



# FROST VALLEY YMCA Camping Services Department SUMMER DAY CAMP REGISTRATION FORM

TEL: 845-985-2291 FAX: 845-985-7925 EMAIL: daycamp@frostvalley.org

WEB: frostvalley.org ADDRESS: 2000 Frost Valley Road, Claryville, NY 12725

PLEASE PRINT LEGIBLY AND COMPLETE ALL SECTIONS  
CAMPER'S INFORMATION HERE

## 1 CAMPER INFORMATION:

(check if true)  My address and home phone are the same as Account Holder listed below

Name (First & Last): \_\_\_\_\_ Gender: \_\_\_\_\_

Email Address: \_\_\_\_\_ How many years has camper attended camp at Frost Valley? \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ County: \_\_\_\_\_ Country (if outside USA): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age at time of camp: \_\_\_\_\_ Grade entering this Fall: \_\_\_\_\_

Group Buddy Request: (Limited to one child. Request must be in same grade and must be mutual) \_\_\_\_\_

List any Allergies and Dietary Restrictions: \_\_\_\_\_

T-shirt Size:  Youth Small  Youth Medium  Youth Large  Adult Small  Adult Medium  Adult Large

## YOUR INFORMATION HERE

## 2 ACCOUNT HOLDER/PARENT/GUARDIAN #1 INFORMATION: (all correspondence and invoices will be sent to this person)

Name (First & Last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

\*Please be sure that your email address is valid. You will receive all correspondence to this email. Add daycamp@frostvalley.org to your address book to ensure delivery. Your email is confidential information.

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ County: \_\_\_\_\_ Country (if outside USA): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Second Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Camper:  Mother  Father  Guardian  Other: \_\_\_\_\_ Custodial Parent?  Yes  No

## 3 PARENT/GUARDIAN #2/NON-CUSTODIAL PARENT: (NOTE: all correspondence and invoices will be sent to the "Account Holder" named above)

Check this box if address and home phone are the same as Account Holder

Name (First & Last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ County: \_\_\_\_\_ Country (if outside USA): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Second Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Camper:  Mother  Father  Guardian  Other: \_\_\_\_\_ Custodial Parent?  Yes  No

Non-Custodial Parent:  Should be contacted in case of emergency and has permission to pick up camper

## 4 EMERGENCY CONTACTS AND AUTHORIZED PICK UP PERSONS: (In addition to parents/guardians)

Use this area to list the individual(s) we may contact in an emergency and/or you authorize to pick up your camper from camp or bus location at the end of the day in the event that you are unable to do so.

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell/Work Phone: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

## 5 HOW DID YOU HEAR ABOUT FROST VALLEY? Please check one and use the line below to write the name/place if applicable.

- Friend, Who?  Alumni, Who?  Internet, Where?  Camp Fair, Where?
- Magazine, Which?  School, Which?  Brochure  TV  Other



CAMPER NAME (FIRST & LAST): \_\_\_\_\_

**6 PROGRAM OPTIONS**

CHECK BOX(ES) OF SESSION(S) YOU ARE REGISTERING FOR:									
PROGRAM NAME Entering Grade	1 6/28-7/2	2 7/5-9	3 7/12-16	4 7/19-23	5 7/26-30	6 8/2-6	7 8/9-13	8 8/16-20	Farm 8/23-27
<b>EXPLORERS</b> Grades Pre-K&K (min. age 4)	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225	
<b>PATHFINDERS</b> Grades 1-5	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225	
<b>SPECIALTY CAMPS</b> Grades 3-5	Sports of All Sorts <input type="checkbox"/> \$235	Ultimate Survivor <input type="checkbox"/> \$235	Center Stage <input type="checkbox"/> \$235	Artist's Showcase <input type="checkbox"/> \$235	Fun with Food <input type="checkbox"/> \$235	Inventor's Workshop <input type="checkbox"/> \$235	Eco Warriors <input type="checkbox"/> \$235	Global Citizen <input type="checkbox"/> \$235	
<b>TWEEN LEADERSHIP</b> Grade 6-7	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225	
<b>TEEN LEADERSHIP</b> Grades 8-9	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225	
<b>CIT - Grade 10</b>	<input type="checkbox"/> \$415	<input type="checkbox"/> \$415	<input type="checkbox"/> \$415	<input type="checkbox"/> \$415	<input type="checkbox"/> \$415	<input type="checkbox"/> \$415	<input type="checkbox"/> \$415	<input type="checkbox"/> \$415	
<b>FARM CAMP</b> Grades K-6									<input type="checkbox"/> \$260
<b>HOOF-BEATS</b> Grades 3-5	<input type="checkbox"/> \$525		<input type="checkbox"/> \$525		<input type="checkbox"/> \$525		<input type="checkbox"/> \$525		
<b>SADDLE-UP</b> Grades 6-10	<input type="checkbox"/> \$525		<input type="checkbox"/> \$525		<input type="checkbox"/> \$525		<input type="checkbox"/> \$525		

**7 TRANSPORTATION OPTIONS** check appropriate boxes:

Bus transportation needed (cost per week: \$100)

Bus transportation is not needed (child driven by personal vehicle)

<b>BUS #1</b> <input type="checkbox"/> Ellenville Elementary School <input type="checkbox"/> Woodbourne Church <input type="checkbox"/> Neversink Town Hall	<b>BUS #2</b> <input type="checkbox"/> Liberty Elementary School <input type="checkbox"/> Rolling V Bus Garage <input type="checkbox"/> Claryville Church	<b>BUS #3</b> <input type="checkbox"/> Big Indian Park
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**8 PAYMENT INFORMATION:**

\$50 Deposit per session x \_\_\_\_\_ sessions = \$ \_\_\_\_\_

I, \_\_\_\_\_ authorize Frost Valley YMCA to charge the outstanding balance on my family's Frost Valley YMCA Day Camp invoice to the credit card listed below on June 1, 2021.

If registering after June 1, I authorize Frost Valley to charge full amount due upon receipt of this registration to the credit card listed below.

**TYPE OF PAYMENT:**

Check Enclosed (payable to Frost Valley YMCA)

Visa  MasterCard  AmEx  Discover

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Payment: \$ \_\_\_\_\_

**9 SIGN HERE**

Signature of Parent or Legal Guardian

Date