

CAMP Y-ZONE

3rd and 4th Grade

Grade in
September
2017

3rd
Circle one
4th

No Daily Swim Lessons Available

PLEASE PRINT ALL ITEMS CLEARLY

Camper Name _____

Birth Date _____

Male / Female (circle one)

School : _____

Home Phone: _____

Grade in 9/2017 _____

Home Address: _____

(Street)

(City)

(Zip)

Hours: 8am-6pm

GMY Member: \$295
GMY Member Sibling Fee: \$285
Non-Member Fee: \$300
Non-Member Sibling Fee: \$290

5 Days

\$295
\$285
\$300
\$290

4 Days

\$255
\$245
\$260
\$250

3 Days

\$210
\$200
\$215
\$205

Weekly Schedules are Fixed and
May Not be Switched *
Circle Days

7:15 am
Early Drop Off
\$35/week

SESSION DATES

SESSION DATES	5 Days	4 Days	3 Days	Weekly Schedules are Fixed and May Not be Switched * Circle Days	7:15 am Early Drop Off \$35/week
JUNE 26-JUNE 30				M T W TH F	<input type="checkbox"/>
JULY 3-JULY 7	No Camp 7/4	<input type="checkbox"/>	<input type="checkbox"/>	M W TH F	<input type="checkbox"/>
JULY 10-JULY 14				M T W TH F	<input type="checkbox"/>
JULY 17 - JULY 21				M T W TH F	<input type="checkbox"/>
JULY 24 - JULY 28				M T W TH F	<input type="checkbox"/>
JULY 31- AUGUST 4				M T W TH F	<input type="checkbox"/>
AUGUST 7-AUGUST 11				M T W TH F	<input type="checkbox"/>
AUGUST 14-AUGUST 18				M T W TH F	<input type="checkbox"/>
AUGUST 21-AUGUST 25				M T W TH F	<input type="checkbox"/>

* I agree to the above schedule and understand that NO changes are permitted.

Parent/Guardian Signature _____ Date _____

PARENT INFO:

Parent/
Guardian 1 _____ CELL # _____

EMAIL _____ Work # _____

Parent/
Guardian 2 _____ CELL # _____

EMAIL _____ Work # _____

TOTAL CAMP FEES \$ _____

- CASH
 CHECK *Check #*
 CHARGE *Receipt #*

Deposit Amount \$ _____
(50% of Total Camp Fees)

Balance Due \$ _____

After 6:00 PM, a late fee of \$25.00 for every 15 minutes per child will be charged for those Campers not picked up.

** I have read and understand the registration policies.

Parent/Guardian Signature _____ Date _____

May 1st Rates

Each camper is entitled to a free t-shirt. Additional t-shirts are \$7.00 each. SEE ORDER FORM

Please email questions to: info@gmyzone.org

Staff Initials _____