



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

# SUMMER CAMP REGISTRATION FORM

## YMCA OF GREATER KANSAS CITY

### YOUTH DEVELOPMENT SERVICES

<b>Office Use Only</b> ▶ Processed By:	Customer ID:	Date:
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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	<input type="checkbox"/> Non-Binary	Upcoming Fall Grade in School
		<input type="checkbox"/> Female	<input type="checkbox"/> Other _____	
Address				
City	State	ZIP	Home Phone	
Primary Guardian Name				
Work Phone		Mobile Phone		
Email				
Secondary Guardian Name				
Work Phone		Mobile Phone		
Email				
Camp Shirt Size <input type="checkbox"/> Youth XS <input type="checkbox"/> Youth S <input type="checkbox"/> Youth M <input type="checkbox"/> Youth L <input type="checkbox"/> Youth XL <input type="checkbox"/> Adult S <input type="checkbox"/> Adult M <input type="checkbox"/> Adult L <input type="checkbox"/> Adult XL				
Has your child been to Y Summer Camp before? <input type="checkbox"/> Yes <input type="checkbox"/> No				

CAMP INFORMATION																									
Please visit <a href="http://KansasCityYMCA.org/Camp">KansasCityYMCA.org/Camp</a> to identify the locations and dates for the camps you would like to attend.																									
<table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black; width: 70%;">Site/School Location</td><td style="border-bottom: 1px solid black; width: 30%;">Camp Week</td></tr> <tr><td style="border-bottom: 1px solid black;">Site/School Location</td><td style="border-bottom: 1px solid black;">Camp Week</td></tr> <tr><td style="border-bottom: 1px solid black;">Site/School Location</td><td style="border-bottom: 1px solid black;">Camp Week</td></tr> <tr><td style="border-bottom: 1px solid black;">Site/School Location</td><td style="border-bottom: 1px solid black;">Camp Week</td></tr> <tr><td style="border-bottom: 1px solid black;">Site/School Location</td><td style="border-bottom: 1px solid black;">Camp Week</td></tr> <tr><td style="border-bottom: 1px solid black;">Site/School Location</td><td style="border-bottom: 1px solid black;">Camp Week</td></tr> </table>	Site/School Location	Camp Week	Site/School Location	Camp Week	Site/School Location	Camp Week	Site/School Location	Camp Week	Site/School Location	Camp Week	Site/School Location	Camp Week	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black; width: 70%;">Site/School Location</td><td style="border-bottom: 1px solid black; width: 30%;">Camp Week</td></tr> <tr><td style="border-bottom: 1px solid black;">Site/School Location</td><td style="border-bottom: 1px solid black;">Camp Week</td></tr> <tr><td style="border-bottom: 1px solid black;">Site/School Location</td><td style="border-bottom: 1px solid black;">Camp Week</td></tr> <tr><td style="border-bottom: 1px solid black;">Site/School Location</td><td style="border-bottom: 1px solid black;">Camp Week</td></tr> <tr><td style="border-bottom: 1px solid black;">Site/School Location</td><td style="border-bottom: 1px solid black;">Camp Week</td></tr> <tr><td style="border-bottom: 1px solid black;">Site/School Location</td><td style="border-bottom: 1px solid black;">Camp Week</td></tr> </table>	Site/School Location	Camp Week	Site/School Location	Camp Week	Site/School Location	Camp Week	Site/School Location	Camp Week	Site/School Location	Camp Week	Site/School Location	Camp Week
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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 Blvd #1020, Kansas City, MO 64111    Phone: 816.360.3390    Fax: 816.931.1847

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

## PAYMENT INFORMATION

Child's Name \_\_\_\_\_

Will your family be using DCF (Kansas) or DSS (Missouri) funds to pay for camp?  Yes  No

DCF Confirmation Number \_\_\_\_\_

## Summer Day Camp Deposit and Registration Fee

A \$20 per week deposit is required to reserve your child's space and will be applied to your weekly camp tuition. The deposit is **non-refundable and non-transferable**. There is also a one-time non-refundable registration fee. If paying with a credit card, you will receive a call from a member of our business team.

\_\_\_\_\_ x \$20 = \$ \_\_\_\_\_ + \$ \_\_\_\_\_ = \_\_\_\_\_  
Total # of Total Deposit Registration Fee Total amount  
camp weeks due today

## 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 \_\_\_\_\_

## Electronic Funds Transfer Authorization

I authorize payments from the card/bank information below. I understand the automatic drafts occur each Friday prior to the week of Camp.

**A VOIDED CHECK MUST BE ATTACHED TO THIS FORM IF DRAFTING FROM A BANK ACCOUNT.**

Last 4 digits of Credit/Debit Card

Expiration Date

\_\_\_\_/\_\_\_\_  
Month Year

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

Date \_\_\_\_\_

Grant funds from a variety of sources support this program. By answering this question, you will help us respond to our funders' requests for demographic data. No personal or identifying information will be shared.

\_\_\_ American Indian or Alaska Native \_\_\_ Asian \_\_\_ Black or African American \_\_\_ Hispanic or Latino \_\_\_ Pacific Islander \_\_\_ White

\_\_\_ Two or More Races \_\_\_ Prefer Not To Answer

What is your child's primary language? \_\_\_\_\_

Has your child ever been diagnosed with allergies, AD(H)D, Autism, emotional health disorders, or hearing disabilities? If yes, please describe: \_\_\_\_\_

Does your child have an IEP or 504? If yes, please describe: \_\_\_\_\_

Will your child be required to take medication while at the program? If yes, please describe: \_\_\_\_\_

Does your child require special assistance? If yes, please describe: \_\_\_\_\_

Emergency Contact and Authorized Pick Up (**Other than parent or guardian**):

Name \_\_\_\_\_ Phone \_\_\_\_\_

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### OUR MISSION

The YMCA of Greater Kansas City, founded on Christian principles, is a charitable organization with an inclusive environment committed to enriching the quality of family, spiritual, social, mental and physical well-being. A UNITED WAY AGENCY