



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

DROP-IN DAILY CHILDCARE & CAMPS

VALLEY OF THE SUN YMCA

REGIONAL CARE CENTER: YUMA FAMILY YMCA

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:

I AM REGISTERING FOR CARE AT: GARY KNOX ELEMENTARY H.L. SUVERKRUP ELEMENTARY

DATE(S) CARE IS PROVIDED: _____

DAILY RATE: \$30 (MEMBERS) / \$50 (NON-MEMBERS)

*CURRENT BEFORE/AFTER SCHOOL PARTICIPANTS RECEIVE AN ADDITIONAL \$10 OFF 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.
- Camp runs from 6:30AM to 6:00pm for ages 5-12
- Morning and afternoon snacks are provided by the YMCA
- Please provide a non-perishable lunch for your child
- All participants are to be dropped off and picked up at the YMCA; with a parent, guardian or authorized adult signing them in and out of the program.

REGISTRATIONS MUST INCLUDE:

Signed Registration Form (This Form)

AZ DHS Emergency Card (Blue Form)*

AZ Best of Care Form* (Please submit within 24 hours of enrollment)

Immunization Records (Please submit within 24 hours of enrollment)

*Current Before and After school participants do not need to submit new emergency cards, immunization records, or Best of Care form

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
\$35 / \$0	YMCA Licensed Childcare Registration Fee, paid once per school-year per child. <i>WAIVED WITH YMCA FAMILY MEMBERSHIP</i>		DAXKO ID #
\$	TOTAL DUE CAMP DAYS		Date In / /
\$	TOTAL DUE TODAY		Staff Name
Payment:	<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK (EFT)	<input type="checkbox"/> CREDIT/DEBIT CARD
Name on Card		Card #	EXP DATE

DES accepted; authorization must be received prior to starting the program.
Financial Assistance may be available to those that qualify.