



YMCA CAMP CONISTON AFTERSCHOOL PROGRAM

2010-2011 Application Form

\$25 Registration Fee Per Child

REGULAR DAY FEE:
 \$12 first child per day
 \$10 each additional child
EARLY RELEASE DAYS:
 \$16 first child
 \$14 each additional child

CHILD # 1

Child's Name: _____ Circle One: M or F
 Date of Birth: _____ Desired Starting Date: _____
 Name of School: _____ Grade in 10-11: _____

Please circle the days of the week your child will attend: M T W Th F

CHILD RESIDES WITH

Name(s): _____ Relationship to Child: _____
 Physical Address: _____ City: _____ State: ___ Zip: _____
 Mailing Address: _____ City: _____ State: ___ Zip: _____

**PARENT/
GUARDIAN # 1**

Name: _____
 Home Phone: _____
 Cell Phone: _____
 E-mail: _____
 Occupation/Employer: _____

 Work Phone: _____
 Best way to contact between 3-6 pm:
 Cell Work Home Other: _____

**PARENT/
GUARDIAN # 2**

Name: _____
 Home Phone: _____
 Cell Phone: _____
 E-mail: _____
 Occupation/Employer: _____

 Work Phone: _____
 Best way to contact between 3-6 pm:
 Cell Work Home Other: _____

EMERGENCY CONTACT: You are required to provide at least two additional people who can assume responsibility for your child if you cannot be reached. Please list people authorized to pick up your child below. *You may add names to the list at any time or send a note permitting individuals not on the list to pick up your child.*

 Name Phone Relationship

 Name Phone Relationship

 Name Phone Relationship

APPLICATION CONTINUED ON BACK

SIGNATURE

- I have read and I understand the Parent Handbook and I believe that my child can meet the expectations for safe and successful participation in the YMCA Camp Coniston Afterschool Program.
- I realize fully, that even after reasonable precautions are taken, some activities; such as but not limited to: basketball, soccer, and field play may involve inherent risks for which YMCA Camp Coniston cannot be held responsible.
- I give consent to use my child's comments and photographs in general public relations purposes.
- I give permission for the staff of YMCA Camp Coniston and my child's school to discuss attendance, education supports and health concerns to enhance the overall educational experience.
- I understand that failure to abide by program rules may result in dismissal from the program with no refund.
- I understand that any changes made to my child's schedule are to be provided in writing 2 weeks prior to their change.

Parent Signature

Date