

YMCA OF GREATER KANSAS CITY YOUTH DEVELOPMENT SERVICES

Please print neatly or type to complete all sections. Incomplete or illegible registration forms will not be processed.

			Date of Birth		□ Male □ Female	Upcoming Fall Grade in School
S			·			
		State	ZIP		Home P	Phone
y Guardian Name			l l			
Phone			Mobile Phone			
dary Guardian Name						
Phone		Mobile P	Phone			
E INFORMATION						
E INFORMATION se visit KansasCityYMCA.org/Ess	sentialCare to identify the	locations and dates	for the site you would like to	attend.		
	sentialCare to identify the Date	locations and dates	for the site you would like to 			Date
se visit KansasCityYMCA.org/Ess		e locations and dates		1		Date
Site/School Location Site/School Location	Date Date	e locations and dates	Site/School Location Site/School Location	1		Date
se visit KansasCityYMCA.org/Ess Site/School Location	Date	e locations and dates	Site/School Location	1		
Site/School Location Site/School Location	Date Date	e locations and dates	Site/School Location Site/School Location	1		Date
Site/School Location Site/School Location Site/School Location	Date Date	e locations and dates	Site/School Location Site/School Location Site/School Location	1		Date Date
Site/School Location Site/School Location Site/School Location	Date Date Date	e locations and dates	Site/School Location Site/School Location Site/School Location			Date Date

Please bring completed form to the site or fax both sides of this form to (816) 931–1847. Forms are processed in the order in which they are received.

To contact our support team, send an email to YClubSupport@KansasCityYMCA.org or leave a message at (816) 360-3390.

KansasCityYMCA.org

Office Use Only > Processed By:	Customer ID:	Date:

PAYMENT INFORMATION							
Child's Name							
Fees Due							
Total # of days x \$35= Total amount due today Total # of weeks	Total amount due today						
Payment Options							
☐ I authorize payments from the card/bank information below.							
A VOIDED CHECK MUST BE ATTACHED TO THIS FORM IF DRAFTING FROM A BANK ACCOUNT.							
Credit/Debit Card Number							
Expiration Date/							
Payer Signature	Date						
Payment by cash or check							
Cash enclosed (exact change only) \$ OR Check #							

Please bring completed form to the site or fax both sides of this form to (816) 931–1847. Forms are processed in the order in which they are received.

To contact our support team, send an email to YClubSupport@KansasCityYMCA.org or leave a message at (816) 360-3390.