

# 2026 CAMP EARLY/LATE CARE REGISTRATION

SHIAWASSEE FAMILY YMCA

Emerson Elementary - 515 W. Oliver St., Owosso



Camper's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Full Address: \_\_\_\_\_

Email (Required): \_\_\_\_\_

Emergency Contact 1 (Required): \_\_\_\_\_ Phone: \_\_\_\_\_

Grade Entering in Fall 2026: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

## REGISTRATIONS & CANCELLATIONS:

Select the session(s) you would like your child to attend and complete this form. Payment is due in full on the Monday before each week your child is registered. Registrations and payments not made by the Monday before camp starts may be assessed a \$20 late fee. All no call/no shows will be charged full price.

EARLY CARE (6:30am-8:00am) = \$18/3-Day, \$30/5-Day | LATE CARE (4:30pm-6:00pm) = \$18/3-Day, \$30/5-Day  
BOTH EARLY & LATE CARE = \$30/3-Day, \$50/5-Day

## CHECK YOUR SELECTIONS BELOW:

- |                               |                                      |                                     |                                      |                                     |
|-------------------------------|--------------------------------------|-------------------------------------|--------------------------------------|-------------------------------------|
| <b>Week 1: June 8-12</b>      | <input type="checkbox"/> 3-Day Early | <input type="checkbox"/> 3-Day Late | <input type="checkbox"/> 5-Day Early | <input type="checkbox"/> 5-Day Late |
| <b>Week 2: June 15-19</b>     | <input type="checkbox"/> 3-Day Early | <input type="checkbox"/> 3-Day Late | <input type="checkbox"/> 5-Day Early | <input type="checkbox"/> 5-Day Late |
| <b>Week 3: June 22-26</b>     | <input type="checkbox"/> 3-Day Early | <input type="checkbox"/> 3-Day Late | <input type="checkbox"/> 5-Day Early | <input type="checkbox"/> 5-Day Late |
| <b>Week 4: June 29-July 1</b> | <input type="checkbox"/> 3-Day Early | <input type="checkbox"/> 3-Day Late |                                      |                                     |
| <b>Week 5: July 6-10</b>      | <input type="checkbox"/> 3-Day Early | <input type="checkbox"/> 3-Day Late | <input type="checkbox"/> 5-Day Early | <input type="checkbox"/> 5-Day Late |
| <b>Week 6: July 13-17</b>     | <input type="checkbox"/> 3-Day Early | <input type="checkbox"/> 3-Day Late | <input type="checkbox"/> 5-Day Early | <input type="checkbox"/> 5-Day Late |
| <b>Week 7: July 20-24</b>     | <input type="checkbox"/> 3-Day Early | <input type="checkbox"/> 3-Day Late | <input type="checkbox"/> 5-Day Early | <input type="checkbox"/> 5-Day Late |
| <b>Week 8: July 27-29</b>     | <input type="checkbox"/> 3-Day Early | <input type="checkbox"/> 3-Day Late |                                      |                                     |
| <b>Week 9: August 3-7</b>     | <input type="checkbox"/> 3-Day Early | <input type="checkbox"/> 3-Day Late | <input type="checkbox"/> 5-Day Early | <input type="checkbox"/> 5-Day Late |
| <b>Week 10: August 10-14</b>  | <input type="checkbox"/> 3-Day Early | <input type="checkbox"/> 3-Day Late | <input type="checkbox"/> 5-Day Early | <input type="checkbox"/> 5-Day Late |

Number of 5-Day Sessions \_\_\_\_\_ x \$30 = \_\_\_\_\_

Number of 5-Day AM & PM \_\_\_\_\_ x \$50 = \_\_\_\_\_

Number of 3-Day Sessions \_\_\_\_\_ x \$18 = \_\_\_\_\_

Number of 3-Day AM & PM \_\_\_\_\_ x \$30 = \_\_\_\_\_

SESSION TOTAL = \_\_\_\_\_

## METHOD OF PAYMENT

Cash  Check  Credit Card

Credit Card on File

\*Checking this box gives us permission to charge your card automatically when the payment for each week is due.

RECEIVED BY: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*If you are interested in helping fund another child's camp experience, please notify our staff.\*\***