

MILL HOLLOW REGISTRATION FORM



Please print carefully & return this form to YMCA Mill Hollow 3216 South Highland Dr. Salt Lake City, UT 84106 or email it to camps@ymcautah.org OR register online at www.ymcautah.org/camps

PARENT/GUARDIAN 1 INFORMATION:

Last Name: _____ First Name: _____

Address: _____ City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Receive Text Messages: Yes No Provider: _____

Email: _____

Gender: Male Female Date of Birth: ___/___/___ Head of Household Yes No

Place of Employment: _____ Job Title: _____

Yes No - I give the YMCA permission to authorize treatment for my family in the event of a medical emergency and that I am financially responsible for all associated costs.

Yes No - I give my permission for me or my youth to appear in media coverage.

I would be interested in Volunteering for YMCA:

Events Office Needs Out of School Programs Pre-School Parent Advisory Committee

Ethnicity (for grant reporting purposes only): Non-Hispanic Hispanic

Race (check all that apply):

White Black/African American Asian American Indian/Alaskan Native Native Hawaiian/Pacific Islander

We are grateful for our many sponsors and grantors who contribute to the YMCA Programs. In order to continue receiving funding, they have requested we collect the following information. All information is for grant reporting purposes only.

Number of people in your household: _____ Marital Status: _____

Household Income (circle): \$0-19,600 \$19,601- \$32,650 \$32,651 - \$52,250 \$52,251+

Primary Language Spoken in Home: _____

How did you hear about us? Mark all that apply.

Billboard Email Family / Friend Flyer Internet Search Magazine Newspaper Previous Customer
 Radio School Referral Signage TV YMCA Website The Y called me Continuous Customer
 Returning Customer Walk by/Drive by YMCA Handout At an event Social Media/Blog Other: _____

PARENT/GUARDIAN 2 INFORMATION:

Last Name: _____ First Name: _____

Address: _____ City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Receive Text Messages: Yes No Provider: _____

Email: _____

Gender: Male Female Date of Birth: _____ Head of Household Yes No

Place of Employment: _____ Job Title: _____

Ethnicity (for grant reporting purposes only): Non-Hispanic Hispanic

Race (check all that apply):

White Black/African American Asian American Indian/Alaskan Native Native Hawaiian/Pacific Islander

YMCA MILL HOLLOW 2017 SUMMER PROGRAMS

To register check the appropriate camps and price. One form per camper. Prices below include \$75 deposit.

PRICING – ENSURING EVERYONE HAS THE SAME OPPORTUNITY

The YMCA is committed to ensuring that ALL families have access to the high quality programming the Y is known for. Through the support of donors, we are proud to be able to work with families to make sure that cost is not a barrier to participation. All youth receive the same program experience regardless of the price paid.

Full cost is the true cost of operating camp and to fully maintain the highest quality program experience.

Optional reduced cost is a partially subsidized rate for families that need a little assistance, no additional paperwork required.

Additional income-based financial assistance may also be available. Interested families are encouraged to talk with our staff or download a financial assistance application. Interested families are encouraged to talk with our staff by calling 801.839.3379 or email to camps@ymcautah.org.

FULL WEEK CAMP (Sunday 3pm-Saturday 11am)				
Ages 8-12				
	Session 1: July 9-15	Session 2: July 16-22	Session 3: July 23-29	Session 4: July 30-August 5
Full Price	<input type="checkbox"/> \$520 per session	<input type="checkbox"/> \$520 per session	<input type="checkbox"/> \$520 per session	<input type="checkbox"/> \$520 per session
Optional Reduced Cost	<input type="checkbox"/> 468 per session	<input type="checkbox"/> 468 per session	<input type="checkbox"/> 468 per session	<input type="checkbox"/> 468 per session
Financial Assistance	<input type="checkbox"/> Application Required	<input type="checkbox"/> Application Required	<input type="checkbox"/> Application Required	<input type="checkbox"/> Application Required

