

2020 Contract for Y.N.O.T. Outdoors Summer Child's Full Name: _____

Complete 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 AdltSM AdltMD AdltLG AdltXL
 School Attending _____ Grade Entering in Fall _____ **DO NOT MAIL THIS FORM TO 301 BRECKENRIDGE!**
 Date of Birth _____
 Child's Full Street Address with City & Zip _____
 Mother's Name _____ Daytime Phone _____ Text-able? Y / N Email: _____
 Father's Name _____ Daytime Phone _____ Text-able? Y / N Email: _____

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 highlighted area.** Be certain of your school's calendar, regarding let-out and start-back dates.

June

- June 1st through June 5th
- June 8th through June 12th
- June 15th through June 19th
- June 22nd through June 26th
- June 29th through July 3rd

July

- July 6th through July 10th
- July 13th through July 17th
- July 20th through July 24th
- July 27th through July 31st

August

- August 3rd through August 7th
- (you may need this week, too) August 10th through August 14th

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.

Which Location Will You Use? Sacred Heart Griffin West Campus Chatham Location Sugar Creek United Methodist Church
1600 West Washington in Springfield 301 North Breckenridge New City Road (across from Ball Elementary)

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 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 neither of the parents can be located, phoned or contacted in any manner, upon trying. **Printed Name** _____ **Signature** _____

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. **Printed Name** _____ **Signature** _____

As the person enrolling the child, I personally guarantee all fees associated with YNOT Outdoors services 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, attorney fees, and/or collection fees. I also acknowledge and understand the Behavior & Discipline section of the YNOT Parent Get-Ready List (available online), and how it relates to my guarantee of these fees.

Fiscally Responsible Parent(s) or Legal Guardian(s) **Printed Names** X: _____ X: _____
 Or Financially Supportive 3rd party. **Signatures** X: _____ X: _____

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 which 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 11 Week Full-Summer is \$1600. Accompany your enrollment form with a check in this amount to reserve the spot.
 Weekly is \$160. **Paying by the week means payment is always due on the Friday prior to the week's service.** Please attach the first week's \$160 when you send in your enrollment form.

10% discount on weekly rate for siblings when attending same days. This calculates to \$144/week for additional sibs. 10% discount does not apply to Pre-Pay of siblings, since the Pre-Pay rate is already deeply discounted.

SUMMER CAMP FILLS FAST. PLEASE REMEMBER THAT A HAND DELIVERY TO JOE CASCIO AT 301 N. BRECKENRIDGE WILL BEAT THE MAIL TO 2626 EAST LAKE DRIVE .