



South Shore YMCA at Mill Pond
 CAMP GORDON CLARK 2010
 Late Care Registration Form

(You MUST complete a separate form for each camper)

Camper's Name: _____
Camper's Address: _____
Date of Birth: _____ **Grade:** _____
Parent/Guardian's Name: _____
Home Phone #: _____ **Work Phone #:** _____
Cell Phone #: _____ **E-Mail:** _____

\$64.00/Week <i>(Check below if attending full week)</i>	<u>SESSION</u>	\$14/Day <i>(Check below if paying by day)</i>
<input type="checkbox"/> Week 1	June 21 ~ June 25	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
<input type="checkbox"/> Week 2	June 28 ~ July 2	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
<input type="checkbox"/> Week 3	July 5 ~ July 9	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
<input type="checkbox"/> Week 4	July 12 ~ July 16	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
<input type="checkbox"/> Week 5	July 19 ~ July 23	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
<input type="checkbox"/> Week 6	July 26 ~ July 30	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
<input type="checkbox"/> Week 7	August 2 ~ August 6	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
<input type="checkbox"/> Week 8	August 9 ~ August 13	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
<input type="checkbox"/> Week 9	August 16 ~ August 20	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
<input type="checkbox"/> Week 10	August 23 ~ August 27	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F

Payment Type: Credit Card Check (payable to: South Shore YMCA)
AMOUNT: \$ _____ Visa Master Card Discover American Express
 Credit Card Number: _____ Expiration Date: _____
 Name On Card: _____ Security Code: _____

****A non-refundable payment is due in full at time of registration****

 Parent/Guardian Signature

 Date