



# YMCA OF THE IOWA MISSISSIPPI VALLEY

## School Age Summer Camp Programs Registration Packet

**Please choose your site:**

**Camp Abe Lincoln**

- Resident/Overnight Camp  
  Day Camp  
  Horse Day Camp  
  Horse Resident Camp  
 Leader In Training  
  Teen Camp  
  Kinder Day Camp  
  Starter Resident Camp

ADD-ON OPTIONS:  Trail Rides    Swim Lessons

**(See last page of this registration packet for Camp Abe Lincoln's rates & additional information.)**

**Summer Camp locations accepting State Child Care Assistance:**

- Bettendorf Y  
  R. Richard Bittner Y  
  North Y  
 West Y  
  TBK  
  Riverdale Heights Elementary School

**\$25 Registration fee and this registration packet completed with immunization records required before weekly registration available. If applying for State Assistance, would like to apply for income based pricing available or weekly draft of your program fees, contact Child Care office at 563.323.5730.**

This registration packet must be completed for all Summer Camp participants.

<b>Child's Name:</b>		<b>CHILD's School:</b>	
<b>Address:</b>			<b>Grade Completed:</b>
<b>City:</b>		<b>State:</b>	<b>Zip:</b>
<b>Primary Guardian's Name:</b>		<b>Email:</b>	
<b>Primary Ph#:</b>		<b>Alternative Ph#:</b>	
<b>Secondary Guardian's Name:</b>		<b>Email:</b>	
<b>Primary Ph#:</b>		<b>Alternative Ph#:</b>	
<b>Birth date:</b>	<b>Age:</b>	Sex <input type="checkbox"/> M <input type="checkbox"/> F	

**In Case of Emergency and Authorized Pick Up**

Persons to contact in case of emergency if parents are unavailable and are authorized to pick the child up.

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

If there are any custody or restraining orders for person(s) who may attempt to pick up or have contact with the child(ren) while in care at the center, please list the names of the person(s). If there is a custody or restraining order in place, we will need a copy of the document for the file.

**COMPLETE ONLY IF ATTENDING NON ABE LINCOLN SITES:**

The following information is required by the Child and Adult Care Food Program the Y participates in.

My child's usual days and times of attendance will be:

Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>
Arriving at	Arriving at	Arriving at	Arriving at	Arriving at
Leaving at	Leaving at	Leaving at	Leaving at	Leaving at

My child's anticipated meal participation will be:    Breakfast    Lunch    PM Snack

Ethnicity/Racial Identity of Child (Answering this question is voluntary)

Hispanic or Latino	Non-Hispanic or Latino	American Indian	Alaskan Native	Asian	White	Black or African American	Pacific Islander or Native Hawaiian
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Parental Emergency Medical Consent

**This form must be presented upon admission for treatment**

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Parents/Guardians/Custodians with whom the child resides:

Name: _____	Relationship to Child: _____
Address: _____	Employer: _____
City: _____ State: _____ Zip: _____	Department: _____ Work Hours: _____
Home: _____ Cell: _____	Work: _____
Name: _____	Relationship to Child: _____
Address: _____	Employer: _____
City: _____ State: _____ Zip: _____	Department: _____ Work Hours: _____
Home: _____ Cell: _____	Work: _____

This form allows parents and guardians to authorize the provision of emergency treatment for the above named child in the event that the child becomes ill or injured while under program authority when parents/guardians cannot be reached. In the event reasonable attempts to contact me at the above listed numbers are not successful, I hereby give consent for the administration of any treatment deemed necessary by:

## Physician and Dentist Information

Physician Name: _____	Dentist Name: _____
Address: _____	Address: _____
City: _____ State: _____	City: _____ State: _____
Phone: _____	Phone: _____

In the event that the designated practitioners are not available, then by another licensed physician or dentist and the transfer of the child to \_\_\_\_\_ (SPECIFIC HOSPITAL OF PREFERENCE).

Date of Last Tetanus: \_\_\_\_\_ Known Allergies: \_\_\_\_\_

Present Medications: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Holder's ID: \_\_\_\_\_

This consent will be in effect for one year beginning \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that by typing my name above, I am electronically signing.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that by typing my name above, I am electronically signing.

