



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# DROP-IN DAILY CHILDCARE & CAMPS

## SOMERTON YOUTH CENTER

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade (2017/18) \_\_\_\_\_

Parent's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ (Required for registration)

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Parent's E-mail Address \_\_\_\_\_

**PLEASE COMPLETE:**

DATE(S) CARE IS PROVIDED: \_\_\_\_\_

**DAILY RATE: \$5 PER DAY**

**CAMP DAY INFO:**

- Payment for care will be processed upon drop-off each day. Payment must be made prior to leaving the building.
- Y ADVENTURES hours of operation are from 7:00AM to 5:30PM for ages 5-12.
- Please send your child in comfortable clothes and closed-toed shoes.
- Please send a non-perishable lunch and morning snack and water bottle for your child.
- Afternoon snack will be provided. If your child has specific food needs, please send an alternative snack.
- We request participants be dropped off/picked up at the Y, if alternative transportation is arranged please notify the program staff

I have read, understand, and agree to adhere to the YMCA child care program Statement of Services, payment policies, and give the YMCA permission to use photographs of my child, in a group setting, for YMCA promotional materials.

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

PAYMENT INFORMATION			Office Use Only		
\$	TOTAL DUE CAMP DAYS		DAXKO ID #		
\$	TOTAL DUE TODAY		Date In _____ / _____ / _____		
Payment:	<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK (EFT)	<input type="checkbox"/> CREDIT/DEBIT CARD	Staff Name _____	
Name on Card		Card #		EXP DATE	

Financial Assistance may be available to those that qualify.

**This program is not licensed by the State of Arizona and operates under Arizona Revised Statute 36-884.6**