

# YMCA CAMP DUNCAN 2019 DAY CAMP REGISTRATION FORM



Please print. Return with \$25 (non-refundable/non-transferable) deposit per session to YMCA Camp Duncan, 32405 N. Hwy 12, Ingleside, IL 60041 • 847-546-8086 • Fax: 847-546-3550 • Email: nmiller@ymcachicago.org

## 1st Camper Info

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age as of 6/1/19 \_\_\_\_\_  Male  Female Grade 9/2019 \_\_\_\_\_

I have attended Camp Duncan for \_\_\_\_\_ years. Please group my camper with \_\_\_\_\_

## 2nd Camper Info

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age as of 6/1/19 \_\_\_\_\_  Male  Female Grade 9/2019 \_\_\_\_\_

I have attended Camp Duncan for \_\_\_\_\_ years. Please group my camper with \_\_\_\_\_

## Parent / Guardian Info

1st Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Parent's E-mail \_\_\_\_\_

2nd Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Parent's E-mail \_\_\_\_\_

Custodial Parent (campers live with...)  Mother Only  Father Only  Both Parents  Other \_\_\_\_\_

Are you a member of a YMCA?  Yes  No Member of \_\_\_\_\_ YMCA

## Miscellaneous Info

Emergency Name and Phone Number \_\_\_\_\_

The YMCA of Metropolitan Chicago invites people with disabilities to enjoy Y programs and facilities.

I need a modification because of a disability to enjoy this program.  Yes  No

**GROUP** (Indicate grade child is entering in the Fall)

Explorer (Grades PreK-1)  Trailblazer (Grades 4-5)

Voyager (Grades 2-3)  Navigator (Grades 6-8)

**SESSIONS** (Check all that apply)

- |                                    |                                                           |                                                    |
|------------------------------------|-----------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> FULL TIME | <input type="checkbox"/> Session 1 (June 3-7)             | <input type="checkbox"/> Session 6 (July 8-12)     |
| <input type="checkbox"/> PART TIME | <input type="checkbox"/> Session 2 (June 10-14)           | <input type="checkbox"/> Session 7 (July 15-19)    |
|                                    | <input type="checkbox"/> Session 3 (June 17-21)           | <input type="checkbox"/> Session 8 (July 22-26)    |
|                                    | <input type="checkbox"/> Session 4 (June 24-28)           | <input type="checkbox"/> Session 9 (July 29-Aug 2) |
|                                    | <input type="checkbox"/> Session 5 (July 1-5) No Camp 7/4 | <input type="checkbox"/> Session 10 (Aug 5-9)      |

**PRE-CAMP:**  May 28  May 29  May 30  May 31

**POST-CAMP:**  Aug 12  Aug 13  Aug 14  Aug 15  Aug 16

## BUS SERVICE (Additional Cost)

AM & PM  AM Pick-up Only  PM Pick-up Only

### Route 1

Libertyville  Mundelein  Lake Zurich  Wauconda

### Route 2

Lindenhurst  Lake Villa  Round Lake  Grayslake

How did you hear about camp? \_\_\_\_\_

Does your child have any special needs you would like to discuss with the Day Camp Director prior to camp?  
\_\_\_\_\_

## SUMMER 2019 DAY CAMP FEES

### FULL TIME

#### (4 OR 5 DAYS A WEEK)

\$225 if registered by April 30th  
\$245 if registered after April 30th  
\$280 Register Thursday or later  
of week before start date\*

### PART TIME

#### (3 DAYS PER WEEK)

\$185 if registered by April 30th  
\$200 if registered after April 30th  
\$225 Register Thursday or later  
of week before start date\*

### TRANSPORTATION

\$30 per session for AM pick up  
\$30 per session for PM pick up

### PRE AND POST CAMP

\$51 per day

\*Applies only to weeks when registration occurs after  
Wednesday of the week before session desired.

## Specialty Camp Registration

Please check Specialty Camp information inside the brochure for age groups and program times. Space is limited.

### Session 1: June 3-7

- Legomania** **Grades 2-8**  
 \$60 w/Day Camp  \$80 Specialty Camp Only
- Morning Swim Lessons** **Grades All**  
 \$50 w/Day Camp  \$70 Specialty Camp Only

### Session 2: June 10-14

- Theater Camp** **Grades 2-8**  
 \$50 w/Day Camp  \$70 Specialty Camp Only
- Morning Swim Lessons** **Grades All**  
 \$50 w/Day Camp  \$70 Specialty Camp Only

### Session 3: June 17-21

- Archery Camp** **Grades 4-8**  
 \$50 w/Day Camp  \$70 Specialty Camp Only
- Basketball Camp** **Grades 2-8**  
 \$50 w/Day Camp  \$70 Specialty Camp Only

### Session 4: June 24-June 28

- Science Camp** **Grades 2-8**  
 \$60 w/Day Camp  \$80 Specialty Camp Only
- Morning Swim Lessons** **Grades All**  
 \$50 w/Day Camp  \$70 Specialty Camp Only

### Session 5: July 1-5 (No Camp 7/4)

- littleBits™ Camp** **Grades 4-8**  
 \$60 w/Day Camp  \$80 Specialty Camp Only
- Morning Swim Lessons** **Grades All**  
 \$40 w/Day Camp  \$60 Specialty Camp Only

