



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF THE INLAND NORTHWEST OUTDOOR SUMMER DAY CAMPS & CLUBS REGISTRATION 2021

Registration also available at ymcainw.org or 509.777.9622

DSHS Families: STOP! – Fill out the back side Only!

Register Early!!! Space is limited in all programs (Once a program is full the registration will be closed).

Child's First Name _____ MI _____ Last _____ M F DOB _____ Grade in Fall _____
 Address _____ City _____ State _____ Zip _____
 School _____ Home Phone # _____ Email _____
 Parent's Name _____ DOB _____ Cell # _____
 Parent's Name _____ DOB _____ Cell # _____
 Local Emergency Contact Name(s) _____ Phone # _____

Check the location that you want your child to attend: <input type="checkbox"/> Central Y <input type="checkbox"/> North Y <input type="checkbox"/> Valley Y <input type="checkbox"/> Audubon Park <input type="checkbox"/> South Hill/Manito United Methodist Church		DSHS Families: STOP! Fill out the back side Only! DSHS accepted at Central Y, Audubon Park, North Y and Valley Y. (South Hill Location is unlicensed.) Weekly SWIM LESSONS Central, North & Valley To Be Determined.																																										
All Camps are held Monday–Friday 6:30 am – 6:00 pm. FEES for all Camps: 3 Day Fee: \$153 Community Mbr \$143 Y Family Member 5 Day Fee: \$230 Community Mbr \$220 Y Family Member																																												
Check boxes for Day Camps at your location and based on child's grade in the fall. Offered at Central, Audubon Park, North, South and Valley: <input type="checkbox"/> Traditional Day Camp 1-6th grade (Max age 12) Offered at Central & North: <input type="checkbox"/> STREAM Day Camp <i>Science, Technology, Reading, Engineering, Arts and Math.</i> 1-3rd grade Program designed to support learning loss. ONLY OFFERED AT VALLEY: <input type="checkbox"/> Kindergarten Club Ages 5-6		Minimum \$20 Deposit/week/child to reserve spot. Remaining payment is due in full by Monday of the week prior or your registration is deleted. The \$20 fee is Non-Refundable & Non-Transferable. Payment due in full if registering less than 2 weeks in advance. <table border="0"> <thead> <tr> <th>✓ Week(s) you're putting a deposit down for or paying in full.</th> <th>✓ Days:</th> <th>Deposit or Payment:</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> WEEK 1 June 23-25</td> <td><input type="checkbox"/> 3 Days (No North Camp)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> WEEK 2 June28-July2</td> <td><input type="checkbox"/> 3 or <input type="checkbox"/> 5 Days</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> WEEK 3 July 6-9*</td> <td><input type="checkbox"/> 3 or <input type="checkbox"/> 4* Days</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> WEEK 4 July 12-16</td> <td><input type="checkbox"/> 3 or <input type="checkbox"/> 5 Days</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> WEEK 5 July 19-23</td> <td><input type="checkbox"/> 3 or <input type="checkbox"/> 5 Days</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> WEEK 6 July 26-30</td> <td><input type="checkbox"/> 3 or <input type="checkbox"/> 5 Days</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> WEEK 7 Aug 2-6</td> <td><input type="checkbox"/> 3 or <input type="checkbox"/> 5 Days</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> WEEK 8 Aug 9-13</td> <td><input type="checkbox"/> 3 or <input type="checkbox"/> 5 Days</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> WEEK 9 Aug 16-20</td> <td><input type="checkbox"/> 3 or <input type="checkbox"/> 5 Days</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> WEEK 10 Aug 23-27</td> <td><input type="checkbox"/> 3 or <input type="checkbox"/> 5 Days</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> **WEEK 11 Aug 30-Sep3</td> <td><input type="checkbox"/> 3 or <input type="checkbox"/> 5 Days (North only)</td> <td>\$ _____</td> </tr> <tr> <td colspan="2">*No camp Monday, July 5th.</td> <td>Total \$ _____</td> </tr> <tr> <td colspan="2">**North is the only camp open for Week 11.</td> <td></td> </tr> </tbody> </table>	✓ Week(s) you're putting a deposit down for or paying in full.	✓ Days:	Deposit or Payment:	<input type="checkbox"/> WEEK 1 June 23-25	<input type="checkbox"/> 3 Days (No North Camp)	\$ _____	<input type="checkbox"/> WEEK 2 June28-July2	<input type="checkbox"/> 3 or <input type="checkbox"/> 5 Days	\$ _____	<input type="checkbox"/> WEEK 3 July 6-9*	<input type="checkbox"/> 3 or <input type="checkbox"/> 4* Days	\$ _____	<input type="checkbox"/> WEEK 4 July 12-16	<input type="checkbox"/> 3 or <input type="checkbox"/> 5 Days	\$ _____	<input type="checkbox"/> WEEK 5 July 19-23	<input type="checkbox"/> 3 or <input type="checkbox"/> 5 Days	\$ _____	<input type="checkbox"/> WEEK 6 July 26-30	<input type="checkbox"/> 3 or <input type="checkbox"/> 5 Days	\$ _____	<input type="checkbox"/> WEEK 7 Aug 2-6	<input type="checkbox"/> 3 or <input type="checkbox"/> 5 Days	\$ _____	<input type="checkbox"/> WEEK 8 Aug 9-13	<input type="checkbox"/> 3 or <input type="checkbox"/> 5 Days	\$ _____	<input type="checkbox"/> WEEK 9 Aug 16-20	<input type="checkbox"/> 3 or <input type="checkbox"/> 5 Days	\$ _____	<input type="checkbox"/> WEEK 10 Aug 23-27	<input type="checkbox"/> 3 or <input type="checkbox"/> 5 Days	\$ _____	<input type="checkbox"/> **WEEK 11 Aug 30-Sep3	<input type="checkbox"/> 3 or <input type="checkbox"/> 5 Days (North only)	\$ _____	*No camp Monday, July 5th.		Total \$ _____	**North is the only camp open for Week 11.		
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Camp CANCELLATIONS are due in writing (on cancel/change form or email) by Monday (a full week) prior to the week being cancelled or changed. Email: schoolageprograms@ymcainw.org																																												

