the Y — YMCA

FOR YOUTH DEVELOPMENT ®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Office Use Only › Processed By: _____ Customer ID: _____ Date: _____

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	❑ Male ❑ Non–Binary ❑ Female ❑ Other_____	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

Camp Shirt Size ❑ Youth XS ❑ Youth S ❑ Youth M ❑ Youth L ❑ Youth XL ❑ Adult S ❑ Adult M ❑ Adult L ❑ Adult XL

Has your child completed Kindergarten? ❑ Yes ❑ No **Is your child 100% toilet trained?** ❑ Yes ❑ No

CAMP INFORMATION

Please visit **KansasCityYMCA.org/Camp** to identify the locations and dates for the camps you would like to attend.

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
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

Please return completed form to the email address below or fax both sides of this form.
Forms are processed in the order in which they are received.
YClubSupport@KansasCityYMCA.org
6901 Shawnee Mission Parkway, Overland Park, KS 66202   Phone: 816.360.3390 Fax: 816.931.1847

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 Registration Fee

A $9 per week registration fee is required to reserve your child's space. The registration fee is **non-refundable**. If paying with a credit card, you will receive a call from a member of our business team.

_____ x $9 = $ _____

Total # of
camp weeks   Registration Fee 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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