**Child Name :** \_\_\_\_\_

### **Waiver of Liability**

I understand that I am able and am speaking on behalf of myself and other individuals listed on this application. In consideration of my/our participation in the YMCA of the Iowa Mississippi Valley program(s) I/we do hereby agree to hold free from any and all liability the YMCA and it's respective officers, employees, and members and do hereby for myself/ourselves, my/our heirs, executors, and administrators, waive, release, and forever discharge any and all rights and claims for damages that I/we may hereafter accrue to me/us arising from, or connected with myself/ourselves to be physically sound having medical approval to participate in the childcare program of the YMCA.

### **Transportation and Activity Authorizations**

I give permission for my child to participate in trips, tours, walks, and special events under the supervision of YMCA staff. Notifications of any activity will be given in advance of said activity. Please note that all Y activity classes that a child has signed up for will be considered a field trip from the center. The Y staff involved in teaching the class is/ are not considered a member of the childcare staff. I further understand the childcare staff will be responsible for preparing each child for lessons including assisting with changing clothes if the class requires special clothing (swim suits, gymnastic outfits, etc.). Children will be supervised at all times and no child will be allowed to go to or from any activity class without the supervision of a staff person from the childcare department.

### **Parent Payment Agreement**

Tuition for all programs is due in advance each Friday for the next week of service. There will not be any deductions for absence or holidays. Summer Camp Programs are paid on a weekly basis. We do not offer part time care in any of our programs. Parents are required to pay an annual registration fee of \$25.00. Families will be charged a late pick up fee of \$5.00 per every 15 minutes after program end time. There will be an additional fee in the event of a returned check. Weeks of absence must be reported the Wednesday prior to avoid being responsible for that week's program fees. In case of withdrawal of my child from the program, I agree to give the center a two week notice.

### **Photography Consent**

I  DO or  DO NOT give consent to let my child be photographed for use by the YMCA in newspapers or other media for the purpose of advertisement or publicity.

### **First Aid Consent**

I give my permission for staff to give first aid or apply antiseptic ointment if it is deemed necessary.

### **Permission to Apply Sunscreen to Child**

As the parent/guardian of the above child, I recognize that too much sunlight may increase my child's risk of getting skin cancer someday. Therefore, I give my permission for personnel at the **YMCA of the Iowa Mississippi Valley** to apply a sunscreen product of SPF-15 or higher to my child, as specified below, when he/she will be playing outside during the months of March through October and between the daily times of 10 a.m. and 4 p.m.. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of the ears, nose, and bare shoulders, arms, and legs. I have checked all applicable information regarding the type and use of sunscreen for my child:

- I do not know of any allergies my child has to sunscreen
- Staff may use the sunscreen of their choice following the directions or recommendations printed on the bottle
- I have provided the following brand/type of sunscreen for use on my child: \_\_\_\_\_
- My child is allergic to some sunscreens. Please only use the following brand(s) and type(s) of sunscreen: \_\_\_\_\_
- For medical or other reasons, please do not apply sunscreen to the following areas of my child's body \_\_\_\_\_

**Parent/Guardian full legal name (print):** \_\_\_\_\_

**Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I understand that by typing my name above, I am electronically signing.

## School-Age Child Health Form/Parent Statement of Health

### Parent/Guardian complete this page

Please use an **X** in the box  to statements that apply to your child.

Date of child's last physical exam: \_\_\_\_\_

Date of last dental appointment: \_\_\_\_\_

#### Growth

I am concerned about child's growth.

#### Appetite

I am concerned about child's eating habits.

#### Rest

My child needs to rest after school.

#### Illness/Surgery/Injury

My child had a serious illness, surgery, or injury.

Please describe:

#### Physical Activity - My child

Must restrict physical activity or needs special equipment to be active. Please describe:

#### Play with friends - My child

Plays well in groups with other children.

Will play only with one or two other children.

Prefers to play alone.

Fights with other children.

I am concerned about my child's play activity with other children.

#### School and Learning - My child

Is doing well at school.

Is having difficulty in some classes.

Does not want to go to school.

Frequently misses or is late for school.

I am concerned about how my child is doing in school. Please describe:

**Allergy** - My child has allergies (Medicine, food, dust, mold, pollen, insects, animals, etc.). List allergies:

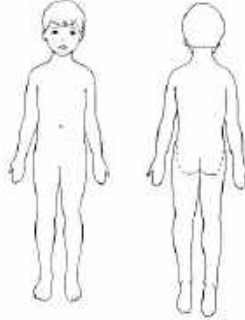
**Special Needs Care Plan** - My child has a special needs care plan (IEP, Asthma Action Plan, Food Allergy Action Plan, etc.). Please discuss with your health care provider.

