



2012 LAKE STOCKWELL DAY CAMP REGISTRATION FORM

**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Mail Registration Form and Payment to:

**YMCA Camp Ockanickon, Inc. 1303 Stokes Road, Medford, NJ 08055 or Register online at www.ycamp.org
For more information, call 609-654-8225 or 800-442-2267 • fax 609-654-8895 • info@ycamp.org**

CAMPER INFORMATION			<i>PLEASE PRINT CLEARLY- This is camp's permanent record</i>
Last Name	First Name	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Returning Camper	
Birth Date	Current School Name	Grade Entering Sept. 2012	
Shirt Size	Circle One: Youth S M L Adult S M L XL		
FAMILY INFORMATION <i>Applies to the Parent/Guardian with whom the camper legally lives. Joint/Non-custodial parent information is below.</i>			
Camper Address	Father/Guardian 1 Last Name	Mother/Guardian 2 Last Name	
	First Name	First Name	
City	Home Phone	Home Phone	
State	Zip	Work Phone	Work Phone
JOINT/NON-CUSTODIAL FAMILY			
	Cell Phone	Cell Phone	
Has there been a divorce/separation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer's Name	Employer's Name	
	Occupation	Occupation	
If yes, who has custody? (Print joint if applies) _____	Email (Required)- Camp Forms will be e-mailed	Email (Required)- Camp Forms will be e-mailed	
EMERGENCY CONTACTS <i>List two contacts other than parent(s)/guardian(s)</i>			
The joint/non-custodial parent should: <input type="checkbox"/> Be contacted in the event of emergency	Name	Name	
<input type="checkbox"/> Receive duplicate mailings	Relationship	Relationship	
<input type="checkbox"/> Receive invoice	Home Phone	Home Phone	
If you answered yes to any question above, please complete all information below.	Work Phone	Work Phone	
	Cell Phone	Cell Phone	
CAMP REFERRAL INFORMATION			
Last Name	<i>Please consider referring a new family to camp. If the referred family signs up for camp, you <u>and</u> the referred family will each receive a \$10 gift certificate to the Camp Store. The referred family must be a first-time camper.</i>		
First Name			
Home Phone	PLEASE SEND A REGISTRATION FORM TO: (Use additional sheets for multiple referrals)		
Work Phone	Name		
Cell Phone	Address		
Address	City	State	Zip
	Email		
City	IF YOU HAVE BEEN REFERRED TO CAMP, PLEASE INDICATE WHO REFERRED YOU <i>(To receive your \$10 gift certificate this section must be completed)</i>		
State	Zip		
	Name		
Email	Address		
PARTICIPATION AGREEMENT AND FINANCIAL TERMS			
<i>Please read very carefully and sign and return with a deposit or payment in full. Please call us with any questions you may have.</i>			
I/We hereby enroll my/our child and enclose a non-refundable deposit or payment in full. Any balances owed on June 15, 2012 will be automatically charged to the credit/debit card on file unless alternative arrangements are made. Registrations received after June 15, 2012 must be accompanied by payment in full unless alternative arrangements have been made. Refunds on amounts paid, less deposit and a \$20 fee, may be approved up to June 15, 2012. Refunds will be made in the same form that payment was made. There are no refunds available after June 15, 2012. I/We understand that I/we are allowed one change of session per family at no cost. Thereafter, a \$35 fee for each change request will be applied. I/We understand that no refunds are given if a child leaves camp early because of homesickness or for disruptive behavior as determined by the Camp Director. I/We understand that completion of all required summer camp forms and the YMCA Camp Ockanickon, Inc. Program Waiver are required as a condition of participation in the camp programs.			
OVER PLEASE →			
Signature	Printed Name	Date	

Camper Last Name	First Name
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RATES- SAME RATES AS 2011! <i>Register for more, pay less!</i> <i>Multi-week rates valid only at time of initial registration.</i>	Register for 3 weeks or less	4 weeks	5 weeks	6 weeks	7 weeks	8 weeks	9 weeks	10 weeks
Day Camp Program <i>Ages 5 to 11- all groups placed by age/grade</i>	\$310/wk	\$300/ wk	\$290/ wk	\$280/ wk	\$270/ wk	\$260/ wk	\$250/ wk	\$240/ wk
Explorers Program <i>Ages 12 to 14- all groups placed by age/grade</i>	\$425/wk	\$410/ wk	\$395/ wk	\$370/ wk	\$355/ wk	\$340/ wk	\$325/ wk	\$310/ wk

