

2010 LAKE STOCKWELL

SUMMER DAY CAMP REGISTRATION FORM

Mail Registration Form and Payment to:

**YMCA Camp Ockanickon, Inc. 1303 Stokes Road, Medford, NJ 08055 or Register Online at www.ycamp.org
For more information, call 609-654-8225 or 800-442-2267 • fax 609-654-8895 • info@ycamp.org**

CAMPER INFORMATION <i>PLEASE PRINT CLEARLY- This is camp's permanent record</i>		
Last Name	First Name	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Returning Camper
Birth Date	School Name	Grade Entering Sept. 2010
FAMILY INFORMATION: <i>Applies to the Parent/Guardian with whom the camper legally lives. Non-custodial parent information is below.</i>		
Camper Address	Father/Guardian 1 Last Name	Mother/Guardian 2 Last Name
	First Name	First Name
City	Home Phone	Home Phone
State Zip	Work Phone	Work Phone
NON-CUSTODIAL FAMILY		
Has there been a divorce/separation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer's Name	Employer's Name
	Occupation	Occupation
If yes, who has custody? _____	Email (Required)- Camp Forms will be e-mailed	Email (Required)- Camp Forms will be e-mailed
EMERGENCY CONTACTS: <i>List two contacts other than parent(s)/guardian(s)</i>		
Please check all that apply below. The non-custodial parent should:	Name	Name
<input type="checkbox"/> Be contacted in the event of emergency	Relationship	Relationship
<input type="checkbox"/> Receive duplicate mailings	Home Phone	Home Phone
<input type="checkbox"/> Receive invoice	Work Phone	Work Phone
If you answered yes to any question above, please complete all information below.	Cell Phone	Cell Phone
NON-CUSTODIAL PARENT ADDITIONAL INFORMATION: <i>Your feedback in this section is very important to us</i>		
Last Name	Please tell us how you originally heard about our camp. Please be specific and check all that apply.	
First Name	<i>Print Advertisement</i>	<i>Internet</i>
Home Phone	<input type="checkbox"/> Magazine/Ad Name:	<input type="checkbox"/> mysummercamps.com <input type="checkbox"/> gocamps.com
Work Phone	<input type="checkbox"/> School Flyer School:	<input type="checkbox"/> campchannel.com <input type="checkbox"/> ACA website
Cell Phone	<input type="checkbox"/> Flyer in a YMCA YMCA:	<input type="checkbox"/> YMCA website <input type="checkbox"/> Other:
Address	<input type="checkbox"/> Camp Fair Which fair:	
	<input type="checkbox"/> Attended other camp program Which program:	
City	<i>Word of Mouth Referral We heard about your camp through:</i>	
State Zip	<input type="checkbox"/> A friend who attended camp	<input type="checkbox"/> Other:
Email	<input type="checkbox"/> A relative who attended camp Who specifically?	
PARTICIPATION AGREEMENT AND FINANCIAL TERMS		
<i>Read carefully and sign and return with a deposit or payment in full. Please call us with any questions you may have.</i>		
<p>I/We hereby enroll my/our child and enclose a non-refundable deposit or payment in full. I/We agree to pay the balance of the camp fees and return all required forms on or before May 1, 2010. I/We understand that reserved space cannot be held past that date without full payment and completion of all forms. Refunds on amounts paid, less non-refundable deposit and a \$20 fee, may be approved up to May 1, 2010. Refunds will be made in the same form that payment was made. There are no refunds available after May 1, 2010. I/We understand that I/we are allowed one change of session per family at no cost. Thereafter, a \$35 fee for each change request will be applied. I/We understand that no refunds are given if a child leaves camp early because of homesickness or for disruptive behavior as determined by the Camp Director. I/We understand that completion of all required summer camp forms and execution of the YMCA Camp Ockanickon, Inc. Program Waiver are required as a condition of participation in our camp programs.</p>		
OVER PLEASE →		
Signature	Printed Name	Date