PAYMENT MUST ACCOMPANY REGISTRATION FORM. Weekly or Monthly Auto withdrawal is an option.
 All payments need to be made on line at ymcainw.org; at a Y facility; call 509 777 YMCA (9622); mail 1126 N Monroe-Spokane, WA 99201.

Credit Card Number or last 4 digits of card on file _____ Expires _____ \$ _____

Name on Credit Card _____ Signature _____

Set up auto draft for weekly payments on the Monday, a full week (7 days), before the Monday of each session.: Yes Initials: _____

For auto draft of monthly payments on the 1st of each month: June (weeks 1-2), July (weeks 3-6), August (weeks 7-11); contact the Business Office at 509.777.YMCA (9622) or email schoolageprograms@ymcainw.org.

***Parent/Guardian Agreement:** I approve this registration and certify that the proposed child is capable of such an experience.
 I also agree to pay ALL day camp fees incurred by my child's registration, participation and/or late payments. I understand that cancellations/changes must be submitted in writing by 4:00pm on Monday prior to the week being cancelled/changed. Permission is granted for this child to participate in all planned day camp activities and programs, including off-site field trips, understanding that competent leadership will be provided. I also authorize the YMCA to have and use all photographs, slides and videos of the person named on this application.

*Parent/Guardian's Signature _____ Date _____

OFFICE USE ONLY: Date Received _____ Staff Initials _____ Financial Assistance _____ %
 Scanned to Business Office- Date _____ Staff Initials _____ Date Registered _____ Staff Initials _____

DSHS Enrollment-ONLY

IMPORTANT: Email forms to schoolageprograms@ymcainw.org or drop off at a Y facility. Call DSHS to notify them of the summer day camp location at 1-877-501-2233 (Provider #s below).

Child's First Name _____ MI _____ Last _____ M F DOB _____ Grade in Fall _____
 Address _____ City _____ State _____ Zip _____
 School _____ Home Phone # _____ Email _____
 Parent's Name _____ DOB _____ Cell # _____
 Parent's Name _____ DOB _____ Cell # _____
 Local Emergency Contact Name/s _____ Phone # _____

DSHS Families

-DSHS participants can pay your copay with your registration or on the 1st of each month. **Auto withdrawal on the 1st, is an option, provide information below.**
 -Contact DSHS & provide them with the day camp provider # for the day camp location you want.
-All Changes/Cancellations need to be in writing by Monday of the week before the week being changed or canceled. Email schoolageprograms@ymcainw.org.
 -A \$20 late fee will be assessed after the 10th of the month for late monthly payments.
 -If DSHS doesn't cover care you will be responsible to cover the costs of care used.

DSHS Provider #'s

Central Y > 276487
 Audubon > 276487
 North Y > 500457
 Valley Y > 507986

Day Camps are held Monday–Friday 6:30am–6:00pm.

