



Camp Registration Form Summer 2024

Please complete **both** sides of this form and mail back with the appropriate deposit to:
The Granite YMCA | Camping Services Branch | 15 N. State St., Concord, NH 03301

SELECT CAMP

CAMP MI-TE-NA (FOR BOYS)

CAMP FOSS (FOR GIRLS)

CAMPER INFORMATION

Camper's Name: _____ Date of Birth _____ Age _____ Grade _____
(2024-2025 school year)

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

Camper Email: _____

Check One: New Camper Returning Camper Gender: Male Female Number of years at camp _____
(including this year)

Camper T-shirt size: Adult XS Adult S Adult M Adult L Adult XL Adult XXL

How did you hear about camp? (Check all that apply) Friend/Family Alumni Local Y Brochure Y Staff Camp Fair

Camp Staff School Trip Online Search CampPage.com NHCamps.org Camp Resource.com Social Media Other

Cabin Mate Request (one name only): _____

Parent/Guardian 1: _____ Parent/Guardian Email: _____

(Cell Phone) _____ (Home Phone) _____ (Work Phone) _____

Parent/Guardian 2: _____ Parent/Guardian Email: _____

(Cell Phone) _____ (Home Phone) _____ (Work Phone) _____

I'm referring a friend: New Camper Name: _____ New Camper Name: _____

You will receive a 10% discount for each new friend that you refer who signs up. Let us know their name and we will be on the lookout for their registration!

CAMPER HEALTH FORMS

Upon registration, you will receive an email from our system prompting you to fill out additional information that your camper will need for the duration of their time with us at camp. This information needs to be updated for the current camp season. Any camper without this information completed upon arrival at camp will not be permitted to stay on premises until all of the required documents have been uploaded to the camper's account.

PLEASE READ AND SIGN

- This application has my approval and consent and I authorize the camp director to act for me according to their best judgement in an emergency.
- Camp fees **MUST** be paid by May 15, 2024. A \$100 non-refundable deposit is due **PER WEEK** upon registration. Any payment method selected at checkout will be **AUTOMATICALLY** charged on the date that payment is due.
- I understand that no part of the fee is to be refunded in the event of dismissal for misconduct or withdrawal for homesickness.
- I give my permission for camp to text me updates regarding my campers session and beyond.
- I understand that cabin mate requests must be mutual, of the same age, and must be attending the same length session. Camp cannot guarantee the request, but will make every effort to accommodate each request. Cabin assignments will not be changed on the first day of camp.
- I give my permission for camp to use pictures of my child for promotional purposes.
- I understand that no camper will be permitted to possess or use any tobacco, drugs, alcohol substance, knives/weapons, video games, cell phones, or other forms of electronic communication devices while at camp. Infractions may result in dismissal

Parent or Guardian Name (please print)

Parent or Guardian Signature

Date

Camper Name (First and Last): _____

2024 DATES & RATES

SELECT CAMPING SESSIONS: (Check the session level your child would like to attend)

ONE WEEK SESSIONS (\$1,450)

- June 23 – June 29
- June 30 – July 6
- July 7 – July 13
- July 14 – July 20
- July 21 – July 27
- July 28 – August 3
- August 4 – August 10*
- August 11 – August 17*

TWO WEEK SESSIONS (\$2,450)

- June 23 – July 6
- July 7 – July 20
- July 21 – August 3
- August 4 – August 17*

* **NEW!** Now welcoming 7 year olds to experience the magic of overnight camp during our 4th session.

INTERSESSION DAYS (\$175)

- July 6
- July 20
- August 3

Camper's registered for two consecutive sessions will have the option to be picked up by a parent/guardian or participate in the intersession stay over day.

The following information is used by grant managers and program administrators for statistical purposes and for grant applications, which allows us to expand access to our programs and to connect families with additional community partners as applicable. This section is optional.

Race of Child (check below)

- White
- Black/African American
- Black/African American and White
- Asian/White
- American Indian/Alaskan Native
- American Indian/Alaskan Native and White
- Native Hawaiian/Other Pacific Islander
- Indian/Alaskan Native and Black/African American
- Asian
- Other/Multi-racial

Ethnicity of Child Hispanic Non Hispanic

Primary Language Spoken at Home _____

Parent/Guardian Marital Status Single Married Separated Divorced Widowed

Who is the Primary Caregiver of the Child? Both Parents Mother Father Grandparents Other

Primary Caregiver Employment Status Unemployed Part-time Full-time Retired Disabled

How Many People Live in Your Household? 2 3 4 5 6 7 8 8+ Current Housing Status? Rent Own Other

Household Income (select one) <\$10,000 \$10,000 – \$25,000 \$25,001 – \$35,000 \$35,001 – \$45,000 \$45,001 – \$55,000 \$55,001+

Have you faced homelessness in the last two years? Yes No

Does your child receive free or reduced lunch? Yes No

Is your family interested in being connected to any community resources? Yes No

AVAILABLE DISCOUNTS

Discount	Value
YMCA Member (manual discount applied after registration)	5% off tuition
Granite YMCA Member	10% off tuition
Bring a Friend (manual discount applied after registration)	10% off tuition per new referral
Sibling (manual discount applied after registration)	5% for each child

DEPOSIT AND TUITION

- A \$100 deposit per week is required upon registration.
- Tuition balance is due in full on May 15, 2024
- Please contact the Camp Enrollment Coordinator if you would like to arrange a payment plan

PAYMENT INFORMATION – Please choose the best payment option.

- Check Enclosed (payable to The Granite YMCA)
- Charge my credit card in full
- Charge my credit card for the deposit and automatically charge my card on May 15, 2024
- Set up monthly payments starting in _____ on _____ (day)

Credit/Debit Card Information

Bill my: Mastercard Visa Discover Amex

Cardholder's Name: _____ (Print name as it appears on card)

Credit/Debit Card Number: _____ Expiration Date: _____

Signature _____ Date _____

CALCULATE YOUR CAMP FEE

	TOTAL
TOTAL # OF SESSIONS	
SESSION FEE TOTAL	\$
LESS total discounts Y member, Sibling Y Name: _____	\$
I would like to add a donation to help send an underprivileged child to camp.	\$
TOTAL FEES OWED	\$
LESS \$100 deposit per week + any additional payment (check or credit/debit info enclosed)	-\$
BALANCE Remaining (Due May 15, 2024)	=\$