Camper Last Name	First Name
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AGES & RATES <i>Register for more, pay less</i>	3 weeks or less	4 weeks	5 weeks	6 weeks	7 weeks	8 weeks	9 weeks	10 weeks
Day Camp Ages 5 to 11	\$300/wk	\$290/wk	\$280/wk	\$270/wk	\$260/wk	\$250/wk	\$240/wk	\$230/wk
Explorers Ages 12 to 14	\$415/wk	\$400/wk	\$385/wk	\$360/wk	\$355/wk	\$340/wk	\$325/wk	\$310/wk

PROGRAMS & DATES	RATE PER WEEK	<u>One</u>	<u>Two</u>	<u>Three</u>	<u>Four</u>	<u>Five</u>	<u>Six</u>	<u>Seven</u>	<u>Eight</u>	<u>Nine</u>	<u>Ten</u>
		6/28 to 7/2	7/5 to 7/9	7/12 to 7/16	7/19 to 7/23	7/26 to 7/30	8/2 to 8/6	8/9 to 8/13	8/16 to 8/20	8/23 to 8/27	8/30 to 9/3
Day Camp Program Ages 5 to 11	\$230 - \$300	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explorer Adventure Program Ages 12 to 14	\$310 - \$415	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OPTIONS	RATE	All Options must be paid in full at the time of registration. You may register for options at any time. All options are first-come, first-served.									
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AM Care <i>7:00 - 8:30</i>	\$40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM Care <i>4:30 - 6:00</i>	\$40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overnights <i>Minimum age 7</i>	\$60	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horseback Riding/Instruction <i>1 hour daily, minimum age 8</i>	\$175	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horsemanship <i>2 hours daily, minimum age 8</i>	\$245	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreational Trail Rides <i>4:45 - 5:45 daily, minimum age 8</i>	\$125	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beginner Swim Lessons <i>4:45 - 5:30 daily Must be registered for session</i>	\$75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Round Trip Bus	\$75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bus Stop Location	Enter Stop Here-	Refer to bus schedule on website at www.ycamp.org for bus stop information
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LIT & CIT <i>Application is required</i>	RATE	LIT Program: 14 yrs old & completed 8 th Grade. CIT Program: 15 yrs old & completed 9 th Grade.	Download required application at www.ycamp.org .
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3-week LIT program	\$1,800		<input type="checkbox"/> Sessions 6-8
5-week CIT program	\$1,800	<input type="checkbox"/> Sessions 1-5	

PAYMENT INFORMATION	CALCULATE YOUR FEE
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<p style="text-align: center;">Pay in full by 12/31/09 and receive a 5% discount from total camp fee!</p> <p><input type="checkbox"/> I wish to pay the total camp fees now.</p> <p><input type="checkbox"/> I wish to pay a non-refundable deposit of \$100 per session plus full payment for any options.</p> <p style="padding-left: 40px;"><input type="checkbox"/> Please enroll me in the payment plan. I understand that my remaining balance will be charged in equal amounts on the 1st of each month until 5/1/10.</p> <p><input type="checkbox"/> Check (Made payable to YMCA Camp Ockanickon, Inc.)</p> <p><input type="checkbox"/> Visa <input type="checkbox"/> M/C <input type="checkbox"/> AMEX <input type="checkbox"/> Discover Exp Date _____ Sec Code _____</p> <p>Card # _____</p> <p>Billing Address _____</p> <p>Name on Card _____</p> <p>Signature _____ Phone _____</p>	<p>Total Price of Session(s) \$ _____ <i>(Total weeks x weekly rate)</i></p> <p>5% Pay-In-Full Discount \$(_____) <i>(If paid in full by 12/31/09)</i></p> <p style="text-align: center;">PLUS</p> <p>Horseback and/or Trail Rides \$ _____</p> <p>AM and/or PM Care \$ _____</p> <p>Overnight(s) \$ _____</p> <p>Swim Lessons \$ _____</p> <p>Camp Store (Trading Post) \$ _____ <i>(\$20 per week recommended)</i></p> <p style="text-align: center;">LESS</p> <p>One-Time Sibling Discount \$(_____) <i>(\$50 per child after one- list children below)</i></p> <hr/> <p>TOTAL CAMP FEE \$ _____</p>
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2010 OCKANICKON AND MATOLLIONEQUAY OVERNIGHT CAMP REGISTRATION FORM

