



Day Camp Registration Form

VICK AND PATHFINDER CAMP AND CONFERENCE MINISTRIES

PO Box 559 · Manlius, NY 13104
315-692-4862

**Please type or print all information with blue or black ink
One camper per form, please**

CAMPER:

Camper's Name _____ **Date** _____
Last Name First Name Middle Initial

(CIRCLE ONE) **Male** **Female** Date of Birth _____

Current Age _____ Grade entering in September* _____

* This is the grade used to determine appropriate placement for your camper)

Home Address _____
Street/PO Box, City, State, Zip

Mailing Address (if different) _____
Street/PO Box, City, State, Zip

PARENT/GUARDIAN:

Name(s) _____

Email Address _____

Home Phone # (____) ____ - _____ Cell Phone # (____) ____ - _____

Work Phone # (____) ____ - _____ Other Phone # (____) ____ - _____

I would like to receive my camper's paperwork by: _____ EMAIL _____ MAIL

EMERGENCY CONTACT:

Emergency Contact Name(s) _____ Relation to Camper _____

Home Phone # (____) ____ - _____ Cell Phone # (____) ____ - _____

Work Phone # (____) ____ - _____ Other Phone # (____) ____ - _____

Permission for pick-up – add, as follows:

List all people who have permission to pick up your child. Everyone must show ID.

Name _____ relation to camper _____

address _____ phone _____

(please, use separate page for more names)

REGISTRATION: Choose which weeks your camper will attend and if you want early drop off or late pick up

SESSION	8:30-4:30 \$200	Add 7:30 drop off \$50	Add 5:30 pick up \$40	Total week cost
Session 1 July 10-14				
Session 2 July 17-21				

Session 3 July 24-28				
Session 4 July 31-Aug 4				
Session 5 Aug 7-11				
Session 6 Aug 14-18				

PARENT/GUARDIAN PHOTO/VIDEO PERMISSION:

I give my permission for photographs and/or videos to be taken during the camp experience to be used for promotional purposes: _____ YES _____ NO Please note: NO SIGNATURE INDICATES CONSENT

Signed _____

Registration Deadline: TWO WEEKS prior to camping session

- Registration form must be completed in order to be registered for camp
- FULL PAYMENT is due 14 days before the beginning of camp session
- Limited scholarships are available. Please call 315-692-4862 or email vpccministries@gmail.com for more information
- There will be a \$25 fee for any bounced/returned checks

FEES	Amount
Total Amount of Payment due (see registration chart above.	\$
Late Fee: Add \$25 if registering less than 14 days before a camping session begins	\$
SUBTOTAL: Total fee for camping sessions	\$

DISCOUNTS	Amount
\$20 sibling discount, multiply times # of sessions • Registration and payment must be submitted together	\$
\$10 multiple session discount for 2 nd through 6 th sessions	\$
DISCOUNT TOTAL:	\$

Subtotal from above (red box)	\$
Discounts from above (green box)	\$
Total due (red subtotal minus green discounts)	\$
Amount paid with registration (Minimum of \$75.00 NON-REFUNDABLE deposit)	\$
Balance due	\$

Make checks payable to:

Vick and Pathfinder Camp and Conference Ministries (or VPCCM)
 PO Box 559 Manlius, NY 13104
 Phone:315-692-4862 Email:vpccministries@gmail.com