



**FOR YOUTH DEVELOPMENT®**  
 FOR HEALTHY LIVING  
 FOR SOCIAL RESPONSIBILITY

# Y ACADEMY REGISTRATION FORM 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.

| PARTICIPANT INFORMATION |               |  |                               |
|-------------------------|---------------|--|-------------------------------|
| Child's Name            | Date of Birth | <input type="checkbox"/> Male<br><input type="checkbox"/> Female | Upcoming Fall Grade in School |
| Address                 |               |  |                               |
| City                    | State         | ZIP  | Home Phone                    |
| Primary Guardian Name   |               |  |                               |
| Work Phone              | Mobile Phone  |  |                               |
| Email                   |               |  |                               |
| Secondary Guardian Name |               |  |                               |
| Work Phone              | Mobile Phone  |  |                               |
| Email                   |               |  |                               |

| Y ACADEMY INFORMATION  |       |
|--|-------|
| Please visit <a href="http://KansasCityYMCA.org/Academy">KansasCityYMCA.org/Academy</a> to identify the locations and dates for the learning academy you would like to attend. |       |
| Location   | Dates |
| Location   | Dates |
| Location   | Dates |
| Location   | Dates |
| Location   | Dates |
| Location   | Dates |
| Location   | Dates |
| Location   | Dates |

Please return completed form to the address below or fax both sides of this form. Forms are processed in the order in which they are received.

3100 Broadway, Suite 1020, Kansas City, MO 64111 Phone: 816.360.3390 Fax: 816.931.1847

**[KansasCityYMCA.org/Academy](http://KansasCityYMCA.org/Academy)**

|                                 |              |       |
|---------------------------------|--------------|-------|
| Office Use Only › Processed By: | Customer ID: | Date: |
|---------------------------------|--------------|-------|

Child's Name \_\_\_\_\_  
Last Name First Name

### Payment Information

**PAYER INFORMATION:** A person, other than the primary guardian may pay for the weekly payments. If the person who will be responsible for payments is different than the primary guardian please complete this section. Each account may have one payer. **Splitting balances between multiple parties is not available.**

|            |       |                    |
|------------|-------|--------------------|
| Payer Name |       | Payer Phone Number |
| Address    |       |                    |
| City       | State | Zip                |

### Y ACADEMY WEEKLY PAYMENT OPTIONS

Your weekly fee will automatically draft on Sundays. Please select one of the following account options:

Please draft from my card information below     Please draft from my attached VOIDED checking account information

First week's tuition amount \$ \_\_\_\_\_ due today.  
(Registration WILL NOT be processed without payment. Cash not accepted.)

#### YMCA Annual Campaign

Included is an additional amount to contribute to another youth's participation in Y Club who might not be able to participate without our donation. \$ \_\_\_\_\_

Visa     MasterCard     Discover     American Express

Card Account # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Expiration Date \_\_\_\_\_  
month/year

I understand that my child may not attend the Y program until the Emergency Information Packet, which includes Enrollment Form, Health History Form and Authorization for Emergency Medical Care Form, is completed and provided to the Y Academy at the location they will be attending.

Payer Signature \_\_\_\_\_ Date \_\_\_\_\_

### FINANCIAL ASSISTANCE

Thanks to the generosity of donors, the Y provides financial assistance to those who qualify. Please submit a YMCA financial assistance application to be considered. All forms must be complete for an application to be entered into the review process.

### WAYS TO ENROLL

Because we are committed to your privacy, we do not accept registration forms or payments via email.

**WALK-IN AND MAIL-IN**  
Association Resource Center  
3100 Broadway, Suite 1020  
Kansas City, MO 64111

**FAX**  
816.931.1847