



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Summer Camp PreK Registration:

Upon receipt of this registration form, registration fee and first week camp payment, a Summer Camp packet will be given to you by a Welcome Desk Associate. This packet must be completed and returned to Melissa Adams seven days prior to your child's start date.

Name of Child: _____ Birthday: _____

Grade starting in 2017/2018 school year: _____ Gender: Male ___ Female ___

Special Needs/Allergies: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Legal Guardian: _____

Phone: (H) _____ (C) _____ E-Mail: _____

Parent/Legal Guardian: _____

Phone: (H) _____ (C) _____ E-Mail: _____

LANCASTER FAMILY YMCA

City Center Branch
265 Harrisburg Avenue
Lancaster, PA 17603
Phone: 717-393-9622
Fax: 717-283-1984
lancasterymca.org

Lampeter-Strasburg Branch
800 Village Road
Lancaster, PA 17602
Phone: 717-464-4000
Fax: 717-283-1988
lancasterymca.org

YMCA at New Holland
123 North Shirk Road
New Holland, PA 17557
Phone: 717-354-4747
Fax: 717-355-9943
lancasterymca.org

YMCA Camp Shand
20 Penryn Lane, PO Box 339
Cornwall, PA 17016
Phone: 717-272-8001
Fax: 717-272-2633
lancasterymca.org



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

My child's first week of camp and the days he/she will attend are:

Please indicate which weeks your child will be attending by noting what days of the week your child will attend. (M=Monday, T= Tuesday, W=Wednesday, Th=Thursday, F=Friday) Please include what time you will drop off and pick up. **Children may not be scheduled for anything over 10 hours per day.**

Days of the Week	Drop Off Time	Pick Up Time
_____ June 12-16	_____	_____
_____ June 19-23	_____	_____
_____ June 26-30	_____	_____
_____ July 3-7	_____	_____
_____ July 10-14	_____	_____
_____ July 17-21	_____	_____
_____ July 24-28	_____	_____
_____ July 31- Aug 4	_____	_____
_____ August 7-11	_____	_____
_____ August 14-18	_____	_____

Agreement:

I agree to adhere to my child's schedule as stated above. I agree to either set up automatic payment or pay in full for the scheduled weeks. At time of registration I must sign up for all weeks needed or I am not guaranteed a spot. If I choose to sign up for more weeks at a later date I will need to use this registration form.

****Payment for registered weeks must be either paid in full or set up with auto draft with the Welcome Desk Associate. If you do not register for all weeks in advance we cannot guarantee registration for your child.**

Signature of Parent/Guardian: _____ Date: _____

LANCASTER FAMILY YMCA

City Center Branch
265 Harrisburg Avenue
Lancaster, PA 17603
Phone: 717-393-9622
Fax: 717-283-1984
lancasterymca.org

Lampeter-Strasburg Branch
800 Village Road
Lancaster, PA 17602
Phone: 717-464-4000
Fax: 717-283-1988
lancasterymca.org

YMCA at New Holland
123 North Shirk Road
New Holland, PA 17557
Phone: 717-354-4747
Fax: 717-355-9943
lancasterymca.org

YMCA Camp Shand
20 Penryn Lane, PO Box 339
Cornwall, PA 17016
Phone: 717-272-8001
Fax: 717-272-2633
lancasterymca.org