





(Kindergarten - Preteen) **Registration Form**

	(please check) on I (4 Weeks) J (NO CAMP - THU	une 24 - July 19	Se	ession II (4 W	eeks) July 22 - <i>F</i>	∖ugust	16
	& Fees (check Monday through	all that apply): n Friday:					
7:30		Regular Hours \$ Early Care Hour Extended Care I	s \$185 per	session			
already a YWC	CA Greenwich me	All camp participa mber, you must pay \$75.00; an <u>annual</u> a	y the member	ership at the tir	ne of registration.	f your c	hild is not ost of a
session deposi Greenwich, plea GREENWICH) A DEPOSIT. TI due will be email Camp bala	it; \$1700.00 if regard set add cost for me All deposits are the deposit will be a led to you. nces are due	form and send with gistering for both sembership desired. (Chon-refundable and pplied toward the care as follows: Some dates, full balance.	essions); if you HECKS SH non-transfe mp fee. Upon	our child is not a OULD BE MAI erable. NO SP completion of re	current member of DE PAYABLE TO ACES WILL BE Hegistration, notificat	f the YW YWCA HELD W ion of th	VCA A VITHOUT ne balance
There will be in (e.g., illness, o	no refunds or cr change of vacat	edits for deposits ion plans, moving	or member , and incler	ship fees due nent weather	e to unavoidable)	circun	nstances
Child's Name			Birt	h date	Femal	e	Male
2023-2024 9	SCHOOL YEAR	GRADE		School	-		
Parent/Guardi	ian		Home	Phone			
Home Addres	S						
Work Phone_		Cell Phone		City Email	state	zip	
ls there 1 friend a	ttending camp that	you want your child p	laced in a gro		ame of friend:		
Child's T –shii	rt size YS	Youth sizes YM YL	S	Adult sizes M L	XL		
I understand a	and agree to the	terms of this Reg	istration C	ontract, as sta	ated above:		
WCA GREENWICH CHILDHOOD EDUCATION DEPARTMENT	Signature of P	arent/Legal Guard	dian		Date	_	OFFICE OF YOUTH PROGRAMS
. 1	259 East Putnam Aven	ue. Greenwich, CT 06830 n	203 869-6501 a	smith@vwcagreenwig	sh ora I vwoagreenwich or	9	WY CV



YWCA Greenwich

259 East Putnam Avenue * Greenwich, CT 06830

Credit Card Authorization Form							
Member's Name:							
Purpose of Charge:							
- an pose or emange.							
Credit Card Number:							
Expiration Date:	Security Code:	Amount:					
	(3-digit, V/MC; 4-digit, AmEx	()					
Name as it Appears on Card:							
Name as it Appears on Card.							
Billing Address:							
		,					
Billing City /State / Zip:							
Telephone / Cellphone Number	:						
Email Address:							
Signature		Date:					

