



2022 School Age Summer Camp PRE-PAY FORM

Date: _____ Valparaiso YMCA Member: Yes No **Prepay special** Yes No
NO REFUNDS

1st Child's Name: _____ School: _____ Grade in fall: _____

2nd Child's Name: _____ School: _____ Grade in fall: _____

3rd Child's Name: _____ School: _____ Grade in fall: _____

4th Child's Name: _____ School: _____ Grade in fall: _____

**FULL TIME: Monday - Friday
fees for ALL School Age Camps**

9:00 am - 3:00 pm - \$110 per week/per child
6:00 am - 6:00 pm - \$165 per week/per child

**PART TIME: 2 day & 3 day fees
for ALL School Age Camps**

3 days a week
6:00 am - 6:00 pm - \$135 per week/per child

**Please select the camp you are
registering your child for (check one):**

Bears, Bandicoots, Badgers (grade 1 or 2 in fall)
 Wildcats (grade 3 in fall)
 Wombats (grades 4 in fall)
 Wolves (grades 5th - 8th in fall)

The following fees will come out first week of attendance

Registration fee:
\$0 Members/ \$25 Community Member

Camp bus fee:
\$75 Members/ \$100 Community Member

- **Registration Deadlines:** Members - May 22 | Non-Members - May 15 (Choose all of the weeks your child plans to attend camp)
- If you need to add a week after your original registration, it must be done no later than the Wednesday before the week you want to add.
- Payments will draft each Monday of the current week of care with our convenient electronic draft system.
- Each additional child in the same family will receive 15% off the lower weekly tuition rate.
- Any form of payment returned from the bank as unpaid will be subject to a \$30 NSF fee.
- Free week of camp: Prepay for all 10 weeks of camp up front. **No refunds.**

Check the box by each week you are registering your child

| | | |
|--------------------------|---------|----------------|
| <input type="checkbox"/> | Week 1 | May 31- June 3 |
| <input type="checkbox"/> | Week 2 | June 6-10 |
| <input type="checkbox"/> | Week 3 | June 13-17 |
| <input type="checkbox"/> | Week 4 | June 20-24 |
| <input type="checkbox"/> | Week 5 | June 27-July 1 |
| <input type="checkbox"/> | Week 6 | July 5-8 |
| <input type="checkbox"/> | Week 7 | July 11-15 |
| <input type="checkbox"/> | Week 8 | July 18-22 |
| <input type="checkbox"/> | Week 9 | July 25-29 |
| <input type="checkbox"/> | Week 10 | Aug. 1-5 |

| | | |
|-----------|-----|-----|
| Full time | 9-3 | 6-6 |
| Full time | 9-3 | 6-6 |
| Full time | 9-3 | 6-6 |
| Full time | 9-3 | 6-6 |
| Full time | 9-3 | 6-6 |
| Full time | 9-3 | 6-6 |
| Full time | 9-3 | 6-6 |
| Full time | 9-3 | 6-6 |
| Full time | 9-3 | 6-6 |
| Full time | 9-3 | 6-6 |
| Full time | 9-3 | 6-6 |

Check the boxes for full time or part time hours/days.

| | | | | | | |
|-----------|---|---|---|----|---|-------------|
| Part time | M | T | W | TH | F | Fee \$_____ |
| Part time | M | T | W | TH | F | Fee \$_____ |
| Part time | M | T | W | TH | F | Fee \$_____ |
| Part time | M | T | W | TH | F | Fee \$_____ |
| Part time | M | T | W | TH | F | Fee \$_____ |
| Part time | M | T | W | TH | F | Fee \$_____ |
| Part time | M | T | W | TH | F | Fee \$_____ |
| Part time | M | T | W | TH | F | Fee \$_____ |
| Part time | M | T | W | TH | F | Fee \$_____ |
| Part time | M | T | W | TH | F | Fee \$_____ |
| Part time | M | T | W | TH | F | Fee \$_____ |

Total fees to draft each Monday \$_____

There will be no refunds or credits given for any cancellations. Exception of hospitalization or a death in the immediate family (documentation will be required). Questions regarding this policy should be directed to: Audrey Sheehan, Camp Coordinator at 219-464-9543 ext 349 or asheehan@valpoyymca.org
Joel Birky, Director of Program Development at 219-462-4185 ext. 230 or jbirky@valpoyymca.org

Parent(s) Name _____ Parent(s) Signature _____
(Please Print)