



CYSS Summer Camp 2017 Selection Sheet

The Following Information is Required and Must be Complete—If Not Applicable, Please Write or Check *N/A*

Child's Name: _____ Child Goes By: ☐ N/A _____
Date of Birth: _____ Parents' Names: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Email Address: _____

Please select desired schedule, program, weeks, and days

SCHEDULE

MS/Teen (12:00 PM—6:00 PM) _____
SASFull Day (6:00 AM—6:00 PM) _____

PROGRAM

Five Year Olds (Kinder) _____
School Age (Rising 1st—6th) _____

WEEK SELECTION (Minimum of 1 weeks required)

- | | | | |
|---------------------|-------|--------------------|-------|
| 1. (July 3-July 6) | _____ | 5. (July 30-Aug 3) | _____ |
| 2. (July 9-July 13) | _____ | 6. (Aug. 6-10) | _____ |
| 3. (July 16-20) | _____ | 7. (Aug. 13-17) | _____ |
| 4. (July 23-27) | _____ | 8. (Aug. 20-24) | _____ |
| | | 9. (Aug. 27-31) | _____ |

DAY SELECTION

Monday—Friday _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

I understand that to enroll my child at Fort Hamilton Youth Services the Registration Form, the Parental Permission, Application for Fees Agreement Form, must be provided. The non-refundable school Age Summer Enrollment Deposit consist of 10% due at the time of registration. *Balance for each week of camp reserved is due the wednesday prior. No enrollments will be processed without deposit.*

Sponsor Signature

Date

Registration Deposits*:

2017 Summer Registration (1st Child)	\$
Each Additional Child 15% discount	\$

** Registration deposits are due at the time of summer registration and are non-refundable.*

Once a camp session begins, future session cancellation requires a minimum of one week notice.