

CFS Summer Day Camp

Enrollment Form – 2010

Parents/Guardians Name _____

Address _____

City _____ State _____ Zip _____

Primary e-mail _____

Home Phone _____

Father's Work Phone _____ Father's Cell Phone _____

Mother's Work Phone _____ Mother's Cell Phone _____

Camp Fees (check one)

- | | | | | |
|--------------------------|--------------------------|---------------------------|---------|------------------|
| <input type="checkbox"/> | Full Session (6 weeks) | June 28 through August 6 | \$1,500 | 9:00AM to 3:20PM |
| <input type="checkbox"/> | First Session (3 weeks) | June 28 through July 16 | \$ 800 | 9:00AM to 3:20PM |
| <input type="checkbox"/> | Second Session (3 weeks) | July 19 through August 6 | \$ 800 | 9:00AM to 3:20PM |
| <input type="checkbox"/> | Weekly Session* | June 28 through July 2 | \$ 275 | 9:00AM to 3:20PM |
| <input type="checkbox"/> | Weekly Session* | July 5 through July 9 | \$ 275 | 9:00AM to 3:20PM |
| <input type="checkbox"/> | Weekly Session* | July 11 through July 16 | \$ 275 | 9:00AM to 3:20PM |
| <input type="checkbox"/> | Weekly Session* | July 19 through July 23 | \$ 275 | 9:00AM to 3:20PM |
| <input type="checkbox"/> | Weekly Session* | July 26 through July 30 | \$ 275 | 9:00AM to 3:20PM |
| <input type="checkbox"/> | Weekly Session* | August 2 through August 6 | \$ 275 | 9:00AM to 3:20PM |
| <input type="checkbox"/> | Early Arrival | Session 1/3 week session | \$ 100 | 7:30AM to 8:45PM |
| <input type="checkbox"/> | Early Arrival | Session 2/3 week session | \$ 100 | 7:30AM to 8:45PM |
| <input type="checkbox"/> | Extended Day | Session 1/3 week period | \$ 150 | 3:30PM to 5:00PM |
| <input type="checkbox"/> | Extended Day | Session 2/3 week period | \$ 150 | 3:30PM to 5:00PM |
| <input type="checkbox"/> | Early Arrival | Weekly session | \$ 35 | 7:30AM to 8:45PM |
| <input type="checkbox"/> | Extended Day | Weekly session | \$ 55 | 3:30PM to 5:00PM |
| <input type="checkbox"/> | CIT Full Session | June 28 through August 6 | \$ 750 | 9:00AM to 5:00PM |

*1 week sessions require payment in full with your application.

Child's Name	Age on June 28	Date of Birth	Grade in Fall 2010	Boy or Girl	\$250/child Deposit Enclosed

Mail Completed Form and Deposit to:

YMCA CFS Summer Camp
 1416 Berwyn Paoli Road
 Berwyn, PA 19312

Total _____

CFS may use photos of campers for promotional purposes in publications and on the website.

If there is any other important information that your child's counselor should know, please explain on back of this form.

Signature of Parent/Guardian _____

Date _____