



# CAMP HAZEN YMCA

## Summer Camp Application 2016

### CAMPER INFORMATION

Last Name:		First Name:		Birthdate:	
<input type="checkbox"/> Male <input type="checkbox"/> Female		Grade next Sept:		Returning Camper: <input type="checkbox"/> Yes <input type="checkbox"/> No	
YMCA Member: <input type="checkbox"/> Yes <input type="checkbox"/> No		Where?		email:	

**Cabin Mate Request** – For first time campers  
 (Limited to one child. Request must be in same grade, and must be mutual)

### FAMILY INFORMATION applies to Parents/Guardians with whom the camper resides

Street Address:		PARENT 1		PARENT 2	
City:		Last Name:		Last Name:	
State:    Zip:		First Name:		First Name:	
<b>FAMILY STATUS</b> Has there been a divorce/separation in your family? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who has custody? _____  Should the non-custodial parent: (Check all that apply) <input type="checkbox"/> Be contacted in emergency <input type="checkbox"/> Receive duplicate mailings <input type="checkbox"/> Receive invoice If you answered yes to any questions above, complete boxes below:		Home Phone:		Home Phone:	
		Work Phone:		Work Phone:	
		Cell Phone:		Cell Phone:	
		email:		email:	
		Occupation/ Employer:		Occupation/ Employer:	

<b>FAMILY STATUS</b> Has there been a divorce/separation in your family? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who has custody? _____  Should the non-custodial parent: (Check all that apply) <input type="checkbox"/> Be contacted in emergency <input type="checkbox"/> Receive duplicate mailings <input type="checkbox"/> Receive invoice If you answered yes to any questions above, complete boxes below:		Home Phone:		Home Phone:	
		Work Phone:		Work Phone:	
		Cell Phone:		Cell Phone:	
		email:		email:	
		Occupation/ Employer:		Occupation/ Employer:	

### EMERGENCY CONTACTS other than parent/guardian

Name:		Name:	
Relationship to Camper:		Relationship to Camper:	
Home Phone:		Home Phone:	
Work/Cell Phone:		Work/Cell Phone:	

<b>Payment</b> Deposit (\$250 Resident/\$150 Day) _____ Annual Membership <b>\$25</b> _____ Store Account    _____ Target 289 donation    _____ TOTAL ENCLOSED    _____		<input type="checkbox"/> Please charge "Total Enclosed" to my: MC    Visa    Amex    Discover Card # _____ Exp. Date _____    Code: _____  <input type="checkbox"/> Please charge balance of fee on May 1 <sup>st</sup> <input type="checkbox"/> Enclosed is a check for total due.	
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Camp Hazen YMCA, 204 West Main Street, Chester, CT 06412  
 phone: (860) 526-9529    fax: (860) 526-9520  
 office@camphazenyumca.org

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### TIER PRICING PROGRAM

Realizing that families have differing abilities to pay, Camp Hazen YMCA has instituted a voluntary 4-tier pricing program for our Summer Resident Camp and Day Camp programs. Please take a moment to look at the tier descriptions and choose the tier that is most suitable for your family. All children will have the same experience no matter which tier a family is able to pay. The tier selected by a family will be kept confidential.

**Tier 1** - is based on the actual cost of campers participating in the selected programs. If you are able to pay this amount, please do so. Thank you.

**Tier 2** - is a partially subsidized rate that will enable families that just can't afford the full cost of the camp program. Please, choose this rate if your family has the need to receive a subsidized rate.

**Tier 3** - is a more heavily subsidized rate for families whose children would not be able to attend camp otherwise. If you can not afford either of the higher rates, please pay this amount.

**Tier 4** - is a variable rate for families whose financial assistance need is greater than the subsidized rates above. We provide more significant financial assistance to families that demonstrate need through our Financial Assistance Program. If you need additional assistance, please choose this option and complete a Financial Assistance application.