Drop Off (6:30-9am) & Pick Up (4-6pm) are at the designated locations unless

For children who are in Grades 1-6 or ages 5-12. DSHS paid participants, please mark only weeks and days your child will be attending.

<p>✓ Sessions you need care for:</p> <p><input type="checkbox"/> WEEK 1 June 21-25</p> <p><input type="checkbox"/> WEEK 2 June 28-July2</p> <p><input type="checkbox"/> WEEK 3 July 6-9 *</p> <p><input type="checkbox"/> WEEK 4 July 12-16</p> <p><input type="checkbox"/> WEEK 5 July 19-23</p> <p><input type="checkbox"/> WEEK 6 July 26-30</p> <p><input type="checkbox"/> WEEK 7 Aug 2-6</p> <p><input type="checkbox"/> WEEK 8 Aug 9-13</p> <p><input type="checkbox"/> WEEK 9 Aug 16-20</p> <p><input type="checkbox"/> WEEK 10 Aug 23-27</p> <p><input type="checkbox"/> WEEK 11** Aug 31-Sep 3</p>	<p>✓ amount of Days</p> <p><input type="checkbox"/> 3 or <input type="checkbox"/> 5 Days (No North Camp)</p> <p><input type="checkbox"/> 3 or <input type="checkbox"/> 5 Days</p> <p><input type="checkbox"/> 3 or <input type="checkbox"/> 4 Days *</p> <p><input type="checkbox"/> 3 or <input type="checkbox"/> 5 Days</p> <p><input type="checkbox"/> 3 or <input type="checkbox"/> 5 Days</p> <p><input type="checkbox"/> 3 or <input type="checkbox"/> 5 Days</p> <p><input type="checkbox"/> 3 or <input type="checkbox"/> 5 Days</p> <p><input type="checkbox"/> 3 or <input type="checkbox"/> 5 Days</p> <p><input type="checkbox"/> 3 or <input type="checkbox"/> 5 Days</p> <p><input type="checkbox"/> 3 or <input type="checkbox"/> 5 Days</p> <p><input type="checkbox"/> 3 or <input type="checkbox"/> 5 Days (North Camp Only)</p>
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Check the Day Camp Location that you want your child to attend:

- Central Y, Provider # 276487
- Audubon, Provider # 276487
- North Y, Provider # 500457
- Valley Y, Provider # 507986

Check boxes for Day Camps at your location and based on child's grade in the fall.

Offered at Central, Audubon Park North and Valley:

Traditional Day Camp
 1-6th grade (Max age 12)

Offered at Central & North:

STREAM Day Camp
 Science, Technology, Reading, Engineering, Arts and Math.
 1-3rd grade
Program designed to support learning loss.

Weekly SWIM LESSONS

To Be Determined.

you need:
 *No camp Monday, July 5th.
 **North is only camp open for Week 11.

IMPORTANT NOTICE– If your child misses more than two weeks of scheduled attendance they will be disenrolled from the pro-

COPAYMENT CAN ACCOMPANY REGISTRATION FORM. Auto withdrawal is an option on the 1st of every month. All payments need to be made at a Y facility; mailed to 1126 N Monroe-Spokane, WA 99201; call 509 777 YMCA (9622). (MAKE CHECKS PAYABLE TO YMCA)
 (DSHS participants must complete the form and submit it to the Y to get registered, **Allow 5 business days to process.**)

Cash \$ _____ Check # _____ \$ _____ CREDIT CARD: VISA Discover MasterCard
 Credit Card Number or last 4 digits of card on file _____ Expires _____ \$ _____
 Name on Credit Card _____ Signature _____

Set up auto draft for monthly copayments on the 1st of each month: Yes. Initials: _____

***Parent/Guardian Agreement:** I approve this registration and certify that the proposed child is capable of such an experience. I also agree to pay ALL day camp fees incurred by my child's registration, participation and/or late payments. I understand that cancellations/changes must be submitted in writing by 4:00pm on Monday prior to the week being cancelled/changed. Permission is granted for this child to participate in all planned day camp activities and programs, including off-site field trips, understanding that competent leadership will be provided. I also authorize the YMCA to have and use all photographs, slides and videos of the person named on this application.

*Parent/Guardian's Signature _____ Date _____

OFFICE USE ONLY: Date Received _____ Staff Initials _____
 DSHS Copay: June _____ July _____ Aug _____ Billing Child: _____ Sibling(s): _____
 Scanned to Business Office- Date _____ Staff Initials _____ Date Entered _____ Staff Initials _____