



SUMMER 2019 REGISTRATION FORM

GENERAL INFORMATION:

CAMPER NAME: _____ DATE OF BIRTH: _____
 PREFERRED GENDER PRONOUN: _____ GRADE AS OF FALL 2019: _____
 ADDRESS: _____
 CITY/STATE/ZIP: _____
 PARENT/GUARDIAN(S): _____
 PARENT/GUARDIAN OCCUPATION(S): _____
 PHONE: _____
 EMAIL: _____

PROGRAM FEES:	Full Day Rates	2 Week LIT Sessions	Extended Care at YMCA	Extended Care at Chickami
Family Member	\$353.00	\$590.00	7am-8am: \$50.00	8am-9am: \$50.00
Youth/Teen Member	\$390.00	\$650.00	5pm-6pm: \$50.00	4pm-6pm: \$100.00
Non Member	\$404.00	\$690.00	Camper Bus \$85.00	LIT Bus: \$110.00

Camp Sessions	Opening Week B	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7	Session 8	Closing Week
	6/24-6/28	7/1-7/5	7/8-7/12	7/15-7/19	7/22-7/26	7/29-8/2	8/5-8/9	8/12-8/16	8/19-8/23	8/26-8/30
Camper 6-14yrs										
LIT (15 Years)		Session 1+2 LIT		Session 3+4 LIT		Session 5+6 LIT		Session 7+8 LIT		
AM Care at Y										
AM Care at Camp										
PM Care at Y										
PM Care at Camp										

AM Bus Stop Letter _____ Number _____ PM Bus Stop Letter _____ Number _____ No Bus Service Required _____

*Please note that the only bus available opening and closing weeks is F1. A complete list of bus stops are on the back.

PAYMENT INFORMATION:

Please Circle: MasterCard / Visa / Amex / Discover Card

Name on Card: _____

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Card Expiration date Month/Year: _____/_____

- Charge Deposit \$ _____
- Charge Full Tuition \$ _____
- I would like to donate \$ _____ To Camp Chickami \$ _____

Other Payment Options:

- I have 3rd party billing assistance.
- I would like to set up a monthly draft

Total amount to charge today \$ _____

I authorize the West Suburban YMCA to charge fees associated with camp to my credit card.

Parent/Guardian Signature: _____ Date: _____