

2021 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 \_\_\_\_\_

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.

June

- Week 1 - (May 31st closed) June 1st thru June 4th
Week 2 - June 7th thru June 11th
Week 3 - June 14th thru June 18th
Week 4 - June 21st thru June 25th
Week 5 - June 28th thru July 2nd

July

- Week 6 - (5th closed) July 6th thru July 9th
Week 7 - July 12th thru July 16th
Week 8 - July 19th thru July 23rd
Week 9 - July 26th thru July 30th

August

- Week 10 - Aug 2nd thru Aug 6th
Week 11 - Aug 9th thru Aug 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 Location You Will Use: [ ] Sacred Heart Griffin West Campus 1600 West Washington in Springfield [ ] Chatham Location 301 North Breckenridge [ ] Sugar Creek United Meth. New City Blacktop

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 in 2021 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 for 2021, 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 for Full-Summer is \$1600. Accompany your enrollment form with a check in this amount to reserve the spot.

[ ] Weekly Pre-Pay 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 fee 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.