

**2025 Stateline Family YMCA Summer Camp
Camp WockIgo Registration**

Contact: Tonia (tmason@statelineymca.org)



Camper Information:

Last Name _____ First Name _____ MI _____
Nickname _____ Gender [] Male [] Female [] Other _____
DOB _____ Age When Camp Begins ____ Primary Phone # _____
Address _____ City _____ State ____ Zip Code _____
School Attending _____ Grade Fall 2025 _____

(1) Parent/Guardian Information:

Last Name _____ First Name _____ MI _____
DOB _____ Gender [] Male [] Female [] Other _____
Phone #'s: Cell _____ Work _____ Employer _____
Address _____ City _____ State ____ Zip Code _____
Email Address _____

(2) Parent/Guardian Information:

Last Name _____ First Name _____ MI _____
DOB _____ Gender [] Male [] Female [] Other _____
Phone #'s: Cell _____ Work _____ Employer _____
Address _____ City _____ State ____ Zip Code _____
Email Address _____

Medical and Behavior Questions: (these help us provide the best care possible)

Has your child been diagnosed or treated for the following?

- Asthma Allergies Allergy to Insect Stings
- Diabetes Dietary Needs Other _____
- ADD/ADHD Seizures

Additional Info: (Specific Allergies/Dietary Needs)

Physician's Name _____
Physician's Phone _____
Preferred Hospital _____

Parent's Statement of Understanding

- I understand that my child must be physically signed in/out by authorized adults [] Yes [] No
- I understand that the YMCA is not responsible for lost, stolen, or damaged personal articles [] Yes [] No
- I understand that my weekly balance is due by the Monday prior to the week attending [] Yes [] No
- I understand that my child must be able to use the bathroom on their own [] Yes [] No
- I understand the deposit, balance due, and refund policies located in camp guide [] Yes [] No
- I give permission to the Stateline Family YMCA to:
 - Seek medical treatment for my child, in my absence, in the event of an emergency [] Yes [] No
 - Use photos or videos taken of my child for any and all promotional purposes [] Yes [] No
 - To transport my child as necessary for all activities: Bussing, Swimming, Field Trips [] Yes [] No
 - Allow my child to go on short walks with the group leader under Y staff supervision [] Yes [] No
 - Allow my child to participate in field trips [] Yes [] No
 - To apply sunscreen/bug repellent that I supplied to my child [] Yes [] No

Parent/Guardian Signature _____ Date _____

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Additional Camper Information

Camper's Name _____ DOB _____

Social and Emotional Needs

<p>Fears or Phobias (e.g, spiders, heights, darkness):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Behavioral Triggers (situations, sounds, environments):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Coping Strategies (techniques to calm down):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Social Skills (e.g., shy, outgoing):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Developmental Considerations

<p>Developmental Delays (any known concerns):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Special Interests or Hobbies:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Behavioral Information

Previous Camp Experience:

Behavioral Concerns (specific behaviors to monitor):

Reward Systems (ways to encourage positive behavior):

Parental Insights

<p>Parent Concerns (any specific concerns regarding camp experience):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Preferred Communication (best way to communicate w/ you):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Cultural or Family Traditions (any relevant practices):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Additional Notes

Anything Else (additional information to help camp staff):

Thank you for completing this section! The information is important to help us provide the best care possible We look forward to a fun and enriching camp experience for your child!

For Office Use: Tonia

Camper Info:

Last Name _____ First Name _____ MI _____
 DOB _____ Primary Phone # _____ Gender Male Female Other
 Address _____ City _____ State _____ Zip Code _____

Camp Registration:

Camp Fees

	Y Members	Non Members	Deposit Due at Time of Registration
Theme Day	\$38	\$50	\$10
2-Day (T/TH)	\$92	\$118	\$25
3-Day (M/W/F)	\$132	\$168	\$25
Weekly	\$189	\$244	\$25
Session (2 Weeks)	\$363	\$473	\$50

All remaining balances are due in full the Monday prior to the week your child will be attending.

