

YMCA 2025 Traditional and Kinder Camp Additional Weeks Form

K – 6th Grade

Child's Name: _____ DOB: _____

My child will enter _____ grade in the fall (*2025-2026 school year*).

Program Registration Form must be completed with a billing method on file.

Have you paid the \$30 Summer Camp registration fee? Yes No Do you receive financial assistance? Yes No

Write the price next to each of the additional week(s) you are registering for your child.

WEEK OPTIONS	Traditional/Kinder Full Day Camp	Y Member \$168 Non-Member \$275
Week 1 June 16-20	Ignite Your Summer Field Trip: The Reef	\$ _____
Week 2 June 23-27	Under the Sea Field Trip: Lake Elmo	\$ _____
Week 3 June 30- July 3	Party in the USA Field Trip: Rose Park Pool	\$ _____
Week 4 July 7 - July 11	Time Travelers Field Trip: Zoo Montana	\$ _____
Week 5 July 14-18	Crazy Carnival Week Field Trip: Laurel Bowling and Spray Park	\$ _____
Week 6 July 21-25	Marvel vs DC Comics Field Trip: Rose Park Pool	\$ _____
Week 7 July 28- Aug. 1	Star Wars Field Trip: Wise Wonders	\$ _____
Week 8 Aug. 4-8	Disco Fever Field Trip: Skate World	\$ _____
Week 9 Aug. 11-15	Funhouse Madness Field Trip: Lava Island	\$ _____
Week 10 Aug. 18-22	Peace Out Camp Field Trip: The Reef	\$ _____

Total Due Today:

\$ _____

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION:

I authorize my bank or credit card company to pre-authorize EFT's by the Billings Family YMCA for membership, program and/or contributions. When the bank honors the EFT by charging my account, such EFT's constitute my receipt for the full payment. Should an EFT not be honored by said bank it is understood that payment will automatically be resubmitted 10 days after your draft day in the amount of said payment plus a service charge of \$25. I understand there are no refunds for summer camp programs.

Signature: _____ Date: _____

STAFF USE ONLY

Date Rec'd _____ Time Rec'd _____ Rec'd by: _____ Entered by: _____ Date: _____