



YMCA DAY CAMP SHANNON 2009 CAMPER REGISTRATION



To enroll your child, complete this form and **MAIL** it to: 23 Birch Ridge Rd., Hardwick, NJ 07825 or **FAX** it to (908)362-5767, along with a \$150 deposit for each session selected. We will send a confirmation and statement upon receiving your completed registration with deposit. Visa, MasterCard and checks are accepted for deposits. NOTE: To insure a summer camp opportunity for a greater number of children, we initially limit camper enrollments to a maximum of four weeks.

Please Print

Camper's Name _____ Date of Birth (MM/DD/YY) _____ Gender _____
Address _____ City _____ State _____ Zip _____
Current Grade _____ Camper Email _____

Parent /Guardian 1

Full Name _____ Relationship to Camper _____
Address (if different) _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____ Work Phone _____
Occupation _____ Employer _____ Position _____
E-Mail _____

Parent /Guardian 2

Full Name _____ Relationship to Camper _____
Address (if different) _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____ Work Phone _____
Occupation _____ Employer _____ Position _____
E-Mail _____

If parents are separated who has legal custody? _____ Physical custody _____
Emergency Contact Name _____ Telephone Number _____
Is camper a YMCA Member? _____ If So, Where _____ Card # _____
Attended Camp Shannon Before? _____ Which Summer(s)? _____

How or From Whom Did You Hear About Camp Shannon? _____
Please list any relatives who have attended Camp Shannon and their relationship to the camper _____

PLEASE NOTE: Cabin mate requests cannot be guaranteed.

Please read and sign! - A \$25 YMCA Camping Membership is required of all youngsters in addition to the regular camp fee if the child is not a current member of one of the following YMCA's: Princeton, Raritan Valley, Trenton, Metuchen/Edison and South Brunswick. **Rules of acceptance and participation in Camp Shannon's programs are the same for everyone without regard to race, color, religion, sex, disability, or national origin.** Deposit must accompany form to be valid. Camp deposit is fully refundable for any reason until Friday, May 1, 2009, upon receipt of your written cancellation notice. After May 1 absolutely no deposits are refunded for any reason. Balance of camp fees must be paid 50% by March 1 and the balance by May 1, or camp reserves the right to consider the registration in default and give the spot to the next child on the waiting list. After May 1, fees may be refunded less the deposit only in the event of serious illness, hospitalization, or mandatory summer school attendance any of which can be shown to prohibit rescheduling the camp session to a later one. No refund is given if a child is dismissed from camp for disciplinary reasons. Your signature on these forms indicates acceptance of all rules and policies of Day Camp Shannon and that you are certifying to us that your child is healthy and capable of full active camp participation and is capable of understanding and following all rules.

Signed _____ Date _____

Deposit check enclosed \$ _____ or, please charge my Mastercard Visa for \$ _____
Print name on card _____ Card # _____ Expires _____

Signature of cardholder _____

Check all appropriate boxes for this camper

Regular Day Camp Program (Grades Kindergarten-6)

Four Week Sessions

Two Week Sessions

Session 1
June 29-July 24
Fee \$650

Session 1A
June 29-July 10
Fee \$350

Session 1B
July 13-July 24
Fee \$350

Session 2
July 27-August 21
Fee \$650

Session 2A
July 27-August 7
Fee \$350

Session 2B
August 10-August 21
Fee \$350

Extended Care

AM Care (7:30am-9:00am)
5 times per week. How many weeks? _____
Fee \$28

PM Care (4:00pm-5:30pm)
5 times per week. How many weeks? _____
Fee \$28

Lunches

Hot Lunches
5 times per week , How many weeks? _____
Fee \$17