



YMCA OF YORK AND YORK COUNTY
2020 SUMMER DAY CAMP
REGISTRATION FORM

Branch:

[] Dover [] Southern [] York

** 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 the: (if attending both before and after care please check location AND Before/After Care)**

[] Camp Spirit (Mt. Wolf) [] Camp Palomino (Dover) [] York Downtown (CCIS) [] Eastern Branch (E. Market St.) [] Before/After Care

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 the: (if attending both before and after care please check location AND Before/After Care)**

[] Camp Spirit (Mt. Wolf) [] Camp Palomino (Dover) [] York Downtown (CCIS) [] Eastern Branch (E. Market St.) [] Before/After Care

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 the: (if attending both before and after care please check location AND Before/After Care)**

[] Camp Spirit (Mt. Wolf) [] Camp Palomino (Dover) [] York Downtown (CCIS) [] Eastern Branch (E. Market St.) [] Before/After Care

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 the: (if attending both before and after care please check location AND Before/After Care)**

[] Camp Spirit (Mt. Wolf) [] Camp Palomino (Dover) [] York Downtown (CCIS) [] Eastern Branch (E. Market St.) [] Before/After Care

PARENT/GUARDIAN INFORMATION

First Name: _____

Last Name: _____

Date of Birth: _____

Primary Phone: _____

Alternate Phone: _____

Address: _____

City/State/Zip: _____

E-Mail: _____

Employer Name: _____

Job Title: _____

PARENT/GUARDIAN INFORMATION

First Name: _____

Last Name: _____

Date of Birth: _____

Primary Phone: _____

Alternate Phone: _____

Address: _____

City/State/Zip: _____

E-Mail: _____

Employer Name: _____

Job Title: _____

Payment Information:

[] 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 _____