



Summer Camp Registration Form

Participant's Name						
Parent/Guardian Na	ame		Parent/Gu	ıardian E-Mail Addres	ss	
Phone (home)		(work)			(cell)	
		□YMCA Member □General Public □MyWlChildCare □School District of Rhinelander Summer School □LIT Program □Camp Scholarship				
Please indicate be	elow whether	your child will be e	nrolled for the	full week or indiv	idual days.	
	Full Week	Monday	Tuesday	Wednesday	Thursday	Friday
June 5 th -9 th						
June 12 th -16 th						
June 19 th -23 rd						
June 26 th -30 th						
July 3 rd -7 th		CLOSED July 4 th				
July 10 th -14 th						
July 17 th -21 st						
July 24 th -28 th						
July 31st-Aug 4th						
Aug 7 th -11 th						
Aug 14 th -18 th						
Aug 21 st -25 th						
Aug 28 th -31 st						CLOSED Sep 1st
Office Use:						