

2010 Enrollment Form for Y.N.O.T. Outdoors Summer Child's Name: _____

Print out, fill-in completely and mail with check to: YNOT Enrollment, 2626 East Lake Drive, Springfield, IL 62712

Age _____ T-Shirt Size (circle one) ChldSM ChldMD ChldLG ChldXL AdltSM AdltMD AdltLG AdltXL
 School Attending _____ Grade Entering in Fall _____
 Date of Birth _____
 Mother's Name _____ Father's Name _____
 Child's Home Address _____ ZipCode _____

Phone Numbers in Order of Importance

1.) _____
 2.) _____
 3.) _____
 Child's Primary Doctor _____

Alternate Pickup People

Name _____ Approx. Age _____
 D.L.# (for on-spot I.D.) _____
 Preferred Hospital _____

Please CIRCLE THE INDIVIDUAL WEEKS in each month your child WILL be with us. This is very important for scheduling our staff, facilities and activities. Since we must commit to our expenses, up front, you will be responsible for full payment of all weeks circled, regardless of whether child attends.

June

Week 1 - June 1st thru 4th (short week)
 Week 2 - June 7th thru 11th
 Week 3 - June 14th thru 18th
 Week 4 - June 21st thru 25th

July

Week 5 - June 28th thru July 2nd
 Week 6 - July 6th thru 9th (short week)
 Week 7 - July 12th thru 16th
 Week 8 - July 19th thru 23rd

August

Week 9 - July 26th thru Jul 30th
 Week 10 - Aug 2nd thru 6th
 Week 11 - Aug 9th thru 13th

Special Concerns, Requirements

Please be as descript as possible. Our Staff need to familiarize themselves with your children. Let us know about medication schedules, potential allergic reactions we should be aware of, habits, temperament issues, energy level, tolerance of sun, etc.

Designate Which Drop-Off / Pickup Location You Will Use:

Sacred Heart Griffin West Campus
 (on West Washington in Springfield)

Sugar Creek United Methodist
 (New City Road at Ball-Chatham)

Medical Authorization - Acknowledgement of Health Insurance - Financial Commitment

As parent or guardian of _____, I hereby authorize the staff of YNOT Outdoors to direct medical resources to my son or daughter, as potentially could be required during his/her time spent with us in the summer day camp program

I understand, though I have made preferences of doctor and hospital, that common sense criteria such as distance from my preferred medical resources at various times throughout the summer may require and permit YNOT staff to choose local medical treatment, depending on the day-trip. This would only be in cases where the Emergency Contact cannot be located, phoned or contacted in any manner, upon trying.

I accept that it is YNOT Staff's goal, however, to judge the nature of any injury or sickness, along with the child, to make this decision meet the family's goals for the preferred action taken. I also acknowledge that this enrollee is provided his/her primary health and accident insurance though our family's health insurance, or the enrollee's individual insurance program. **As the person enrolling the child, I also take responsibility for all fees associated with YNOT Outdoors services in 2010, for this enrollee, and commit to full payment of the weeks of service circled on the above calendars, per the rates of service prescribed below.** If I default in payment of enrollee's fees at any time during requested enrollment, the entire balance for all weeks enrolled shall then become due and payable. In case of default, I acknowledge responsibility for all costs incurred in collection of the amount owed, including court costs, reasonable attorney fees, and/or collection fees at the rate of 35% of my outstanding balance.

 Parent or Legal Guardian PRINTED NAME

 SIGNATURE

 D.L.# or S.S.#

Payment Preference

BILLING FOR THE ENTIRE SUMMER IS DETERMINED BY THE BOX YOU CHECK, BELOW. IF WEEKLY IS CHOSEN, DEVELOP A HABIT THROUGHOUT THE SUMMER OF USING THE MEMO AREA OF YOUR CHECKS TO SPECIFY BOTH THE WEEK(S) THAT PAYMENT APPLIES TO, AS WELL AS THE CHILD'S NAME. All payments are non-refundable due to the necessity to reserve staff, facilities, insurance and camp space for your child.

Pre-Pay for Full-Summer is \$1350. Accompany your enrollment form with a check in this amount to reserve the spot.

Weekly is \$140. Paying by the week means payment is due on the Friday prior to the week's attendance. Please attach the first week's \$140 when you send in your enrollment form, to hold your spot.

10% discount on weekly rate for siblings when attending same days. This calculates to \$126/week for additional sibs. 10% discount does not apply to pre-pay.