



Space is limited. A minimum of 20 registered students is required per location to Host a Holiday Camp.

Personal and Family Information

Camper's Name: _____

MALE FEMALE Date of Birth: __/__/____

Address: _____

City: _____ Zip: _____

School: _____

Current Grade: _____

Parent/Guardian Name: _____

Email: _____

Work #: _____ Hm/Cell#: _____

Parent/Guardian Name: _____

Email: _____

Work #: _____ Hm/Cell#: _____

Ethnicity

Emergency Contact Name: _____

American Indian Asian African American

Work #: _____ Hm/Cell#: _____

Hispanic/Latino White Other

Please ensure your child has Breakfast & a Sack lunch. We will provide one nutritious afternoon snack.

Please list any special conditions, problems or limitations that your child may have; including allergens, existing/previous illness, diet restrictions, short/long-term medications, recent hospitalizations, and/or behaviors/emotional conditions.

Please list all persons authorized to pick up your child. For your child's safety, he/or she will not be released to anyone not on this list or under the age of 18 without proper consent forms on file

Pick up#1: _____ Pick up#2: _____

Work #: _____ Hm/Cell#: _____ Work #: _____ Hm/Cell#: _____

Holiday Camp Locations & Date

Please circle which location & mark which date your child will be in attendance:

Garland YMCA
1709 N. Garland Avenue
Garland, Texas 75040

- Wednesday, 11/23/2011
- Monday, 12/19/2011
- Tuesday, 12/20/2011
- Wednesday, 12/21/2011
- Thursday, 12/22/2011
- Friday, 12/23/2011
- Monday, 12/26/2011
- Tuesday, 12/27/2011
- Wednesday, 12/28/2011
- Thursday, 12/29/2011
- Friday, 12/30/2011

Holiday Camp Hours

7:30am – 6:30pm



Registration and Payment Information

Rates

Non-Member Rate \$30.00 per Day X __ Days = \$_____ Total Amount (check or credit card)

YMCA Member Rate \$25.00 per Day X __ Days = \$_____ Total Amount (check or credit card)

Holiday Camp Agreements:	
Initial	I understand the form and payment are due in FULL at the time of registration.
Initial	I understand that I may register on or before the deadline.
Initial	I understand that my payment is non-refundable, but can be transferred to my afterschool account if I choose to cancel 24 hours prior to the Holiday Camp date.
Initial	I understand that notification of program cancellation must be made 24 hours prior to the Holiday Camp date and that no credits will be given after this time.
Initial	I understand that there will be a charge of \$1.00 per minute for child pick-ups after 6:30pm.
Initial	I understand that I must provide my child with a sack lunch/drink and refrigeration will not be available.
Initial	I understand my child(ren) will be provided an afternoon snack.

Registration Options

- ✘ By mail: 1621 W. Walnut Hill Ln. – Irving, TX 75038 Attn: SAS Holiday Camp
- ✘ Fax: 972-560-3838
- ✘ Online Registration – **Coming Soon!** – Visit www.ymcadallas.org/afterschool for updates

Payment

MEMBER NON MEMBER

Total Amount: \$_____

Method of payment: Check #_____ Please make checks payable to: YMCA

Visa Mastercard Discover American Express

Credit Card Acct. #: _____

Exp. Date: _____ CVV#: _____ Billing ZIP: _____

Signature _____ Date _____