SESSIONS & DATES	RATE PER WEEK	One	Two	Three	Four	Five	Six	Seven	Eight	Nine	Ten
		6/25 to 6/29	7/2 To 7/6	7/9 to 7/13	7/16 to 7/20	7/23 to 7/27	7/30 to 8/3	8/6 to 8/10	8/13 to 8/17	8/20 to 8/24	8/27 to 8/31
Day Camp Program (ages 5-11)	\$240 - \$310	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explorers Program (ages 12-14)	\$310- \$410	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LIT & CIT <i>Additional application is required</i>	RATE	LIT Program: 14 yrs old & completed 8 th Grade. CIT Program: 15 yrs old & completed 9 th Grade.	Download required application at www.ycamp.org
3-week Leader in Training	\$1,275	<input type="checkbox"/> Sessions 6-8	
5-week Counselor in Training	\$1,975	<input type="checkbox"/> Sessions 1-5	

OPTIONS	RATE PER WEEK	All options must be paid in full at time of registration. You may register for options at any time. Options are first-come, first-served and subject to minimum enrollment.									
AM Care 7:00am - 8:30am	\$45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM Care 4:30pm - 6:00pm	\$45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overnights <i>Minimum age 7</i>	\$50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horseback Riding/Instruction <i>1 hour daily, minimum age 8</i>	\$190	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Beginner Swim Lessons <i>4:00 -4:45 daily</i>	\$75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Round Trip Bus	\$75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bus Stop Location	Enter Stop Here-	Refer to bus schedule on website at www.ycamp.org
Strong Kids Campaign	Discretionary	Give a child the gift of confidence, character, fun and friends. Your tax-deductible contribution provides children with the financial resources necessary to attend camp. Camp gave out more than \$125,000 to 400+ children in 2011. Help us do the same for 2012!

CALCULATE YOUR TOTAL FEE

Total Price of Session(s) \$ _____

LESS

5% Pay-In-Full Discount \$(_____) *(Only if paid in full by 2/15/12)*

25% Military Discount \$(_____) *(See www.ycamp.org for details)*

TOTAL SESSION PRICE \$ _____

PLUS OPTIONS

AM and/or PM Care \$ _____

Overnights \$ _____

Horseback Riding \$ _____

Swim Lessons \$ _____

Bus Transportation \$ _____

Camp Store (\$10/wk recommended) \$ _____

SKC Contribution \$ _____

LESS

One-Time Sibling Discount \$(_____) *You may take \$50 off for each child after the 1st registered. Discount limited to one per child. List child(ren) below.*

TOTAL CAMP FEE \$ _____

PAYMENT INFORMATION

Pay in full by 02/15/12 and receive a 5% discount from your session fees!

[] I wish to pay the total camp fees of \$_____ now.

[] I wish to pay a non-refundable deposit of \$100 per session plus full payment for any Options (AM &/or PM Care, Overnights, Bus, etc...). I will pay my balance by 6/15/2012.

[] I wish to pay a non-refundable deposit of \$100 per session plus full payment for any Options (AM &/or PM Care, Overnights, Bus, etc...) **AND** please enroll me in a payment plan. I understand that my remaining balance will be charged in equal amounts on the 15th of each month until 6/15/2012 when the final balance will be charged. **After 6/15, please call the Registrar at 609-654-8225 for payment plan arrangements.**

[] Check (Made payable to YMCA Camp Ockanickon, Inc.) **or** charge \$_____ to my:

[] Visa [] M/C [] AMEX [] Discover Exp Date _____ Sec Code _____

Card # _____

Billing Address _____

Name on Card _____

Signature _____ Phone _____

***** By signing above, I/we understand that any balances owed on June 15, 2012 will be automatically charged to the credit/debit card on file unless alternative arrangements have been made. *****