

Reserve Your Spot Now!



Mission Valley YMCA / Toby Wells YMCA

2010 Camp I CAN Registration

(Please complete one form per camper)

Mission Valley YMCA: 619-298-3576 Fax: 619-298-4341

Camper's Name: _____ Birthdate: _____

Address: _____ City/Zip: _____

Parent's Name: _____

Phone: _____ Work: _____ E-mail: _____

Camp Time: 9:00 a.m. - 3:00 p.m.; Location: Toby Wells YMCA

<u>Session:</u>	<u>1st, 2nd and 3rd choice:</u> <i>Please check the box of choice:</i>	<u>Ages:</u>	<u>Extending Care*</u> 8:30 a.m. 3:30 p.m.	
July 26 - July 30	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd	6 - 12	<input type="checkbox"/> AM	<input type="checkbox"/> PM
August 2 - August 6	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd	9 - 14	<input type="checkbox"/> AM	<input type="checkbox"/> PM
August 9 - August 13	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd	6 - 12	<input type="checkbox"/> AM	<input type="checkbox"/> PM
August 16 - August 20	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd	13 - 17	<input type="checkbox"/> AM	<input type="checkbox"/> PM
August 23 - August 27 <i>(High Functioning)</i>	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd	6 - 12	<input type="checkbox"/> AM	<input type="checkbox"/> PM

Please send proof of diagnosis of autism spectrum disorder - front page of IEP, statement from medical doctor or statement from other health professional.

I am a current member of the San Diego County Chapter Autism Society of America: Yes No

- \$200.00 members of the San Diego County Chapter Autism Society
- \$250.00 non-members
- \$100.00 deposit
- * \$25.00 AM Extended Care \$25.00 PM Extended Care

Payment Method: Check Enclosed Visa MC Discover
 American Express Cash

Credit Card #: _____ Exp: _____

Name on card: _____

\$100 non-refundable payment is required in order to reserve your spot or you may pay entire balance at this time.

Parent Signature

Date