



ROSS FARNSWORTH EAST VALLEY YMCA 2019 - 2020 EARLY LEARNING BREAK CAMPS REGISTRATION FORM

Child's name _____ Birth date _____ M / F _____ Age _____
 Parent's name _____ Birth date _____ (Required for registration)
 Address _____ City _____ AZ Zip code _____
 Primary Phone (C) or (H) _____ Work _____
 Parent's E-mail address _____ (Required for registration)

Fees per Week: \$186 (Members) \$211 (Non-Members)

Full Day Early Learning Program 6:30am – 6:30pm Monday - Friday
Please check the weeks you want reserved in each session and your payment preference.

CHECK CAMP DAYS NEEDED (✓)			MEMBER	NON-MEMBER
<input type="checkbox"/> October 7-11	Monday-Friday	Fall Break Camp	\$186	\$211
<input type="checkbox"/> March 9-13	Monday-Friday	Spring Break Camp	\$186	\$211

REGISTRATIONS WILL NOT BE ACCEPTED WITHOUT THE FOLLOWING ATTACHED:

Signed registration form Completed emergency card Immunization record Best of Care form
 IF NOT ALREADY ON FILE FOR 2019-20 SCHOOL YEAR. *Minimum registration required.

Check here if you would like to have our Statement of Services emailed to you. Please refer to Statement of Service for all policies

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

My signature acknowledges my understanding and agreement to the above.

 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

Financial Assistance is available upon request. Please complete a Financial Assistance Form and provide proof of income.
 DES subsidies are accepted; parents may be responsible for an additional co-pay based on rates