Child name: \_\_\_\_\_

### Body Health - My child has problems with

Skin, hair, fingernails or toenails.

Describe skin marks, birthmarks, or scars. Show us where these skin marks are located using the drawing below.



Eyes/vision, glasses or contact lenses

Ears/hearing, hearing assistive aides or device, earache, tubes in ears

Nose problems, nosebleeds

Mouth, teeth, gums, tongue, sores in mouth or on lips, breaths through mouth

Frequent sore throats or tonsillitis

Breathing problems, asthma, cough

Heart problems or heart murmur

Stomach aches or upset stomach

Trouble using toilet or wetting accidents

Hard stools, constipation, diarrhea, watery stools

Bones, muscles, movement, pain when moving

Mobility, child uses assistive equipment

Nervous system, headaches, seizures, or nervous habits (like twitches or tics)

Females – difficult monthly periods

Other special needs. Please describe:

**Medication**<sup>1</sup> - My child takes medication.

Medication Name    Time Given    Reason for giving medication

**Child has Epipen, inhaler, or other emergency medication.**

Yes     No

**Parent Signature:**  
(required)

**Date:**

I understand that by typing my name above, I am electronically signing.

<sup>1</sup> Parents: Please review the child care program's policies about the use of medication at child care.

# YMCA of the Iowa Mississippi Valley Summer Camp Programs Code of Conduct

The code of conduct for the YMCA of the Iowa Mississippi Valley Summer Camp Programs defines expectations for all participants to ensure that all participants are safe and to reduce disciplinary problems. A disciplinary problem is defined as one in which a child is hampering the smooth flow of the program by either requiring constant one on one attention; is inflicting physical or emotional harm on other children; is physically or verbally abusing staff or is otherwise unable to conform to the rules and guidelines of the program.

Child's Name: \_\_\_\_\_

1. Check in to the YMCA Summer Camp Program upon arrival to site.
2. Do not bring personal belongings to the YMCA Summer Camp Program.
3. Remain seated and quiet during role call and announcements. Answer only for myself.
4. Follow all YMCA Summer Camp Program rules.
5. Follow all instructions given by the YMCA Summer Camp Program staff.
6. Respect all other children and the YMCA Summer Camp Program staff at all times.
7. Respect all YMCA Summer Camp Program and park or business supplies, equipment and property.
8. Help in cleaning up after myself in all activities.
9. Never leave the YMCA Summer Camp Program site or assigned group without permission from a YMCA Summer Camp Program staff member.
10. Follow the Time Out instructions of the YMCA Summer Camp Program staff  
For each code of conduct violation there may be a 5 – 15 minute Time Out, up to 3 Time Outs per day. Parents will be called to pick up any participant that receives more than 3 Time Outs.

My signature below indicates that I have read and understand the expectations of the YMCA Summer Camp Program; and that I will abide by the rules listed above.

Child's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I understand that by typing my name above, I am electronically signing.

My signature below indicates that I have read and understand the expectations for the YMCA Summer Camp Program; and I support my child abiding by these rules.

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I understand that by typing my name above, I am electronically signing.

## **School-Age Child Health From/Parent Statement of Health**

## School-Age Child Health Form/Parent Statement of Health

**Parent/Guardian please complete pages 1 and 2.**

Child's name		Child's birthdate	Name of school
		Grade _____	School Telephone # _____
Parent/Guardian name #1		Parent/Guardian name #2	
Child home address #1			Telephone # 1
Child home address #2			Telephone # 2
Where parent/guardian #1 works	Work address	Telephone #	Work #
		Cellular #	Home email
		Work email	
Where parent/guardian #2 works	Work address	Telephone #	Work #
		Cellular #	Home email
		Work email	
<p><b>In the event of an emergency, the child care provider is authorized to obtain EMERGENCY MEDICAL or DENTAL CARE even if the child care facility is unable to immediately make contact with the parent/guardian. <input type="radio"/> YES <input type="radio"/> NO</b></p> <p><b>During an emergency the child care provider is authorized to contact the following person when parent or guardian cannot be reached.</b></p> <p><b>Parent/Guardian Signature: _____ Date _____</b></p> <p><b>Alternate emergency contact person's name: _____ Phone # _____</b></p> <p><b>Relationship to child: _____ Cellular # _____</b></p>			
Child's <b>Doctor's</b> name	Doctor telephone #1	<b>Hospital of choice</b>	
<input type="checkbox"/> Child does not have doctor		Phone # _____	
Doctor's address	After hours telephone #	Does your child have health insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		Company _____	
		ID# _____	
Child's <b>Dentist's</b> name	Dentist telephone #1	Does your child have dental insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> Child does not have dentist		Company _____	
Dentist's address	After hours telephone #	<input type="checkbox"/> <b>HELP us find a family doctor or dentist</b>	
		<input type="checkbox"/> <b>HELP us find health or dental insurance</b>	
Other health care/mental health specialist name	Telephone #		
<b>Type of specialty</b>			