Camp T-Shirt \$10

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Camp Enrollment

WK	DATE	THEME	Please Mark Your Registration			
			2-DAY	3-DAY	5- DAY	SESSION
1	June 2-6	Island Explorers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/>
2	June 9-13	Doodle Delights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	June 16-20	Eco-Warriors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 <input type="checkbox"/>
4	June 23-27	Animal Planet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	June 30-July 3	North Pole Navigators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 <input type="checkbox"/>
6	July 7-11	Party in the USA!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	July 14-18	All-Star Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 <input type="checkbox"/>
8	July 21-25	Lights, Camera, Action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	July 28- Aug 1	Time Travelers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 <input type="checkbox"/>
10	Aug 4-8	Up Up and Away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	Aug 11- 15	Underwater Treasure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NON REFUNDABLE/NON TRANSFERABLE DEPOSIT DUE AT TIME OF REGISTRATION			\$25/Week \$_____	\$25/Week \$_____	\$25/Week \$_____	\$50/Session \$_____

Theme Days

- Aug 18- Camper Vs Counselor
- Aug 19- Space Odyssey
- Aug 20- Mystery Day

Non-Refundable/ Non-Transferable Deposit
 Due at time of registration
 \$10/Theme Day
 \$_____

Payment Plans

- Includes ALL 11 weeks of camp
- \$10 Discount on Youth Summer Swim Lessons (must register in-house)
- Camp T-Shirt – receive on 1st day of camp

<input type="checkbox"/> Option 1 Pay In Full	<input type="checkbox"/> Option 2 5 Month Draft	<input type="checkbox"/> Option 3 4 Month Draft
- \$1650 - Lock-In by May 5th - Due at time of registration	- \$1700 - Lock-In by March 5th - \$340 Draft on the 5 th of each month, March-July	- \$1700 - Lock-In by April 5th - \$425 Draft on the 5 th of each month, April-July
SAVINGS UP TO \$1,050	SAVINGS UP TO \$1000	SAVINGS UP TO \$1000
Payment Plans are NON-REFUNDABLE/NON-TRANSFERABLE - No Exception Granted.		

For Office Use: Ruthie

**2025 Stateline Family YMCA Summer Camp
Camp WockIgo Payment Information Form**



Parent/Guardian Information:

Last Name _____ First Name _____ MI _____ DOB _____

Address _____ City _____ State _____ Zip Code _____

Camper's Name _____ DOB _____

Total # of Weekly Registrations	_____	X \$25	=	\$
Total # of 2-WK Session Registrations	_____	X \$50	=	\$
Total # of Theme Days	_____	X \$10	=	\$
Total # of Camp T-Shirts	_____	X \$10	=	\$
Grand Total Due At Time of Registration				\$

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YES

[] Daxko registration matches form

[] 2nd Child discount applied if applicable

[] Bank draft scheduled by Childcare Billing Specialist

Signature (Childcare Billing Specialist)

Date

Select Payment Option for Remaining Balance:

Remaining Balance Due (Fee less the deposit)

- | | |
|------------------------------------|---|
| [] Weekly/Session/Theme Day Draft | Will draft the Monday prior to the week registered |
| [] Payment Plan- Option 1 | Will be paid at time of registration |
| [] Payment Plan- Option 2 | Will draft on the 5 th of e/ month March- July |
| [] Payment Plan- Option 3 | Will draft on the 5 th of e/ month April- July |

Camper's Name _____

[] Checking Account Bank Name _____
Account # _____ Routing # _____

[] Savings Account Bank Name _____
Account # _____ Routing # _____

[] Credit Card Name on Card _____
Account # _____ Card Type _____
(Discover, Master Card, Visa)
Expiration Date _____ CID # _____

- This authorization continues indefinitely and automatically until cancelled by the person signing this authorization. Draft cancellations require a 15 day notice.
- Amount of draft will be determined by the elected program, the fee and adjustments defined by the program policy. The fee may be adjusted based on increased fee rates or adjustments as defined by the program policy.
- Each program requires separate authorization forms.
- All drafts are non-refundable.
- A fee of \$25 will be charged for all returned drafts. Two charges of this type may result in expulsion from the program.

I authorize the Stateline Family YMCA to the above named bank or credit card account for membership or program fees. Any change in fees may constitute a change in the draft amount. I understand that the Stateline Family YMCA may initiate a pre-authorization to validate the account number listed. I also understand that I am liable for the entire balance plus the processing fee for returned drafts.

Authorized Signature _____

Date _____

For Office Use: Ruthie
