



**LICKING COUNTY FAMILY YMCA
WESTERN BRANCH**

355 W. Broad Street, Pataskala, OH 43062
Phone: 740-964-6522 Fax: 740-964-6533

2010 Summer Day Camp

Membership Exp	/ /
# of Weeks	
Security Deposit (<small>\$25 X # of weeks</small>)	\$
Weekly Fee	\$

- FULL MEMBER** **ASSOCIATE MEMBER** **ODJFS CoPay \$**

Child's Last Name (Please print) _____ First _____ MI _____ Home Phone _____ Parent's Work Phone _____

Street Address _____ Cell Phone - Mom _____ Cell Phone - Dad _____

City _____ State _____ Zip Code _____ Date of Birth _____

E-mail Address for Parent _____

Female Male

Registration
<input type="checkbox"/> March 1st-April 30th
<input type="checkbox"/> May 1st-End of Summer
<input type="checkbox"/> Camper <input type="checkbox"/> LIT

PAYMENT METHOD:

- WEEKLY PAYMENTS**
(using cash, check or credit card in person, over the phone or online)
- ODJFS Monthly Co-pay \$ _____ (ODJFS Authorization Required)**
(Minimum of 7 hours of care each week is required)

SPONSOR:

Payment:

I agree to pay my child's weekly fees no later than the **Thursday prior to each week of care provided**. I understand a late fee of \$5 may be assessed if payment is not made on time. I understand that returned checks for insufficient funds or declined credit cards are assessed a \$20 processing fee. I also understand that a two-week, advance written notice must be given prior to withdrawing my child from any YMCA Day Camp program.

_____ Initial

Late Fee:

I understand that the YMCA Day camp program closes at 6:30 PM daily. I understand that a late pick up fee will be assessed to my child care account for any pick up starting at 6:35 PM as outlined in the Parent Handbook.

_____ Initial

Membership Status:

I understand that in order to participate in the Summer Day Camp at the YMCA, my child must be either a Full Member or an Associate member of the Licking County Family YMCA. This membership is separate from the Day Camp program and it does not automatically terminate at the end of the school year or when the child is withdrawn from the program. If you choose the Full Member, monthly draft option you will be required to notify the membership staff if you wish to terminate this membership. Please refer to the membership enrollment form for additional information regarding memberships.

_____ Initial

Signature _____ Date _____

YMCA Mission: To put Christian principles into practice through programs that build healthy spirit, mind and body for all.