Child Name: \_\_\_\_\_

# Iowa Eligibility Application

FFY 20-21

Complete one application per household. Fiscal Year 2020-2021

**Part 1. Check all applicable boxes:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> school meals                      | <input type="checkbox"/> children in child care center | <input type="checkbox"/> children in child care home (HP) |
| <input type="checkbox"/> special milk (restrictions apply) | <input type="checkbox"/> Tier I home provider (HP)     | Provider name: _____                                      |
|  | <input type="checkbox"/> Head Start/Even Start         |   |

**Part 2. Check if any child is Homeless, Migrant, or a Runaway and call your child's school.**       Run away     Migrant     Homeless

**Part 3. FIP or Food Assistance Eligible:** Enter the FIP or Food Assistance Case Number for ANY household member as listed in the Notice of Decision (10 digits, include zeros). NOTE: Medicaid, Title XIX and EBT card numbers are not acceptable. Skip part 5.

Name of household member with Case Number \_\_\_\_\_ List Case Number \_\_\_\_\_

**Part 4. Children enrolled: REQUIRED OF ALL APPLICANTS.**

List name(s) of all enrolled child(ren) in your household.		Ethnicity: H=Hispanic or Latino N=Not Hispanic or Latino		Race: A = Asian    B = Black or African American I = American Indian or Alaska Native    W=White				
<i>If ethnicity &amp; race are not completed, the form will be completed based on visual observation</i>								
Last Name	First Name	Middle Name or Initial	Check box for FOSTER child <input type="checkbox"/>	Date of Birth	Grade	OPTIONAL		Name of School/Head Start/Child Care Center/Home
						ETHNICITY	RACE	
1.			<input type="checkbox"/>					
2.			<input type="checkbox"/>					
3.			<input type="checkbox"/>					
4.			<input type="checkbox"/>					
5.			<input type="checkbox"/>					

**Part 5. Total Household Gross Income: DO NOT COMPLETE PART 5 IF YOU LISTED A FIP OR FOOD ASSISTANCE NUMBER IN PART 3.**  
Report the gross income received by EACH household member one time in the correct column: weekly, every 2 weeks, twice a month or monthly. Gross income is the amount earned before taxes and other deductions, not take-home pay. Report all other monthly income received. Self-employed persons, see the worksheet on reverse side of this application.

List the names of <u>everyone</u> living in your household, including the children listed in Part 4. Attach a separate page if more space is needed. For FOSTER children, include only money available for child's personal use or child's own income.				<b>Gross Income: Report income by how often the household member is paid.</b>				Other Monthly Payments or Income Received.		
Last Name	First Name	Age	Check if NO Income <input type="checkbox"/>	Gross amount earned weekly	Gross amount earned every 2 weeks	Gross amount earned twice a month	Gross amount earned monthly	Welfare, child support, alimony, adoption subsidies	Pension, retirement, social security, SSI, VA benefits	All other income
1.			<input type="checkbox"/>							
2.			<input type="checkbox"/>							
3.			<input type="checkbox"/>							
4.			<input type="checkbox"/>							
5.			<input type="checkbox"/>							

Last four digits of my Social Security Number: X XX - X X - \_\_\_\_ \_\_\_\_ \_\_\_\_       I do not have a Social Security Number.  
If Part 5 is completed, the adult signing the form must provide the last 4 digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. For further information refer to the Privacy Act Statement in the parent letter.