HALF WEEK CAMP (Sunday 3pm-Wednesday 11am)				
Ages 8-12				
	Session 1: July 9-12	Session 2: July 16-19	Session 3: July 23-2	Session 4: July 30-August 2
Full Price	<input type="checkbox"/> \$520 per session	<input type="checkbox"/> \$520 per session	<input type="checkbox"/> \$520 per session	<input type="checkbox"/> \$520 per session
Optional Reduced Cost	<input type="checkbox"/> 468 per session	<input type="checkbox"/> 468 per session	<input type="checkbox"/> 468 per session	<input type="checkbox"/> 468 per session
Financial Assistance	<input type="checkbox"/> Application Required	<input type="checkbox"/> Application Required	<input type="checkbox"/> Application Required	<input type="checkbox"/> Application Required

HALF WEEK CAMP (Wednesday 3pm-Saturday 11am)				
Ages 8-12				
	Session 1: July 12-15	Session 2: July 19-22	Session 3: July 26-29	Session 4: August 2-5
Full Price	<input type="checkbox"/> \$520 per session	<input type="checkbox"/> \$520 per session	<input type="checkbox"/> \$520 per session	<input type="checkbox"/> \$520 per session
Optional Reduced Cost	<input type="checkbox"/> 468 per session	<input type="checkbox"/> 468 per session	<input type="checkbox"/> 468 per session	<input type="checkbox"/> 468 per session
Financial Assistance	<input type="checkbox"/> Application Required	<input type="checkbox"/> Application Required	<input type="checkbox"/> Application Required	<input type="checkbox"/> Application Required

MILL HOLLOW 2017 REGISTRATION FORM

Please print carefully and complete both sides

Please return this form to: YMCA Mill Hollow 3216 South Highland Drive, Salt Lake City, UT 84106 or email it to camps@ymcautah.org

CAMPER INFORMATION

Last Name: _____ First Name: _____

Primary Address: _____ City, State, Zip: _____

Gender: Male Female Date of Birth: ___/___/___ School: _____

School District: _____ Grade Fall 2017: _____

Has the camper attended Camp Roger before? Yes No This will be my _____ year at camp.

Recruited by: _____ Cabin Mate Request*: _____ *One request per camper.
Cabin mate requests must appear on both registration forms. Campers must be no more than 1 year apart in age. Requests are not guaranteed.

Yes No - I give the YMCA permission to authorize treatment in the event of a medical emergency.

Yes No - I give my permission for me or my youth to appear in media coverage.

Please select the location where you would like to drop off & pick up your youth on your check in day?

Salt Lake Drop Off/Pick Up Ogden Drop Off/Pick Up Heber City Drop Off/Pick Up Park City Drop Off/Pick Up

FOR GRANT REPORTING PURPOSES ONLY

Ethnicity (for grant reporting purposes only): Non-Hispanic Hispanic

Race (check all that apply):

White Black/ African American Asian American Indian/ Alaskan Native Native Hawaiian/ Pacific Islander

FAMILY EMERGENCY CONTACT and AUTHORIZED PICK UP INFORMATION:

Please provide 2 additional people other than the parents/guardian that live in separate households. The emergency contact listed is also an individual authorized to pick your youth up from program.

Emergency Contact 1:

First Name: _____ Last Name: _____ Phone: _____ Relationship: _____

Emergency Contact 2:

First Name: _____ Last Name: _____ Phone: _____ Relationship: _____

PAYMENT INFORMATION

Session Fees	
Contribution to YMCA	
TOTAL DUE:	

Payment Enclosed for: \$75 non-refundable deposit
 Full balance (as listed in Total Due box)
 Include contribution in my payment

Choose payment method:

Cash Check enclosed Charge the following card:

Card #: _____ Exp. Date _____ Security Code: _____

PAYMENT & REFUND POLICY

A deposit of \$75 per child per session is required with each registration form. I agree to pay the balance of the program fees at least three weeks prior to my child's arrival. Deposits are not refundable under any circumstance. Program fees are not refundable without a doctor's authorized medical reason. No refunds will be made unless cancellations are made at least three weeks prior to arrival. I understand that no refunds are given if a child leaves early because of homesickness or of disruptive behavior as determined by the director.

I understand and agree to the Payment/Refund Policy:

Parent/Guardian Signature Required

Date