



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

SUMMER CAMP REGISTRATION FORM

YMCA OF GREATER KANSAS CITY

YOUTH DEVELOPMENT SERVICES

Office Use Only ▶ 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 Is your child 100% toilet trained? (Preschool families only) <input type="checkbox"/> Yes <input type="checkbox"/> No				

CAMP INFORMATION																									
Please visit KansasCityYMCA.org/Camp 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.
 6901 Shawnee Mission Parkway, Overland Park, KS 66202 Fax: 816.931.1847
 For questions, contact YClubSupport@KansasCityYMCA.org Phone: 816.360.3390

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