**Part 6. Certification and Signature. REQUIRED OF ALL APPLICANTS.**

I certify (promise) that all information on this application is true and that all income is reported if required. I understand that I will receive benefits from Federal funds based on the information I give. I understand that officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal/milk benefits, and I may be prosecuted. Email of Adult Completing Form \_\_\_\_\_

Signature of Adult Completing Form \_\_\_\_\_ Printed Name of Adult Completing Form \_\_\_\_\_ Date Signed \_\_\_\_\_

Address of Adult Completing Form \_\_\_\_\_ Town \_\_\_\_\_ ZIP Code \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Part 7. DO NOT WRITE BELOW THIS LINE. FOR ADMINISTRATIVE USE ONLY.**

Income conversion factors for annual income: weekly X 52; two weeks X 26; twice a month X 24; monthly X 12  
Household Income: \$ \_\_\_\_\_  Weekly     Every 2 Weeks     Twice Monthly     Monthly     Annually    Household Size \_\_\_\_\_

Application Approved: <input type="checkbox"/> Income <input type="checkbox"/> Foster Child (free) <input type="checkbox"/> Head Start    DOCUMENTATION REQUIRED	<input type="checkbox"/> FIP/Food Assistance <input type="checkbox"/> Homeless/Migrant/Runaway (Schools only)	CACFP HP ONLY: <input type="checkbox"/> Tier 1 Area (Provider's own children)
Eligibility Determination: <input type="checkbox"/> Free Meals <input type="checkbox"/> Reduced Price Meals Application Denied: <input type="checkbox"/> Incomplete <input type="checkbox"/> Over income limits	<input type="checkbox"/> Free Milk	<input type="checkbox"/> Tier 1 Income (All children) <input type="checkbox"/> Tier 1 Child (Tier 2 mixed)

Determining Official Signature

Effective Date

**Self-Employment Income Worksheet: This worksheet will help you calculate the amount to report if you farm, are self employed, or have income from other sources.**

Persons who are engaged in farming or who operate other types of private businesses may experience variations in cash flow or monthly income throughout the year. These persons may use their income tax records from the preceding calendar year as a basis for applying for Tier 1 meals. The income to be reported is income derived from the business venture less operating costs incurred in the generation of that income. Deductions for personal expenses such as medical expenses and other non-business deductions are not allowed in reducing gross business income.

If you have additional income from other kinds of employment, this income must be treated as separate and apart from the income generated from your business venture. USDA **DOES NOT** recognize income the same way as IRS. USDA does not permit a loss from a business venture to off-set earnings from wages or salary. Though your business may have suffered a net operational loss, for purposes of this Application, it is not possible to have a negative income. The **least self-employed income possible is zero (no income)**. For example, if you operated a business at a net loss but held another job where you received wages, your income for purposes of applying for Tier 1 meals would be the income from your wages only. The loss from the business cannot be deducted from the amount of the income earned in the other job.

A prior year loss from farming or other private business operation cannot be used to reduce the current year net income for determining free and reduced price (Tier 1) eligibility. Wages paid to a spouse or other family or household member in the operation of a farm or private business must be shown as household income in Part 4 of this Application.

Income from private business operations is to be taken from your most recent U.S. Individual Income Tax Return – Form 1040 or 1040-SR including Schedule 1 (Additional Income and Adjustments to Income). Complete the identified lines from Form 1040 or Form 1040-SR and Schedule 1.

<b>Capital gain or (loss):</b> Form 1040 or 1040-SR, Line 6	\$ _____
<b>Business income or (loss):</b> Schedule 1 Part 1, Line 3	\$ _____
<b>Other gains or (losses):</b> Schedule 1 Part 1, Line 4	\$ _____
<b>Rental real estate, royalties, partnerships, S corporations, trusts, etc.:</b> Schedule 1 Part 1, Line 5	\$ _____
<b>Farm income or (loss):</b> Schedule 1 Part 1, Line 6	\$ _____
*Total =	\$ _____

\*The least income possible is zero (a negative number cannot be reported).  
\*Enter amount in the "All other Income" column in Part 4 on the front of this Application.



## 2021 CAMP ABE LINCOLN REGISTRATION FORM:

Complete only if your child is attending Camp Abe Lincoln.

CAMPER'S NAME: \_\_\_\_\_

Is this your child's first time at Camp Abe Lincoln?  Yes  No If yes, most recent year: \_\_\_\_\_

Does your camper have any cabin/group requests? \_\_\_\_\_

Any learning behaviors we should know about?  Yes  No Special dietary needs?  Yes  No

### Traditional Day Camps

(ages 4- 12)

Y Member rate\*: \$199/week

Community Member rate:  
\$229/week

#### Add-on Swim Lessons:

add'l \$25/week

#### Add-on Trail Ride:

add'l \$25/ride for ages 10-12

- 06/07/21-06/11/21
- 06/14/21-06/18/21
- 06/21/21-06/25/21
- 06/28/21-07/02/21
- 07/05/21-07/09/21
- 07/12/21-07/16/21
- 07/19/21-07/23/21
- 07/26/21-07/30/21
- 08/02/21-08/06/21
- 08/09/21-08/13/21
- 08/16/21-08/20/21

