





(Kindergarten - Preteen) **Registration Form**

	(please check) n I (4 Weeks) Ju (NO CAMP - FRID	une 23 - July 18	Ses	sion II (4 Wee	eks) July 21 - Au	gust 15	
•	& Fees (check Monday through	all that apply): Friday:					
7:30	am - 9:00 am	Regular Hours \$2 Early Care Hours Extended Care H UNT - \$200 discount off s	\$190 per s	ession	registered by FEBRUA	RY 28, 2025**	
already a YWC	A Greenwich me	All camp participar mber, you must pay 875.00; an <u>annual</u> at	the member	ship at the tim	e of registration.		
session depositions of the session deposition of the session of the se	t; \$1700.00 if reg se add cost for me. All deposits are in the deposit will be a ted to you. The due	form and send with gistering for both sembership desired. (Clanon-refundable and pplied toward the cames follows: Sembership dates, full balance	ssions); if you HECKS SHC non-transfer np fee. Upon c	or child is not a control of the ULD BE MAD able. NO SPA completion of required and under the United States and Un	current member of to E PAYABLE TO N CES WILL BE HE gistration, notification	he YWCA /WCA ELD WITHO In of the bala	<u>OUT</u>
		edits for deposits of ion plans, moving,		•	to unavoidable d	ircumstar	nces
Child's Name			Birth	date	Female	Male	e
2024-2025 9	SCHOOL YEAR	GRADE	S	chool			
Parent/Guard	ian		Home	Phone			
Home Addres	s			City	state	zip	
Work Phone_		Cell Phone		Email			
Is there 1 friend a	attending camp that	you want your child p Youth sizes	laced in a grou	p with? N / Y Na Adult sizes	me of friend:		
Child's T -shi	rt size YS		S	M L	XL		
I understand a	and agree to the	terms of this Reg	istration Co	ntract, as sta	ted above:		
YWCA GREENWICH CHILDHOOD EDUCATION DEPARTMENT		arent/Legal Guard		_	Date		OUTH OGRAMS
	259 East Putnam Aver	nue, Greenwich, CT 06830 p	203 869-6501 a.	smith@ywcagreenwich	.org ywcagreenwich.org		



YWCA Greenwich

259 East Putnam Avenue * Greenwich, CT 06830

Credit Card Authorization Form						
Manakan/a Nama						
Member's Name:						
Purpose of Charge:		90				
Credit Card Number:						
Evaluation Data:	Society Codo	Amounti				
Expiration Date:	Security Code: (3-digit, V/MC; 4-digit, AmEx	Amount:				
± at	, , , , , , , , , , , , , , , , , , , ,	•				
Name as it Appears on Card:						
		8				
Billing Address:						
Billing City /State / Zip:						
Telephone / Cellphone Numbe	p					
Telephone / Cemphone Number						
Email Address:						
Email Address:						
Email Address:						

