YWCA of NIAGARA 2011 SUMMER DAY CAMP ENROLLMENT FORM

Cost of the program is $110 per week for the first child enrolled;$ 100 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. 2011_____

Home Address_____City, State, Zip_____

Mother's Name_____Phone Number (Home)_____

Mother's Address_____Phone Number (Cell)_____

Employer _____Work Hours_____Phone Number (Work)_____

Email Address_____

Father's Name _____Phone Number (Home)_____

Father's Address _____ Phone Number (Cell) _____

Employer _____Work Hours_____Phone Number (Work)_____

WEEKS DESIRED: WEEK 1_____ WEEK 2 _____ WEEK 3 _____ WEEK 4 _____
(6/27-7/1) *(7/5- 7/8)* *(7/11-7/15)* *(7/18-7/22)*
No Program-7/4

WEEK 5 _____ WEEK 6 _____ WEEK 7 _____ WEEK 8 _____ WEEK 9 _____ WEEK 10 ____
(7/25-7/29) *(8/1-8/5)* *(8/8-8/12)* *(8/15-8/19)* *(8/22-8/26)* *(8/29-9/1)*
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

_____

_____