### Kinder Camp (ages 4- 6)

Y Member rate\*: \$119/week

Community Member rate:  
\$149/week

- 06/07/21-06/09/21
- 06/14/21-06/16/21
- 06/21/21-06/23/21
- 06/28/21-06/30/21
- 07/05/21-07/07/21
- 07/12/21-07/14/21
- 07/19/21-07/21/21
- 07/26/21-07/28/21
- 08/02/21-08/04/21
- 08/09/21-08/11/21
- 08/16/21-08/18/21
- 08/23/21-08/25/21

### Horse Day Camps

(ages 4- 12)

Y Member rate\*: \$299/week

Community Member rate:  
\$329/week

#### Add-on Swim Lessons:

add'l \$25/week

#### Add-on Trail Ride:

add'l \$25/ride for ages 10-12

- 06/07/21-06/11/21
- 06/14/21-06/18/21
- 06/21/21-06/25/21
- 06/28/21-07/02/21
- 07/05/21-07/09/21
- 07/12/21-07/16/21
- 07/19/21-07/23/21
- 07/26/21-07/30/21
- 08/02/21-08/06/21
- 08/09/21-08/13/21
- 08/16/21-08/20/21

### Starter Camp (ages 6-8)

Y Member rate\*: \$224/week

Community Member rate:  
\$274/week

- 06/06/21-06/08/21
- 06/13/21-06/15/21
- 06/20/21-06/22/21
- 06/27/21-06/29/21
- 07/04/21-07/06/21
- 07/11/21-07/13/21
- 07/18/21-07/20/21
- 07/25/21-07/27/21
- 08/01/21-08/03/21
- 08/08/21-08/10/21
- 08/15/21-08/17/21

### Overnight Camps

(ages 4- 15)

Y Member rate\*: \$424/week

Community Member rate:  
\$474/week

#### Add-on Trail Ride:

add'l \$25/ride for ages 10-12

- 06/06/21-06/11/21
- 06/13/21-06/18/21
- 06/20/21-06/25/21
- 06/27/21-07/02/21
- 07/04/21-07/09/21
- 07/11/21-07/16/21
- 07/18/21-07/23/21
- 07/25/21-07/30/21
- 08/01/21-08/06/21
- 08/08/21-08/13/21
- 08/15/21-08/20/21

### Two Week Camps

(ages 10-15)

Y Member rate\*:

\$774/session

Community Member rate:

\$874/session

#### Add-on Trail Ride:

add'l \$25/ride

- 06/06/21-06/18/21
- 06/20/21-07/02/21
- 07/04/21-07/16/21
- 07/18/21-07/30/21
- 08/01/21-08/13/21

### Overnight Horse Camps

(ages 4- 15)

Y Member rate\*: \$524/week

Community Member rate:  
\$574/week

#### Add-on Trail Ride:

add'l \$25/ride for ages 10-12

- 06/06/21-06/11/21
- 06/13/21-06/18/21
- 06/20/21-06/25/21
- 06/27/21-07/02/21
- 07/04/21-07/09/21
- 07/11/21-07/16/21
- 07/18/21-07/23/21
- 07/25/21-07/30/21
- 08/01/21-08/06/21
- 08/08/21-08/13/21
- 08/15/21-08/20/21

### Leader In Training

(ages 16-17)

Y Member rate\*:

\$274/session

Community Member rate:

\$324/session

- 06/06/21-06/25/21
- 06/27/21-07/16/21
- 07/18/21-08/06/21

### Teen Camp (ages 13-15)

Y Member rate\*:

\$624/session

Community Member rate:

\$674/session

#### Add-on Trail Ride:

add'l \$25/ride

- 06/06/21-06/25/21
- 06/27/21-07/16/21
- 07/18/21-08/06/21

Camp Session(s) Pgm Fee Total	\$
Trail Ride (Age 10+) \$25 each	\$
Swim Lessons \$25/week	\$
Tax Deductible Donation to Help Send Kids to Camp	\$
<b>TOTAL BALANCE DUE</b>	<b>\$</b>

Deposit for each week (\$25-Day; \$50-Overnight) is required to reserve your spot. Balance must be paid in full no later than 2 weeks prior to session start date. Registrations after May 2<sup>nd</sup> require full payment. Fees are non-refundable and non-transferable.