



YWCA CAMP FUNKIST SUMMER 2008

515 North Street White Plains, NY 10605 (914) 949-6227 x168 www.ywcawhiteplains.com

Where summer fun begins...

REGISTRATION FORM (Please print clearly. One form per child.)

Child's Name: _____ Date of birth: ____/____/____ Gender (circle) F M

Address: _____
Street City State Zip

Phone # ____/____/____ Nickname _____ Grade child entering in Sept 2008 _____

Parent/Guardian Name: _____ Home Phone: _____ Cell _____

Address: _____ Email: _____

Employer: _____ Work Phone: _____

Emergency contact Name: _____ Relationship to child _____

Phone # _____

A NON-REFUNDABLE \$250 camp deposit must accompany this application in order to reserve a space for your child. The camp deposit will apply to the camp fees. Current YWCA membership of \$45/child is also required through the entire camp enrollment. Membership dues are good for one year. All camp tuition must be paid in full before the 15th of May or enrollment will be cancelled and your deposit will not be returned. **Registration after May 15th MUST BE PAID IN FULL** at the time of registration.

Session #	Session Dates	Session Price		Extended Hrs	\$Session Total
		Little/ Funkist	or PLUS/Fit Camp		
_____ 1	Jun 30 – Jul 11 (<i>closed 7/4</i>)	\$450	\$473	\$150	\$ _____
_____ 2	Jul 14 – Jul 25	\$500	\$525	\$150	\$ _____
_____ 3	Jul 28 – Aug 8	\$500	\$525	\$150	\$ _____
_____ 4	Aug 11 – Aug 20	\$400	\$420	\$150	\$ _____
_____ 4 sessions	Jun 30 - Aug 20	\$1750	\$1843	\$600	\$ _____
Total Camper Fee:					\$ _____

In order to authorize a payment plan, a credit card number must be included below. If payment is not made via alternate means by the 5th of the month, the payment will automatically be charged to your credit card. If no credit card information is included, payment is due in full.

_____(initial) I acknowledge that failure to make payment on time jeopardizes enrollment and discount received. I further authorize the YWCA of White Plains to charge the agreed-upon payment amount to my credit card in the event of non-payment.

_____ Please charge the \$250 non-refundable deposit / \$45 membership to my Visa / MC / Discover

_____ Please automatically charge my monthly camp payments to my Visa / MC / Discover on the 1st of the Month.

CREDIT CARD INFORMATION

Cardholder's Name(Please print) _____ Signature _____

Visa / Mastercard/ Discover # _____ - _____ - _____ Expiration date: ____/____

The balance due after minimum deposit of \$250 will be divided into 4 equal payments. You will receive a copy of the payment agreement after registration.

For Office use only

_____ - _____ + _____ = \$ _____ - Deposit \$ _____ = \$ _____

Total Fees early bird by 3/01/08 (less \$25/session) (extended care fees)

Payments Due: 3/1 _____ 4/1 _____ 5/1 _____ 6/1 _____