## Resident Camp 2016 (please X in box)

Traditional Camp - entering grades 3-10  
Sampler Camp - entering grades 3-8

Traditional Camp - two week sessions		Tier 1	Tier 2	Tier 3	Tier 4
Session A	6/26 - 7/8	<input type="checkbox"/> \$1725	<input type="checkbox"/> \$1575	<input type="checkbox"/> \$1425	<input type="checkbox"/> Please complete financial assistance application
Session B	7/10 - 7/22	<input type="checkbox"/> \$1725	<input type="checkbox"/> \$1575	<input type="checkbox"/> \$1425	<input type="checkbox"/> Please complete financial assistance application
Session C	7/24 - 8/5	<input type="checkbox"/> \$1725	<input type="checkbox"/> \$1575	<input type="checkbox"/> \$1425	<input type="checkbox"/> Please complete financial assistance application
Session D	8/7 - 8/19	<input type="checkbox"/> \$1725	<input type="checkbox"/> \$1575	<input type="checkbox"/> \$1425	<input type="checkbox"/> Please complete financial assistance application

Sampler Camp - one week sessions		Tier 1	Tier 2	Tier 3	Tier 4
Sampler 1	6/26 - 7/1	<input type="checkbox"/> \$925	<input type="checkbox"/> \$850	<input type="checkbox"/> \$775	<input type="checkbox"/> Please complete financial assistance application
Sampler 2	7/3 - 7/8	<input type="checkbox"/> \$925	<input type="checkbox"/> \$850	<input type="checkbox"/> \$775	<input type="checkbox"/> Please complete financial assistance application
Sampler 3	8/21 - 8/26	<input type="checkbox"/> \$925	<input type="checkbox"/> \$850	<input type="checkbox"/> \$775	<input type="checkbox"/> Please complete financial assistance application

**Stayover Weekend** - if registering for multiple sessions, and would like your camper to stay at camp for the weekend in between.

\$125     A/B     B/C     C/D     D/SAM-3

## Day Camp 2016

Entering 1st through 6th grade (please X in box)

		Before Care	After Care	Tier 1	Tier 2	Tier 3	Tier 4
Session 1	6/27 - 7/8	<input type="checkbox"/> \$70	<input type="checkbox"/> \$50	<input type="checkbox"/> \$660	<input type="checkbox"/> \$585	<input type="checkbox"/> \$510	<input type="checkbox"/> Please complete financial assistance application
Session 2	7/11 - 7/22	<input type="checkbox"/> \$70	<input type="checkbox"/> \$50	<input type="checkbox"/> \$660	<input type="checkbox"/> \$585	<input type="checkbox"/> \$510	<input type="checkbox"/> Please complete financial assistance application
Session 3	7/25 - 8/5	<input type="checkbox"/> \$70	<input type="checkbox"/> \$50	<input type="checkbox"/> \$660	<input type="checkbox"/> \$585	<input type="checkbox"/> \$510	<input type="checkbox"/> Please complete financial assistance application
Session 4	8/8 - 8/19	<input type="checkbox"/> \$70	<input type="checkbox"/> \$50	<input type="checkbox"/> \$660	<input type="checkbox"/> \$585	<input type="checkbox"/> \$510	<input type="checkbox"/> Please complete financial assistance application
Session 5	8/22 - 8/26	<input type="checkbox"/> \$35	<input type="checkbox"/> \$25	<input type="checkbox"/> \$355	<input type="checkbox"/> \$320	<input type="checkbox"/> \$285	<input type="checkbox"/> Please complete financial assistance application
		Before Care 7:30am - 9am, Breakfast served at 8am		After Care 4pm-6pm			

**Payment:** A \$250 registration deposit for resident camp, and a \$150 registration deposit for day camp (refundable until Feb 1) will reserve your space for each session. The balance is due by May 1. Camp Hazen YMCA will refund program fees for cancellations made 30 days prior to the start of the session (less deposit). Refunds are not given if a child leaves camp early for any reason.

**Membership:** Camp Hazen YMCA Membership is open to everyone without regard to race, color, sex religion, national origin, or disability status. For those campers who are not members of their local YMCA, a Camp Hazen YMCA membership must be purchased at the time of registration (individual \$25/family \$50)

**Insurance:** Camp fees do not include health and accident insurance. Parents/Guardians assume responsibility for any and all charges incurred for prompt medical attention.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_