



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

DROP-IN DAILY CHILDCARE & CAMPS

REGIONAL CARE CENTER : MARYVALE 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:

DATE(S) CARE IS PROVIDED: _____

DAILY RATE: \$10 (M) / \$25 (NM)

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 6:00PM 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