



CHANLDER/GILBERT FAMILY YMCA 2019/2020 SCHOOL BREAK CAMP REGISTRATION

CHILD'S NAME _____ BIRTH DATE _____ GRADE (2019/20) _____

PARENT'S NAME _____ BIRTH DATE _____ (Required for registration)

ADDRESS _____ CITY _____ ZIP CODE _____

HOME # _____ WORK# _____ CELL # _____

PARENT'S EMAIL ADDRESS: _____

PLEASE SELECT CAMP OPTION/DAYS NEEDED.

WEEK (✓)	Specialty Tracks! Choose One AM / Choose One PM each week				A.P. = Participant Currently Enrolled In The October After School Program			
	AM SPORTS CAMP	AM STEAM CAMP	PM DRAMA CAMP	PM SPLASH CAMP	MEMBER	NON- MEMBER	A.P. MEMBER	A.P. NON- MEMBER
<input type="checkbox"/> Sep 30 – Oct 04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$175	\$205	\$125	\$175
<input type="checkbox"/> Oct 07 – Oct 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$175	\$205	\$125	\$175
<input type="checkbox"/> Oct 14 (Day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FREE	\$35	FREE!	\$55

*Daily Rate Available only October 14th \$35 member \$55 non-member

- Payments for camp must be made prior to the start of camp.
- **REGISTRATIONS WILL NOT BE ACCEPTED WITHOUT THE FOLLOWING ATTACHED**
(NOT REQUIRED FOR CURRENT AFTERSCHOOL PARTICIPANT)
 - Signed Registration Form
 - Emergency/Immunization Form
 - Best of Care Form
 - Copy of current Immunization Records

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 REGISTRATION FEE (Due 1x per school year, waived for		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

Financial Assistance is available upon request. Please complete a Financial Assistance Form and provide proof of income.
DES participants must attach the Certificate of Authorization listing the correct location to this form.