Mail Registration Form and Payment to:

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CAMPER INFORMATION			<i>PLEASE PRINT CLEARLY- This is camp's permanent record</i>
Last Name	First Name	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Returning Camper	
Birth Date	Current School Name	Grade Entering Sept. 2010	
Shirt Size Circle One: Youth S M L Adult S M L XL			
FAMILY INFORMATION			<i>Applies to the Parent/Guardian with whom the camper legally lives. Non-custodial parent information is below.</i>
Camper Address	Father/Guardian 1 Last Name	Mother/Guardian 2 Last Name	
	First Name	First Name	
City	Home Phone	Home Phone	
State Zip	Work Phone	Work Phone	
NON-CUSTODIAL FAMILY			Cell Phone
Has there been a divorce/separation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer's Name	Employer's Name	
	Occupation	Occupation	
If yes, who has custody? _____	Email (Required)- Camp Forms will be e-mailed	Email (Required)- Camp Forms will be e-mailed	
Please check all that apply below. The non-custodial parent should:			EMERGENCY CONTACTS <i>List two contacts <u>other than</u> parent(s)/guardian(s)</i>
<input type="checkbox"/> Be contacted in the event of emergency	Name	Name	
<input type="checkbox"/> Receive duplicate mailings	Relationship	Relationship	
<input type="checkbox"/> Receive invoice	Home Phone	Home Phone	
If you answered yes to any question above, please complete all information below.	Work Phone	Work Phone	
	Cell Phone	Cell Phone	
NON-CUSTODIAL PARENT			ADDITIONAL INFORMATION <i>Your feedback in this section is very important to us</i>
Last Name	Please tell us how you originally heard about our camp. Please be specific and check all that apply.		
First Name	<i>Print Advertisement</i>		<i>Internet</i>
Home Phone	<input type="checkbox"/> Magazine/Ad Name:	<input type="checkbox"/> mysummercamps.com <input type="checkbox"/> gocamps.com	
Work Phone	<input type="checkbox"/> School Flyer School:	<input type="checkbox"/> campchannel.com <input type="checkbox"/> ACA website	
Cell Phone	<input type="checkbox"/> Flyer in a YMCA YMCA:	<input type="checkbox"/> YMCA website <input type="checkbox"/> Other:	
Address	<input type="checkbox"/> Camp Fair Which fair:		
	<input type="checkbox"/> Attended other camp program Which program:		
City	<i>Word of Mouth Referral We heard about your camp through:</i>		
State Zip	<input type="checkbox"/> A friend who attended camp	<input type="checkbox"/> Other:	
Email	<input type="checkbox"/> A relative who attended camp Who specifically?		
PARTICIPATION AGREEMENT AND FINANCIAL TERMS			
<i>Read carefully and sign and return with a deposit or payment in full. Please call us with any questions you may have.</i>			
I/We hereby enroll my/our child and enclose a non-refundable deposit or payment in full. I/We agree to pay the balance of the camp fees and return all required forms on or before May 1, 2010. I/We understand that reserved space cannot be held past that date without full payment and completion of all forms. Refunds on amounts paid, less non-refundable deposit and a \$20 fee, may be approved up to May 1, 2010. Refunds will be made in the same form that payment was made. There are no refunds available after May 1, 2010. I/We understand that I/we are allowed one change of session per family at no cost. Thereafter, a \$35 fee for each change request will be applied. I/We understand that no refunds are given if a child leaves camp early because of homesickness or for disruptive behavior as determined by the Camp Director. I/We understand that completion of all required summer camp forms and execution of the YMCA Camp Ockanickon, Inc. Program Waiver are required as a condition of participation in our camp programs.			
OVER PLEASE →			
Signature	Printed Name	Date	

