

# 2024 YMCA DAY CAMP CANTON REGISTRATION FORM

Please complete all information and return form to the YMCA.  
We must have this form returned before your child will be able to attend Day Camp.

CHILD'S NAME \_\_\_\_\_ BIRTHDAY \_\_\_\_\_ GRADE in fall \_\_\_\_\_

PARENT \_\_\_\_\_

PHONE \_\_\_\_\_ ADDRESS/CITY \_\_\_\_\_

CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

In case of an emergency and we are unable to reach you, please list 3 emergency contacts.

EMERGENCY NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

EMERGENCY NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

EMERGENCY NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

LIST ALL WHO ARE AUTHORIZED TO PICK UP YOUR CHILD \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

DISCIPLINE: What type of problem solving approach do you find works best with your child? \_\_\_\_\_

\_\_\_\_\_

We want your child to have a successful experience. Please add any comments about your child you feel would be helpful to the staff. \_\_\_\_\_

\_\_\_\_\_

**PLEASE TURN PAGE OVER**

\*\*Please note that the YMCA Summer Day Camp Program is a license exempt program and is not licensed or regulated by DCFS.

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CHILD'S NAME \_\_\_\_\_ BIRTHDAY \_\_\_\_\_ GRADE in fall \_\_\_\_\_

GUARDIAN \_\_\_\_\_

PHONE \_\_\_\_\_ ADDRESS/CITY \_\_\_\_\_

CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

In case of an emergency and we are unable to reach you, please list 3 emergency contacts.

EMERGENCY NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

EMERGENCY NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

EMERGENCY NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

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