



Day Camp Registration Form

VICK AND PATHFINDER CAMP AND CONFERENCE MINISTRIES

PO Box 559 • Manlius, NY 13104

315-692-4862

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

CAMPER:

Camper's Name _____ Date _____
Last Name First Name

(CIRCLE ONE) **Male** **Female** Date of Birth _____ Grade entering in the fall _____

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

PARENT/GUARDIAN:

Parent/Guardian #1 Name: _____	Parent/Guardian #2 Name: _____
Email Address: _____	Email Address: _____
Primary Phone #: (____) _____ - _____	Primary Phone #: (____) _____ - _____
Secondary Phone #: (____) _____ - _____	Secondary Phone #: (____) _____ - _____

EMERGENCY CONTACT:

Emergency Contact #1 Name: _____	Emergency Contact #2 Name: _____
Relation to Camper: _____	Relation to Camper: _____
Primary Phone #: (____) _____ - _____	Primary Phone #: (____) _____ - _____
Secondary Phone #: (____) _____ - _____	Secondary Phone #: (____) _____ - _____

PERMISSION FOR PICK-UP: List all people who have permission to pick up your child. Everyone must show ID. (please use separate page for additional names)

Name	Address	Phone	Relation to Camper

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

<u>Session</u>	<u>8:30am – 4:30pm</u>	<u>Early Drop Off</u>	<u>Late Pick-Up</u>	<u>Total Cost</u>
	\$250	(7:30am) \$50	(5:30pm) \$50	
Session 1: July 8-12 Outdoor Discovery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Session 2: July 15-19 Creative Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Session 3: July 22-26 Full STEAM Ahead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Session 4: July 29-August 2 Mystery 'Finders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Session 5: August 5-9 SPLASH!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Session 6: August 12-16 Games! Games! Games!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Session 7: August 19-23 Around the World	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Session 8: August 26-30 Unplugged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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: _____ Date: _____

Registration Deadline: TWO WEEKS prior to camping session

- Registration form and deposit (per session) must be completed and received in order to be registered for camp
- Registration deadline: If mailing, two weeks prior to camp start. **Call for availability for anything less than two weeks.*
- 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
\$10 sibling discount, multiply times # of sessions <ul style="list-style-type: none"> • Registration and payment must be submitted together 	\$
\$10 multiple session discount for 2 nd through 8 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 \$50.00 per session NON-REFUNDABLE deposit)	\$
Balance due	\$

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