



SCOTTSDALE/PV FAMILY YMCA 2019-2020 SCHOOL BREAK CAMPS

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. CAMP PAYMENTS MUST BE MADE PRIOR TO THE START OF CAMP.

2019 DATES <input type="checkbox"/> camp days needed				MEMBER	NON-MEMBER
<input type="checkbox"/>	Oct 04	Friday	Fall Break Camp	\$40	\$60
<input type="checkbox"/>	Oct 07-11	Monday-Friday	Fall Break Camp Bundle	\$190	\$240
<input type="checkbox"/>	Oct 07	Monday	Fall Break Camp	\$40	\$60
<input type="checkbox"/>	Oct 08	Tuesday	Fall Break Camp	\$40	\$60
<input type="checkbox"/>	Oct 09	Wednesday	Fall Break Camp	\$40	\$60
<input type="checkbox"/>	Oct 10	Thursday	Fall Break Camp	\$40	\$60
<input type="checkbox"/>	Oct 11	Friday	Fall Break Camp	\$40	\$60
<input type="checkbox"/>	Oct 14	Monday	Fall Break Camp	\$40	\$60
<input type="checkbox"/>	Dec 20	Friday	Winter Break Camp	\$40	\$60
<input type="checkbox"/>	Dec 23	Monday	Winter Break Camp	\$40	\$60
<input type="checkbox"/>	Dec 26	Thursday	Winter Break Camp	\$40	\$60
<input type="checkbox"/>	Dec 27	Friday	Winter Break Camp	\$40	\$60
<input type="checkbox"/>	Dec 30	Monday	Winter Break Camp	\$40	\$60
2020 DATES <input type="checkbox"/> camp days needed				MEMBER	NON-MEMBER
<input type="checkbox"/>	Jan 02	Thursday	Winter Break Camp	\$40	\$60
<input type="checkbox"/>	Jan 03	Friday	Winter Break Camp	\$40	\$60
<input type="checkbox"/>	Mar 09-13	Monday-Friday	Spring Break Camp Bundle	\$190	\$240
<input type="checkbox"/>	Mar 09	Monday	Spring Break Camp	\$40	\$60
<input type="checkbox"/>	Mar 10	Tuesday	Spring Break Camp	\$40	\$60
<input type="checkbox"/>	Mar 11	Wednesday	Spring Break Camp	\$40	\$60
<input type="checkbox"/>	Mar 12	Thursday	Spring Break Camp	\$40	\$60
<input type="checkbox"/>	Mar 13	Friday	Spring Break Camp	\$40	\$60
<input type="checkbox"/>	Mar 16	Monday	Spring Break Camp	\$40	\$60

REGISTRATION PACKET MUST INCLUDE EMERGENCY/IMMUNIZATION FORM, BEST OF CARE FORM, AND COPY OF IMMUNIZATION RECORDS IF NOT ALREADY ON FILE FOR 2018-19 SCHOOL YEAR. *Minimum registration may be required.

I have read, understand, and agree to adhere to the YMCA childcare program policies, 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 _____

o WE ACCEPT DES CHILDCARE SUBSIDY

o Financial Assistance may be available to those that qualify.