tentatively runs June 1 - August 7) Are you new to YWCA Young Wonders?  Yes  No

School Currently Attending: \_\_\_\_\_ Grade completed in 2020 \_\_\_\_\_

Is your child applying to be a Jr. Camp Counselor (Age 13-15)?  Yes  No

**LOCATIONS:** Please rank your preferred location (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>). Locations subject to change based on District 87 availability.

\_\_\_\_ Oakland Elementary    \_\_\_\_ Washington Elementary    \_\_\_\_ YWCA McLean County/Hershey Road

\_\_\_\_ Colene Hoose\* (Special Needs Program, Parent meeting/IEP required)

**WEEKLY ATTENDANCE:**  5 days     4 days\*     3 days\*

**\*Must specify days of attendance:**  Monday  Tuesday  Wednesday  Thursday  Friday

**T-SHIRT SIZE** (T-shirt not guaranteed for late registrations.)

Child sizes:  Small (6-8)  Medium (10-12)  Large (14-16)  Extra Large (18-20)

Adult Sizes:  Small  Medium  Large  Extra Large

**PARENT INFORMATION**

**Parent 1:** Name \_\_\_\_\_ Relationship to child:  mother  father  guardian  other \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

CONTACT INFORMATION: Phone 1 ( home  work  cell): \_\_\_\_\_ Phone 2 ( home  work  cell): \_\_\_\_\_

Phone 3 ( home  work  cell): \_\_\_\_\_ Email address: \_\_\_\_\_

**Parent 2:** Name \_\_\_\_\_ Relationship to child:  mother  father  guardian  other \_\_\_\_\_

CONTACT INFORMATION: Phone 1 ( home  work  cell): \_\_\_\_\_ Phone 2 ( home  work  cell): \_\_\_\_\_

Phone 3 ( home  work  cell): \_\_\_\_\_ Email address: \_\_\_\_\_

**ARE YOU APPLYING FOR ASSISTANCE?**  Yes  No | If yes:  CRRN (IDHS)  DCFS **Must have approval prior to start date.**

Are any adults in the household active members of the military or military veterans?  Yes  No

How did you hear about YWCA Young Wonders?  Billboard  Friend/Family \_\_\_\_\_  Internet Search

Magazine \_\_\_\_\_  Newspaper  Radio (station: \_\_\_\_\_)  Social Media  YWCA Website  Other \_\_\_\_\_

**OFFICE USE ONLY:**

Payment type:  check (check number \_\_\_\_\_)  credit card  cash (receipt number \_\_\_\_\_)  apply to current account  other \_\_\_\_\_

Name on check/card: \_\_\_\_\_ Receipt given:  Yes  No

Payment received by: \_\_\_\_\_ Registration completed by (YWCA staff Initials) \_\_\_\_\_ Date Completed: \_\_\_\_\_