

EFLAND CHEEKS DAY CAMP

Everything You Love About Y Camp at a Different Location!



AGES

Rising 1st-Rising 8th graders

8 – ONE WEEK SESSIONS

No partial sessions permitted

Session 1 No camp

Session 2 June 18-June 22

Session 3 June 25-June 29

Session 4 No camp

Session 5 July 9-July 13

Session 6 July 16-July 20

Session 7 July 23-July 27

Session 8 July 30-August 3

Session 9 August 6-August 10

Session 10 August 13-August 17

Session 11 No camp

COST PER SESSION

Program participants: \$120

Deposit: \$15/session, towards total

Registration fee: \$25

CONTACT

Whitney Kahn

wkahn@chcymca.org

919.442.9622 x124

HOURS

7:30 am-5:30 pm

No extended care

LOCATION

Efland Cheeks
Community Center
117 Richmond Rd
Efland



For the second year, we're excited to offer a day camp for campers outside of Chapel Hill! Efland Cheeks Day Camp brings to Orange County all of the same great experiences, activities and life lessons you've come to expect and trust from Y day camps.

As with all our camps, our counselors focus on fun with a message. While campers are exploring new activities like group games, arts & crafts, archery and swimming, our counselors model and teach values that kids can carry beyond camp; values like Caring, Honesty, Respect and Responsibility. Each day, we'll create opportunities for kids to develop social skills, explore who they are, and discover lifelong friendships, but to them it'll just seem like the most fun summer they've ever had.

Efland Cheeks Day Camp Registration Form

All information must be filled out completely. Incomplete forms may prevent you from securing your requested session of summer day camp. Please print legibly. A \$25 non-refundable registration fee is due at the time of registration (one fee per child per summer).

I am an employee of Orange County (proof of county employment required).

Please mark sessions desired

Session 1 No camp

Session 2 June 18-22

Session 3 June 25-29

Session 4 No camp

Session 5 July 9-13

Session 6 July 16-20

Session 7 July 23-27

Session 8 July 30-August 3

Session 9 August 6-10

Session 10 August 13-17

Drop-off/Pickup Sites (choose 1)

Free transportation to/from
Efland Cheeks Community Center

DSS Parking Lot
7:30 am...5:45 pm

North Hills Shopping Center (Maxway)
7:45 am...5:30 pm

Parent Pickup and Drop-off at
Efland Cheeks Community Center
7:30 am...5:30 pm

Medical History Information Must Be Completed Please indicate any physical or medical concerns that the summer camp staff needs to be aware of, including allergies, medications, surgeries or serious injuries:

Please complete information on front of this form. All information must be filled out completely. Please print legibly.

FIRST NAME	LAST NAME	GENDER	DOB	GRADE FALL OF 2012
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LOCAL ADDRESS	CITY	STATE	ZIP
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T-Shirt Size Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult X-Large

PARENT/GUARDIAN 1	HOME PHONE	WORK PHONE	MOBILE
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PARENT/GUARDIAN 2	HOME PHONE	WORK PHONE	MOBILE
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PARENT/GUARDIAN 1 EMAIL	PARENT/GUARDIAN 2 EMAIL
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Local emergency contact other than parent/guardian:

NAME	HOME PHONE	WORK PHONE	MOBILE
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Person(s) to whom your camper may be released other than parent/guardian

NAME	HOME PHONE	WORK PHONE	MOBILE
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NAME	HOME PHONE	WORK PHONE	MOBILE
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Parent/Guardian Authorization To the best of my knowledge, all health history and information provided above is correct, and I am hereby giving my permission for the person herein described to engage in all prescribed camp activities.

I hereby give my permission to the physician selected by the Camp Director to order x-rays, routine tests and any treatment for the health of my child in the event I cannot be reached in an emergency. I hereby give my permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, to order injection and/or anesthesia, and/or surgery for my child as named above on this application in the event I cannot be reached in an emergency.

I hereby authorize any pictures of my child taken at camp to be used for promotional material at the YMCA. I hereby authorize the YMCA to transport my child on YMCA buses to and from camp activities where applicable.

Important The Camp Handbook contains important information regarding camp policies, procedures and fee schedules. Print from our web site or pick up a copy of the handbook upon registration. Thank you.

PARENT'S/GUARDIAN'S SIGNATURE	DATE
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Open Doors Financial Assistance If you would like to apply for financial assistance, please fill out the information below and provide ALL of the listed documents that apply to your family. This includes: 2011 tax return, last two months full bank statements, last two paychecks from all family members with income, proof of any other income (food stamp award letter, unemployment, SSI, child support, disability income or school loan income). Please list ALL family members who live in the household including all parents and children.

LAST NAME	FIRST NAME	GENDER	DOB	RACE (Optional)
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LAST NAME	FIRST NAME	GENDER	DOB	RACE (Optional)
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LAST NAME	FIRST NAME	GENDER	DOB	RACE (Optional)
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LAST NAME	FIRST NAME	GENDER	DOB	RACE (Optional)
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LAST NAME	FIRST NAME	GENDER	DOB	RACE (Optional)
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FOR OFFICE USE ONLY

Total Monthly Income

\$ _____

Annual Income

\$ _____

Program Assistance
Rate _____%

Staff Approval

Date _____