

CYO DAY CAMP

2012 REGISTRATION

Name of Child	Age	Date of Birth	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Address		City	Zip Code	
School		Grade entering in fall		
Mother's Name		Father's Name		
Home Phone #		Home Phone #		
Work Phone #		Work Phone #		
Cell/Pager #		Cell/Pager#		
Employer		Employer		

RATES/SELECTION

_____	Registration Fee	\$50.00
_____	Whole Summer: June 25 - August 24	\$1,975.00
_____	Session 1: June 25 - July 13	\$745.00
_____	Session 2: July 16 - July 27	\$580.00
_____	Session 3: July 30 - August 10	\$580.00
_____	Session 4: August 13 - August 24	\$580.00
_____	Lunch Plan - Whole Summer	\$220.00
_____	Lunch Plan - Session 1	\$90.00
_____	Lunch Plan - Session 2, 3, & 4	\$80.00
_____	Transportation - Whole Summer	\$235.00
_____	Transportation - Session One	\$115.00
_____	Transportation - Session 2 - 4	\$105.00
_____	Extended Care AM Only	\$60.00 per week
_____	Extended Care PM Only	\$65.00 per week
_____	Extended Care AM & PM	\$75.00 per week

All initial registrations must be accompanied by a \$250.00 deposit per child (applied toward your total camp fee) and the \$50.00 registration fee. Registration fee is per family for new campers only and is non-refundable.

Registration takes place at the CYO Day Camp (453 Yardville-Allentown Rd.) Office Hours: 7:30am - 6:00pm Mon.-Fri.

There are NO REFUNDS FOR MISSED DAYS, ILLNESSES, VACATIONS, OR DISMISSAL FOR DISCIPLINARY REASONS.

All Camp Fees must be paid in full by June 1st. If registering after June 1st, camp tuition must be paid in full at time of registration. All forms must be submitted and completed before a camper is considered fully registered.

Refund Policy
 100% refund given until March 31, 2012
 75% refund given until April 30, 2012
 50% refund given until May 31, 2012
 NO REFUND given after May 31, 2012.

DISCOUNTS

Register and pay in full before February 29, 2012 for a \$50.00 discount on Whole Summer Camp or session discounts of \$20.00 per child.

If registering more than one child:
 Whole Summer: \$75.00 deduction per child
Individual session \$30.00 deduction for second child
 Extended Care - 2nd and subsequent children are 50% off

Total Due
\$



FOR CREDIT CARD PURCHASES ONLY:

Name on Credit Card _____

Card Number _____ Expiration Date _____

Signature _____ Total Amount to Charge \$ _____

WE ACCEPT VISA, MASTERCARD, DISCOVER, AND AMEX CARDS

WAIVERS

I certify that my child's current physical condition is satisfactory for participating in the above CYO Program. I recognize and acknowledge that there are certain risks of physical injury in any recreational program and I hereby assume full responsibility for any expenses incurred as a result of my child's participation in the CYO Program.

I agree to: (a) waive and relinquish; (b) fully release and discharge; and (c) indemnify and hold harmless the Mercer County CYO and the Diocese of Trenton and their officers, agents and employees from any and all claims from injuries, damage or loss which may accrue to me on account of my child's participation in the CYO Program.

X

Signature _____

_____ Date

I give _____/do not give _____ the CYO permission to use any photographs or video footage of my child for any promotional or other legitimate reason, including in newspapers, brochures, website/face book, etc.

X

Signature _____

_____ Date

I hereby acknowledge that I have been given to read a CYO Day Camp Handbook which includes: "Information to Parents", Release Policy, Discipline and Termination Policy and a Fee & Payment Policy, and our Refund Policy.

X

Signature _____

_____ Date

PICK UP AUTHORIZATION

Please list any additional people other than those that appear on the front of this registration form that are permitted to pick up your child from the CYO Day Camp. Are there any custody problems? _____
If so, on a separate sheet of paper, attached to this registration form, please briefly explain. We will need all court documentation prior to the start of camp. Proper photo I.D. is required for picking-up.

Name

Phone #

Relationship

Name

Phone #

Relationship

Name

Phone #

Relationship

(over)