



YOUTH PROGRAMS VACATION CAMP Registration Form SPRING 2022

Child's Name _____ Date of Birth _____ Grade _____

Address _____ Male ___ Female ___
(city state zip)

Parent/Guardian _____ Email Address _____

Work Phone _____ Cell Phone _____

Youth Programs Vacation Day Camp provides childcare services (on most days) for parents when Greenwich Public schools are closed for holidays and vacations. The program offers action-packed days filled with activities, such as swimming, arts and crafts, games, various sports, and much more!

Program Hours: Youth Programs Vacation Camp is offered from **8:30 a.m. to 6:00 p.m.**

Program Fees: **\$85.00 per day.** Also, all Vacation Camp participants must have a current YWCA membership. If you are not a current member of the YWCA Greenwich, the ANNUAL YOUTH affiliate membership fee is \$75.00.

Program Dates: Youth Programs Vacation Day Camps are offered on the following dates in April. Please **initial next to** the dates for which you are registering and paying for:

MON Apr 18___ TUE Apr 19___ WED Apr 20___ THU Apr 21___ FRI Apr 22___

Your child may attend the Youth Programs Vacation Camp as many or as few days as you choose. Current Emergency forms, current Medical forms and current COVID-19 waiver forms are required before a child can participate in the program.

Spaces are limited so we encourage you to send your payment as soon as possible. No spaces will be held without payment and drop-ins are not allowed. There are no refunds for missed days due to change of plans, illnesses, absences, etc.)

I understand and agree to the terms of this Contract, as stated above:

Signature of Parent/Guardian

Date

Please email completed form to: a.smith@ywcagreenwich.org

YWCA Greenwich
259 East Putnam Avenue * Greenwich, CT 06830

Credit Card Authorization Form

Member's Name: _____

Purpose of Charge: _____

Credit Card Number: _____

Expiration Date: _____ **Security Code:** _____ **Amount:** _____
(3-digit, V/MC; 4-digit, AmEx)

Name as it Appears on Card: _____

Billing Address: _____

Billing City /State / Zip: _____

Telephone / Cellphone Number: _____

Email Address: _____

Signature _____ **Date:** _____

I acknowledge that this card will be used for program balances.

