YWCA of NIAGARA 2010 SUMMER DAY CAMP ENROLLMENT FORM

Cost of the program is $105 per week for the first child enrolled; $95 for each additional child.

T-Shirt Sizes (Please circle size)

Children's: **S (6-8) M (10-12) L (14-16)**
Adults: **S M L**

Newsletters, updates and reminders will be sent by email, please provide your email address below:
_____

Child's Name_____ Nick Name_____Age_____

Birth Date _____ School_____Gender ☐M ☐ F Grade in Sept. 2010_____

Home Address_____City, State, Zip_____

Mother's Name_____Phone Number (Home)_____

Mother's Address_____Phone Number (Cell)_____

Employer _____Work Hours_____Phone Number (Work)_____

Father's Name _____Phone Number (Home)_____

Father's Address _____ Phone Number (Cell) _____

Employer _____Work Hours_____Phone Number (Work)_____

WEEKS DESIRED: **WEEK 1**_____ *(6/28-7/2)* **WEEK 2** _____ *(7/6- 7/9)* **WEEK 3** _____ *(7/12-7/16)* **WEEK 4** _____ *(7/19-7/23)*

No Program-7/5

WEEK 5 _____ *(7/26-7/30)* **WEEK 6** _____ *(8/2-8/6)* **WEEK 7** _____ *(8/9-8/13)* **WEEK 8** _____ *(8/16-8/20)* **WEEK 9** _____ *(8/23-8/27)* **WEEK 10** ____ *(8/30-9/2)*

Lockport Site Only **Lockport Site Only**

CAN CHILD BE PICKED UP BY BOTH PARENTS? ☐ **YES** ☐ **NO**

If not, provide written documentation.

Child lives with: ☐ both parent's ☐ mother ☐ father ☐ other _____

Custody Restrictions? Please elaborate_____

_____

_____

Emergency Contact in Case Parents Cannot Be Contacted

Name _____ Phone _____ Relationship _____

List All Persons, Other Than Parents Who Have Permission To Pick Up Your Child

(Must be over the age of 18 years.)

Name _____Phone _____ Relationship_____

Name _____Phone _____ Relationship_____

Name _____Phone _____ Relationship_____

Other Information You Feel Will Assist Us In Caring For Your Child

_____

_____