

THE YOUTH CENTER SUMMER DAY CAMP 2008
REGISTRATION FORM (One Per Camper) Please complete EVERY LINE
 Mail to: The Youth Center, 16 Hampton Road, Glen Gardner, NJ 08826

Child's Name: _____ Nickname: _____ Gender: _____
 Allergies/Restrictions: _____
 Grade entering in Fall 2008: _____ Age: _____ Birth date: _____
 Please list our top 3 emergency (or other) contact numbers for either parent or guardian:
 Phone #1: _____ Phone #2: _____ Phone # 3: _____
 Email Address: (will be used for The Youth Center purposes only) _____
 Parents/Guardians Names: _____
 Mailing Address: _____
 City/State: _____ ZIP: _____
 Physical Address: _____
 Town/Township: _____ COUNTY: _____
 Public School attending - Now or in the Future: _____

T-SHIRT SIZE (check one): Child-MD Child-LG Adult-SM Adult-MD Adult-LG

Please check one of the following photo options: I do / I do not consent that photos, DVD and videos of myself and my child are the property of The Youth Center and may be reproduced and publicized and/or used on our website or as The Youth Center desires, free of any claim on my part.

CAMP 2008 WEEKS: Check each box you wish to register for:

Weeks:	Pre-Camp Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Travel Camp Wk 8	Travel Camp Wk 9	Child Care Wk10
Dates:	June 16-20	June 23-27	June 30- July 3	July 7-11	July 14-18	July 21-25	July 28 Aug 1	Aug 4-8	Aug 11-15	Aug 18-22
Regular Day Camp 9:00 AM – 4:00 PM										
AM – Extended Hours 7:00 – 9:00 AM										
PM – Extended Hours 4:00 – 6:00 PM										
Bus Transportation										

Must be enrolled in at least one other week (between weeks 2-6) to be eligible to attend week 7, 8, 9 or 10.

CHOOSE from the following 2 payment options and remit with registration:

OPTION A CAMP PAYMENT

of Weeks _____ x \$50 per week non-refundable deposit + \$30 Membership (if not current) = \$ _____ Deposit

OPTION B CAMP PAYMENT - Monthly Installment Plan (MIP) (Not available after May, 1 2008)

of Weeks _____ x \$25 per week = MIP deposit = \$ _____

Included in my payment is an additional \$ _____; please apply towards camper Scholarship for under privileged kids to go to camp. \$5 \$10 \$15 Other \$ _____

Campfire Fridays Registration (please check below) \$10 per child per night

February 22, 2008 March 14, 2008 April 18, 2008 # of nights _____ x \$10 per night = \$ _____

I understand, agree and consent to all terms and conditions as described in the registration information/brochure including payment requirements. I understand ALL MONIES are non-refundable for any reason.

Parent Signature _____ Date: _____

IMPORTANT: For purposes of corporate funding, please provide parents' Places of Employment below:

Mother's Employer: _____ Father's Employer: _____