

**2010-2011 Early Childhood Education Registration Form
YMCA Camp Minikani**

875 Amy Belle Rd., Hubertus, WI 53033 • Phone: 262-251-9080 • Fax: 262-628-4051

One child per registration form please, photocopies are acceptable
Please complete Front and Back

Child: First _____ Middle _____ Last _____ Gender: M F

Address: _____ City: _____ State: _____ Zip: _____

Nickname(s): _____ Phone: (____) _____ Any allergies/special concerns? Yes No

Birthdate: ____/____/____ Is child a YMCA Member? No Yes-- # _____

Guardian 1: Dr./Mr./Mrs./Ms. First: _____ Middle: _____ Last: _____

Circle preferred method of communication

Home Phone (____) _____ Cell Phone (____) _____ Date of Birth: ____/____/____

Work Phone (____) _____ Email: _____ Occupation: _____

Guardian 2: Dr./Mr./Mrs./Ms. First: _____ Middle: _____ Last: _____

Circle preferred method of communication

Home Phone (____) _____ Cell Phone (____) _____ Date of Birth: ____/____/____

Work Phone (____) _____ Email: _____ Occupation: _____

Participation Agreement: I approve this application and certify that the applicant is capable of such an experience. I understand that the \$35 registration fee is not refundable or transferable. I understand that fees are based on schedule, not attendance. I am required to give a two-week notice for a schedule change and/or withdrawal which affects the number of days that my child will be in attendance. I grant permission for the applicant to participate in any planned school activities. In case of accident or illness, the YMCA is authorized to secure emergency medical treatment if I cannot be reached. Prudent attempts will be made to contact guardians immediately. By signing this form, I agree to release the YMCA of Metropolitan Milwaukee from any liability for the risk of illness, accidents, or injury. The YMCA is not responsible for lost, stolen, or damaged personal articles. I give permission to Camp Minikani staff to apply sunscreen and insect repellent as deemed necessary. I also authorize the YMCA to have and use photographs, slides, videotapes of the person named in the application as may be needed for public relations programs. I agree to waive any claims against the YMCA and its members and volunteers to injuries or damages that may result from the conduct of other persons including participants in the YMCA programs. I understand the YMCA of Metropolitan Milwaukee reserves the right to withdraw a child from the program in, at the YMCA's discretion, the enrollment of the child negatively affects the integrity of the program and/or the YMCA's legal obligations through and under the Division of children and Family Services (DCF 251).

Parent/Guardian Signature: _____ Date: ____/____/____

Please place a check in the box(es) for the program(s) you're registering for:

2010 YMCA Camp Minikani Early Childhood Programs								
✓ Please check class & day							Fees	
	Young Explorers	M	T	W	Th	F	Reg.	Tuition
	Full Days 2						\$35	\$376/\$440
	Full Days 3						\$35	\$548/\$640
	Full Days 4-5						\$35	\$796
	Half Days 2						\$35	\$268/\$332
	Half Days 3						\$35	\$400/\$480
	Half Days 4-5						\$35	\$556/\$620
	Preschool							
	Robins Preschool --M/W 9:15-11:15						\$35	\$91/\$108
	Robins Preschool --M/W/F 9:15-11:15						\$35	\$138/\$156
	Robins Preschool --T/Th 9:15-11:15						\$35	\$91/\$108
	Wrens Preschool -- M/W/F 9:00-11:30						\$35	\$172/\$194
	Wrens Preschool -- 3.5-4.5 T/Th 9:00-11:30						\$35	\$114/\$128
	4K							
	Mon.-Fri. Morning 9:00- noon						\$35	\$345/\$390
	Tues. - Thurs. Afternoon 12:30-3:00pm						\$35	\$172/\$194

TOTAL DUE WITH REGISTRATION.....\$_____

(\$35 Registration Fee + First Month of tuition)

Check attached

OR

Please charge my card listed on back—
Initials: _____

COMPLETE PAYMENT FORM ON BACK →



We build strong kids, strong families,
strong communities.

YMCA of Metropolitan Milwaukee

Location: CAMP MINIKANI

Child's Name: _____

Parent's Name: _____

ONE-TIME CHARGE ONLY: Date: _____ Amount to be Charged: \$ _____

MONTHLY CHARGE (1st of each Month): Start Date: _____ Amount to be Charged: \$ _____

CREDIT CARD AUTHORIZATION AGREEMENT

I hereby authorize the YMCA of Metropolitan Milwaukee to charge the credit card referenced below. Further, I understand that the charge to my account will take place on a monthly basis and if this falls on a weekend or holiday the charge will take place on the next business day. It is my responsibility to check my credit card statement and report any discrepancies to the Site Director within 10 days of the charge in question. I understand that I am financially responsible for all payments. Should any charge be rejected by my financial institution for any reason, I agree to be responsible for that payment. If full payment is not made I agree to pay for all fees associated with the collection of funds. I understand that it is my responsibility to notify the YMCA of Metropolitan Milwaukee of any change in my credit card information, including the expiration date, and that changes must be submitted in writing at least 10 days in advance of the charge date. This agreement will remain in effect until YMCA of Metropolitan Milwaukee receives a written notice of cancellation from me or until I submit a new credit card authorization form to the YMCA of Metropolitan Milwaukee.

Print your name as it
appears on card: _____

Credit Card Number: _____ Expiration Date: _____

Zip Code: _____ 3 Digit Security Code: _____

Authorized Signature: _____ Date: _____

FOR MONTHLY CHARGES ONLY:

BANK DRAFT AUTHORIZATION AGREEMENT

I hereby authorize the YMCA of Metropolitan Milwaukee to initiate automatic drafts from my account at the financial institution named below. Further, I understand that the draft to my account will take place on the 1st of each month and if this falls on a weekend or holiday the draft will take place on the next business day. It is my responsibility to check my bank statement and report any discrepancies to the Site Director within 10 days of the draft in question. I understand that I am financially responsible for all payments. Should my monthly amount not be honored by my financial institution for any reason, I agree to be responsible for that payment plus a \$30 service charge assessed to the YMCA. If full payment is not made I agree to pay for all fees associated with the collection of funds. I understand that it is my responsibility to notify the YMCA of Metropolitan Milwaukee of any change in my bank account and those changes must be submitted in writing at least 10 days in advance of the draft date. This agreement will remain in effect until YMCA of Metropolitan Milwaukee receives a written notice of cancellation from me or until I submit a new bank draft permission form to the YMCA of Metropolitan Milwaukee.

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking Savings

Authorized Signature: _____ Date: _____

Attach a voided check for verification and processing

OFFICE USE ONLY

Start Date: _____ Charge Amount: \$ _____ Entered By: _____ Date: ___/___/___