



**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 mark which date your child will be in attendance:**

Seguin Elementary  
1450 SE 4<sup>th</sup> Street  
GP, Texas 75051

- Monday, 11/21/2011
- Tuesday, 11/22/2011
- 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)

<b>ADMISSION AGREEMENTS:</b>	
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](http://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 \_\_\_\_\_