



YMCA CAMP SEYMOUR

Outdoor Environmental Education

Homeschool Registration Form – Winter/Spring 2020

PLEASE SUBMIT REGISTRATION WITH PAYMENT

Mail: 9725 Cramer Rd KPN, Gig Harbor, WA 98329

Fax: 253-460-8897

Email: campseymour@ymcapkc.org

Parent Name _____ Home/Cell Phone _____

Address _____ City _____ State _____ Zip _____

Family Email _____

Please list any food allergies _____

List all people attending the Homeschool program:

Participant Name	Birthdate	Grade	Gender	YMCA Member?
#1			M F	Yes No
#2			M F	Yes No
#3			M F	Yes No
			M F	Yes No
			M F	Yes No

Registration Agreement – Please sign to indicate understanding and agreement.

I understand that payment is due in full with registration. Enrollment is limited to 30 participants per Session and closes one week prior to each class. Fees are non-refundable, cancellations must be received 48 hours prior to the Session to receive a credit which can be used on a future Session. I understand that my child may be photographed and photographs/videos may be used in Camp Seymour promotional materials. If Participant is not a full member of the YMCA of Pierce and Kitsap Counties, a \$5 limited membership fee applies. All Children under the age of 9 must be accompanied by an adult. You may drop off your Student over the age of 9 for an additional fee of \$17.

Parent/Guardian Signature _____ Date _____

Date	Theme	Participant Fee Member/Non-Member	Drop-off Fee Age 9-12	Helper Fee Age 13-17	Adult Meal	Under 5 Meal	Total Due
Jan. 24	Surviving Sasquatch	<input type="checkbox"/> \$28 <input type="checkbox"/> \$33 x ____	<input type="checkbox"/> \$17 x ____	<input type="checkbox"/> \$15 x ____	<input type="checkbox"/> \$8 x ____	<input type="checkbox"/> \$3 x ____	
Feb. 14	Climbing Wall & Fairy Forts	<input type="checkbox"/> \$28 <input type="checkbox"/> \$33 x ____	<input type="checkbox"/> \$17 x ____	<input type="checkbox"/> \$15 x ____	<input type="checkbox"/> \$8 x ____	<input type="checkbox"/> \$3 x ____	
March 20	Rockets & Big Canoe	<input type="checkbox"/> \$28 <input type="checkbox"/> \$33 x ____	<input type="checkbox"/> \$17 x ____	<input type="checkbox"/> \$15 x ____	<input type="checkbox"/> \$8 x ____	<input type="checkbox"/> \$3 x ____	
April 24	Pollinators	<input type="checkbox"/> \$28 <input type="checkbox"/> \$33 x ____	<input type="checkbox"/> \$17 x ____	<input type="checkbox"/> \$15 x ____	<input type="checkbox"/> \$8 x ____	<input type="checkbox"/> \$3 x ____	
May 8	Ants & Beach Walk	<input type="checkbox"/> \$28 <input type="checkbox"/> \$33 x ____	N/A	<input type="checkbox"/> \$15 x ____	<input type="checkbox"/> \$8 x ____	<input type="checkbox"/> \$3 x ____	

Participant fee includes lunch.

Total Balance Due _____

Payment is by: Check/Money Order Visa MasterCard Discover American Express OASIS

Credit Card # _____ CVA _____ Exp. Date _____