



ADVENTURE CAMP

Ages 5-12

Adventure Camp is a safe, healthy and enriching summer experience for children, ages 5-12. It's centered around growing, playing and thriving together. Art, aquatics, recreation and adventure abound at our camp. Your kids will love spending their summer with us! Drop off starts at 7 a.m. Pick up ends at 6 p.m. **You can sign up for one week or all of them! There is a \$40 registration fee and a minimum of four days is required to participate.**

4-DAY PRICES: Members = \$165 / Community Members = \$180

5-DAY PRICES: Members = \$205 / Community Members= \$225

LOCATION:

YMCA of Pueblo {3200 E. Spaulding Avenue}

REGISTRATION FEES:

\$40 per child*

\$10 each additional child*

*Due at registration

PARENT CHECKLIST:

Please ensure your camper(s) arrive with the following items:

Cold-style lunch [nut free]

Two additional [healthy] snacks

Water bottles

Sunscreen

Camper Weeks Available	Circle the days or weeks you need care
6/7 - 6/11	M T W TH F
6/14 - 6/18	M T W TH F
6/21 - 6/25	M T W TH F
6/28 - 7/2	M T W TH F
7/5 - 7/9	M T W TH F
7/12 - 7/16	M T W TH F
7/19 - 7/23	M T W TH F
7/26 - 7/30	M T W TH F
8/2 - 8/6	M T W TH F
8/9 - 8/13	M T W TH F

CAMPER INFORMATION:

Child's Name: _____

(please circle one): **Boy** **Girl**

Date of birth: ____ / ____ / ____ Grade: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Mother/Guardian: _____

Cell Phone: _____ Work Phone: _____

Father/Guardian: _____

Cell Phone: _____ Work Phone: _____

(please circle one): **Y Member** or **Community Member**



PARENT AGREEMENT:

I wish to enroll my child in the session(s) at YMCA of Pueblo **Y Day Camp**, as noted. I have read all of the descriptions of the sessions, understand the requirements for participations and give my youth permission to participate. I will notify the Pueblo YMCA if my youth has any serious restrictions related to his or her participation. I have enclosed my **full registration fee. I understand that my registration fee is non-refundable and that payments are deducted the 1st or 15th of the month (or Monday, first day of service).**

Signature: _____ Date: _____

Submit to: 3200 E. Spaulding Ave. Pueblo, CO 81008 (719) 543-5151 ext. 263 sconley@puebloymca.org

-OFFICE USE-

DEPOSIT AMOUNT: \$

STAFF INITIALS:

PARENT PACKET RECIEVED: YES/NO