### Session 6: July 8-12

- Survivor Camp** **Grades 2-8**  
 \$50 w/Day Camp  \$70 Specialty Camp Only
- Morning Swim Lessons** **Grades All**  
 \$50 w/Day Camp  \$70 Specialty Camp Only

### Session 7: July 15-19

- Soccer Stars Camp** **Grades 2-8**  
 \$50 w/Day Camp  \$70 Specialty Camp Only
- Morning Swim Lessons** **Grades All**  
 \$50 w/Day Camp  \$70 Specialty Camp Only

### Session 8: July 22-26

- Destination Imagination Camp** **Grades 2-8**  
 \$50 w/Day Camp  \$70 Specialty Camp Only
- Morning Swim Lessons** **Grades All**  
 \$50 w/Day Camp  \$70 Specialty Camp Only

### Session 9: July 29-August 2

- Cheer & Dance Camp** **Grades 2-8**  
 \$50 w/Day Camp  \$70 Specialty Camp Only
- Morning Swim Lessons** **Grades All**  
 \$50 w/Day Camp  \$70 Specialty Camp Only

YMCA CAMP DUNCAN IS FOR THOSE WHO ENJOY CAMPING. RULES FOR PARTICIPATION IN THE PROGRAM ARE THE SAME FOR EVERYONE WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, SEX OR DISABILITY. IT IS UNDERSTOOD THAT ALL CAMPER'S WILL BE TREATED AS INDIVIDUALS AND RESPECT SHOWN FOR NORMAL DIFFERENCES IN TASTES, PREFERENCES, ABILITIES AND RANGE OF BEHAVIOR PATTERNS. YMCA CAMP DUNCAN RESERVES THE RIGHT TO DISMISS A CHILD FROM THE CAMP WITHOUT REFUND, WHOSE SPECIAL NEEDS WE ARE NOT ABLE TO PROVIDE FOR WHOSE CONDUCT IS NOT IN THE BEST INTEREST OF THE CAMP COMMUNITY. I WILL NOTIFY THE DIRECTOR IF A CHILD HAS ANY SERIOUS RESTRICTIONS RELATED TO HIS/HER PARTICIPATION IN THE CAMP PROGRAM.

**PARENTAL APPROVAL:** I/We approve this application and certify that our child is in good health and will provide a current health history. I hereby give permission to Camp Duncan to administer routine medical care and to the physician selected by the Camp Director to hospitalize, secure proper treatment and to order injection, anesthesia, or surgery for my child as named above. I also give permission for Camp Duncan to transport my child off the camp property for purposes of medical care and program activities as deemed appropriate by the director.

**PHOTO RELEASE:** Camp Duncan has my permission to use any photographs taken of my child in its annual promotional materials without compensation.

Camp Duncan will charge a \$10 fee per any change made to registrations that have already been received and processed.

I understand that a non-refundable, non-transferable deposit of \$25.00 per child, per session is required with registration and that the balance of fees must be paid by the Wednesday before the registered session. Required paperwork must be returned by the start of my child's first camp session or the prospective camper will not be permitted to participate in any camp programs. Cancellations must be made before the session starts. Total fees will be charged for any cancellations made after the start of the given session or for failure to notify us of cancellation. The balance of fees is refundable for medical reasons only and will be issued upon receipt of a doctor's authorized written notice. Day camp fees include staff supervision, extended care (6:30am-6pm) and most program activities.

Transportation and specialty programs are extra. **Fees do not include medical/accident insurance.** The YMCA of Metropolitan Chicago does not carry medical, accident or loss of personal property insurance for any program participants, due to the fact that it would drastically increase the cost of our program fees. Please review the insurance policies that protect you and your family to be certain that the proper coverage is in place. Medical bills incurred are the responsibility of the parent. I understand that no refunds will be issued for campers going home early, for disciplinary action, or home sickness. The YMCA is not responsible for lost, stolen, or damaged personal items.

I realize if there is an existing custodial situation regarding guardianship of the child registered above, Camp Duncan staff will only communicate with the parent/guardian who has registered the child and whose signature appears on this registration form. Additionally, Camp Duncan staff will not release any information to anyone who inquires about the above registered camper/child. Camp Duncan will not become involved with situations that arise between custodial parents or situations that arise between non-custodial parents. It is up to the individual(s) that registered the child to share information with any other custodial parent(s) / guardian (s) who may share custody of the above mentioned child. I understand that my signature indicates that I am in agreement to provide any necessary information, including information required by law or by the custodial agreement, with others that share the custody of the above registered camper. My signature also indicates that the information on this registration form is correct and that I have read and am in agreement of the above information. The YMCA Metropolitan Chicago will not deny services to anyone because of inability to pay. Limited scholarship assistance is available and must be applied for.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**NO CASH PAYMENT ACCEPTED**

**FOR CREDIT CARD PAYMENT**

Card Holder's Name \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Discover  Visa  MasterCard  American Express

Expiration \_\_\_\_\_ Security Code \_\_\_\_\_  Charge Full Fee \$ \_\_\_\_\_  Charge Deposit Only \$ \_\_\_\_\_

Charge Deposit Now and Automatically Charge Balance of Fees on the Wednesday Prior to the Start of the Session

Signature \_\_\_\_\_