

** Locations/max enrollments are subject to change based on Gov. Wolf, PA DOH and CDC recommendations for camp.

1st CHILD'S INFORMATION - \$30 Registration Fee

Child's Name: _____ Date of Birth: ____/____/____ Age: _____

Gender: _____ School Attending: _____ Grade: _____ (as of 8/1/2020)

My child will be attending: **
 Camp Discovery (Southern Branch)

2nd CHILD'S INFORMATION - \$20 Registration Fee

Child's Name: _____ Date of Birth: ____/____/____ Age: _____

Gender: _____ School Attending: _____ Grade: _____ (as of 8/1/2020)

My child will be attending: **
 Camp Discovery (Southern Branch)

3rd CHILD'S INFORMATION - Free Registration

Child's Name: _____ Date of Birth: ____/____/____ Age: _____

Gender: _____ School Attending: _____ Grade: _____ (as of 8/1/2020)

My child will be attending: **
 Camp Discovery (Southern Branch)

4th CHILD'S INFORMATION - Free Registration

Child's Name: _____ Date of Birth: ____/____/____ Age: _____

Gender: _____ School Attending: _____ Grade: _____ (as of 8/1/2020)

My child will be attending: **
 Camp Discovery (Southern Branch)

PARENT/GUARDIAN INFORMATION	PARENT/GUARDIAN INFORMATION
First Name: _____	First Name: _____
Last Name: _____	Last Name: _____
Date of Birth: _____	Date of Birth: _____
Primary Phone: _____	Primary Phone: _____
Alternate Phone: _____	Alternate Phone: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
E-Mail: _____	E-Mail: _____
Employer Name: _____	Employer Name: _____
Job Title: _____	Job Title: _____

Payment Information: Waived Registration Fee (May 1-3)

Check Enclosed Please call me to charge my credit card Please use the credit on my YMCA account

I understand that my child is not registered until this form along with payment has been received. A confirmation e-mail will be sent after processing the registration fee. Registration fees are non-refundable. Additional enrollment forms will be completed during my meeting with the Director.

Parent/Guardian Signature _____

Date _____