

REGISTER TODAY

You may fill out and return this registration form with the required deposit by mail, register over the phone, or you can register online at camporkila.org. Our brochure is also available online if you need additional copies.

YMCA Camp Orkila

Attn: Day Camp

Mailing: PO Box 1149, Eastsound, WA 98245

Physical: 484 Camp Orkila Road, Eastsound, WA 98245

P: 360 376 2678

Email: campinfo@seattleyymca.org

Website: camporkila.org

YMCA CAMPING & OUTDOOR LEADERSHIP

909 Fourth Avenue • Seattle, WA 98104 • 206 382 5009 • campinfo@seattleyymca.org

Cancellation Policy. Final payments are due June 1st. Deposits are non-refundable after June 1st. We require a minimum of two weeks' notice prior to the session start date to qualify for a refund of program fees (less the deposit). Cancellations made within two weeks of the session start are nonrefundable. Considerations may be made for extenuating circumstances at the discretion of the Administrative Director. Camp Orkila reserves the right to cancel or adjust programming based on registration.

Everyone is welcome. The YMCA of Greater Seattle strengthens communities in King and south Snohomish counties through youth development, healthy living and social responsibility. **Financial assistance is available.**

2021 ORCAS ISLAND DAY CAMP

AT CAMP ORKILA



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2021 DAY CAMP

At Camp Orkila, day campers can expect theme-based weeks full of activity and camp fun! Days begin at 8:45am and end at 4:45pm. We offer two age groups: Little Si (1st-3rd grade) and Big Si (4th-6th grade).

DAY CAMP RATES*

- Tier 3 = \$405
- Tier 2 = \$325
- Tier 1 = \$250

DEPOSIT & MEMBERSHIP INFO

- A \$25 deposit is required at the time of registration to hold your spot. A YMCA membership is not required to participate.

***A NOTE ON TIERS:** Realizing that families have different abilities to pay, we have a voluntary 3-tier fee program. Please choose the tier most suited for your family. This program is voluntary and in no way influences your camper’s experience. Tier 3 reflects the actual operating cost of camp while Tiers 2 and 1 are subsidized. We ask that you pay Tier 3 if you are able. If Tier 1 presents a barrier for your family, we encourage you to apply for financial assistance.

DAY CAMP THEME WEEKS

Please mark your session choice(s) below.

(*Note: Weeks 4 & 8 offer an optional overnight camp-out on Friday for campers in grades 4th-6th)

- Week 1: Outer Space & Rocket Ships 6/28-7/2
- Week 2: Medieval Times 7/5-7/9
- Week 3: Under the Sea 7/12-7/16
- Week 4: Orkila Olympics 7/19-7/23
- Week 5: Animal Planet 7/26-7/30
- Week 6: Travel Around the World 8/2-8/6
- Week 7: Hunting for Buried Treasure 8/9-8/13
- Week 8: Walking with Dinosaurs 8/16-8/21
- Week 9: Orkila All-Stars 8/23-8/27

LUNCH PROGRAM

Camp will provide lunch for Day Campers, with a wide variety of healthy food choices for everyone. Use the Health Form to let us know about any dietary needs. Please contact Camp Orkila directly to speak with our Food Service Director for any severe allergies or concerns. Please send a refillable water bottle and healthy snacks.

Please remember Camp Orkila is nut free.

REGISTRATION INFORMATION

CAMPER INFORMATION

Last Name: _____
 First Name: _____ Middle Initial: _____
 Date of Birth: _____ Gender: _____ Current Grade: _____
 Address: _____
 City: _____ State: _____ Zip: _____

PRIMARY CONTACT - PARENT/GUARDIAN 1

Name: _____
 Relationship to camper: _____
 Home Phone: _____ Cell Phone: _____
 Email: _____

SECONDARY CONTACT - PARENT/GUARDIAN 2

Name: _____
 Relationship to camper: _____
 Home Phone: _____ Cell Phone: _____
 Email: _____

EMERGENCY CONTACT 1

Name: _____ Relationship: _____
 Best Phone #: _____

EMERGENCY CONTACT 2

Name: _____ Relationship: _____
 Best Phone #: _____

PAYMENT INFORMATION

Please include the deposit with your registration. We accept Visa, MasterCard, American Express and Discover. *Please make checks payable to YMCA Camp Orkila.*

Fee Total: _____
 Amount to charge at registration: _____

I am interested in applying for financial assistance.

Name on card: _____
 Credit Card #: _____ Exp. Date: _____
 Signature: _____ Billing Zip: _____