

2012 Contract for Y.N.O.T. Outdoors Summer Child's Full Name: _____

Print out, fill-in and mail check with child's name in "memo" to: **YNOT, 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 _____
Your E-mail Address(es) for Timely Communications _____

Parent Phone Numbers
1.) _____
2.) _____
Child's Primary Doctor _____

Alternate Pickup People
Name _____
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, or not. Your signature, below, is your commitment to complying with this greyed area.**

No Service July 4th

June Week 1 - May 28 th thru Jun 1 st Week 2 - June 4 th thru Jun 8 th Week 3 - June 11 th thru 15 th Week 4 - June 18 th thru 22 nd	July Week 5 - June 25 th thru 29 th ↓ Week 6 - July 2 nd thru 3 rd & 5 thru 6 th Week 7 - July 9 th thru 13 th Week 8 - July 16 th thru 20 th	August Week 9 - July 23 rd thru 27 th Week 10 - July 30 th thru Aug 3 rd Week 11 - Aug 6 th thru 10 th Week 12 - Aug 13 th thru 17 th
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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 Location You Will Use: Sacred Heart Griffin West Campus
1600 West Washington in Springfield

Chatham Location
Sugar Creek United Methodist (across from Ball Elementary)
.....Then Switching to New Facility at Walnut & Breckenridge
At Glendale Estates Entrance, Once Completed.

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 2012, 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. Since it's sometimes difficult for our bookkeeper to determine what parent's check goes with which child (different last names, etc.), please develop a habit of using the memo area of the checks to specify your 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 \$1500...an 11% discount. Accompany your enrollment-form with a check in this amount to reserve the spot.

Pre-Pay Weekly is \$140. Paying by the week means payment is always due on the Friday prior to the week's service. 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, since this rate is already deeply discounted. Community Child Care Connection is no longer accepted.