



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

**SUMMER CAMP FINANCIAL ASSISTANCE FORM
 YMCA OF GREATER KANSAS CITY
 YOUTH DEVELOPMENT SERVICES**

Applicant Information

Last Name	First Name	Phone Number	
Address		City	State
Email Address			

Family Information

Child Name (First, Last):	Birthdate ___ / ___ / ___	Grade Level Completed:
Child Name (First, Last):	Birthdate ___ / ___ / ___	Grade Level Completed:
Child Name (First, Last):	Birthdate ___ / ___ / ___	Grade Level Completed:
Child Name (First, Last):	Birthdate ___ / ___ / ___	Grade Level Completed:

Are you a parent or guardian who needs this care to be able to continue to work or go to school?
 Yes ___ No ___

Please check which range represents your household income: How many people live in your household? ____

Less than \$50,000
 \$50,000 to \$100,000
 \$101,000 to \$150,000
 Over \$150,000

What school district is your child in? _____

What school does your child normally attend? _____

How many weeks of camp are you interested in registering for?

1 to 2
 3 to 5
 6 to 8
 9 or more

What YMCA Summer Camp is your primary choice? _____

 Applicant's Signature

 Today's Date