



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA Summer Day Camp 2023 - DCYF Enrollment ONLY

IMPORTANT: Email forms to **childcare-schoolageprograms@ymcainw.org** or drop off at a Y facility. Call DCYF 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 # _____

<p><input type="checkbox"/> DCYF Families -DCYF 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 DCYF & provide them with the day camp provider number 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 Childcare-Schoolageprograms@ymcainw.org. -A \$20 late fee will be assessed after the 10th of the month for late monthly payments. -If DCYF doesn't cover care you will be responsible to cover the costs of care used.</p> <p>For children who are in Grades 1-7 or ages 5-12 (until 13 B-day) DSHS paid participants, please mark only weeks and days your child will be attending.</p> <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <p>✓ Sessions you need care for:</p> <p><input type="checkbox"/> WEEK 1 June 19-23</p> <p><input type="checkbox"/> WEEK 2 June 26-30</p> <p><input type="checkbox"/> WEEK 3 July 5-7*</p> <p><input type="checkbox"/> WEEK 4 July 10-14</p> <p><input type="checkbox"/> WEEK 5 July 17-21</p> <p><input type="checkbox"/> WEEK 6 July 24-28</p> <p><input type="checkbox"/> WEEK 7 July 31-Aug 4</p> <p><input type="checkbox"/> WEEK 8 Aug 7-11</p> <p><input type="checkbox"/> WEEK 9 Aug 14-18</p> <p><input type="checkbox"/> WEEK 10 Aug 21-25**</p> <p><input type="checkbox"/> WEEK 11** Aug 28-30</p> </td> <td style="width:50%; 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COPAYMENT CAN ACCOMPANY REGISTRATION FORM. Auto withdrawal is an option on the 1st of every month (see below). All other payments need to be made online at www.ymcainw.org or at a Y facility or mail to 1126 N Monroe-Spokane, WA 99201. MAKE CHECKS PAYABLE TO YMCA. (DCYF 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.
 *Parent/Guardian's Signature _____ Date _____

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