Camper Last Name		First Name	
Please check the box of the camp you wish to attend		<input type="checkbox"/> Ockanickon for Boys	<input type="checkbox"/> Matollionequay for Girls
LEVELS & RATES	CHOOSE THE LEVEL THAT IS BEST FOR YOU <i>Please check the box of the level you are choosing</i>	1 week	2 weeks
<input type="checkbox"/> LEVEL A	The actual cost of camp for a child to participate, including programs, staff, supplies, food, maintenance and improvements.	\$635	\$1,250
<input type="checkbox"/> LEVEL B	A partially subsidized rate for those that can afford to support the camp experience, but not pay the actual cost of camp.	\$610	\$1,200
<input type="checkbox"/> LEVEL C	A more fully subsidized rate for camp. Contributions to camp and fund-raising efforts enable us to offer this rate for those that need it.	\$585	\$1,150

PROGRAMS & DATES	RATE PER SESSION	Session 1	Session 2	Session 3	Session 4	Session 5
		6/27 to 7/2	7/4 to 7/16	7/18 to 7/30	8/1 to 8/13	8/15 to 8/20
One Week Overnight Camp <i>Ages 7 to 16</i>	\$585 - \$635	<input type="checkbox"/>				<input type="checkbox"/>
Two Week Overnight Camp <i>Ages 7 to 16</i>	\$1,150 - \$1,250		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RANGERS <i>Additional Application Required</i>	RATE	Ranger: 14-16 year olds. Off Camp Adventure Trips- Appalachian Trail Hike/Delaware River Canoe.				Download application at www.ycamp.org .
Two Week Ranger Program	\$1,320		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LIT & CIT <i>Application Required</i>	RATE	LIT Program: 15 yrs old & completed 9 th Grade. CIT Program: 16 yrs old & completed 10 th Grade.				Download application at www.ycamp.org .
Three Week LIT Program <i>(Changeovers Excluded)</i>	\$2,015				<input type="checkbox"/> Sessions 4 & 5	
Five Week CIT Program <i>(Changeovers Excluded)</i>	\$2,015	<input type="checkbox"/> Sessions 1, 2 & 3				
OPTIONS	RATE	All Options must be paid in full at the time of registration. You may register for options at any time. All options are first-come, first-served.				
One Week Horseback Riding <i>1 hour daily, minimum age 8</i>	\$175	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two Weeks Horseback Riding <i>1 hour daily, minimum age 8</i>	\$350		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
One Week Horsemanship <i>2 hours daily, minimum age 8</i>	\$245		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Two Weeks Horsemanship <i>2 hours daily, minimum age 8</i>	\$490		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Changeover Weekends <i>Must be registered in both sessions</i>	\$250	<input type="checkbox"/> Ses 1 to 2	<input type="checkbox"/> Ses 2 to 3	<input type="checkbox"/> Ses 3 to 4	<input type="checkbox"/> Ses 4 to 5	

PAYMENT INFORMATION	CALCULATE YOUR FEE
Pay in full by 12/31/09 and receive a 5% discount from your session fees!	
<input type="checkbox"/> I wish to pay the total camp fees now.	Total Price of Session(s) \$ _____
<input type="checkbox"/> I wish to pay a non-refundable deposit of \$250 per session plus full payment for any options.	5% Pay-In-Full Discount \$(_____) <i>(Only if paid in full by 12/31/09)</i>
<input type="checkbox"/> Please enroll me in the payment plan. I understand that my remaining balance will be charged in equal amounts on the 1 st of each month until 5/1/10.	PLUS
<input type="checkbox"/> Check (Made payable to YMCA Camp Ockanickon, Inc.)	Horsemanship \$ _____
<input type="checkbox"/> Visa <input type="checkbox"/> M/C <input type="checkbox"/> AMEX <input type="checkbox"/> Discover Exp Date _____ Sec Code _____	Changeover Weekends \$ _____
Card # _____	Camp Store (Trading Post) \$ _____ <i>(\$25 per week recommended)</i>
Billing Address _____	LESS
Name on Card _____	One-Time Sibling Discount \$(_____) <i>(\$50 per child after one- list children below)</i>
Signature _____ Phone _____	Multiple Session Discount \$(_____) <i>(\$50 for each additional 2-week session) (\$25 for each additional 1-week session)</i>
	TOTAL CAMP FEE \$ _____