



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# YMCA Summer Day Camp 2024 - 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 # \_\_\_\_\_

**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.

**DCYF Provider #'s**  
 Central Y: 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)**

**For children who are in Grades 1-7 or ages 5-12 (until 13th B-day) DCYF paid participants, please mark only weeks and days your child will be attending.**

**Check the Day Camp Location that you want your child to attend:**  
**Central Y, Provider # 276487**  
 (DCYF not available at South location.)  
 **North Y, Provider # 500457**  
 **Valley Y, Provider # 507986**

<input checked="" type="checkbox"/> <b>Sessions you need care for:</b>	<input checked="" type="checkbox"/> <b>Amount of Days</b>
<input type="checkbox"/> <b>WEEK 1 June 19-21</b>	<input type="checkbox"/> <b>3 Days</b>
<input type="checkbox"/> <b>WEEK 2 June 24-28</b>	<input type="checkbox"/> <b>3 or</b> <input type="checkbox"/> <b>5 Days</b>
<input type="checkbox"/> <b>WEEK 3 July 1-3*</b>	<input type="checkbox"/> <b>3 Days</b>
<input type="checkbox"/> <b>WEEK 4 July 8-12</b>	<input type="checkbox"/> <b>3 or</b> <input type="checkbox"/> <b>5 Days</b>
<input type="checkbox"/> <b>WEEK 5 July 15-19</b>	<input type="checkbox"/> <b>3 or</b> <input type="checkbox"/> <b>5 Days</b>
<input type="checkbox"/> <b>WEEK 6 July 22-26</b>	<input type="checkbox"/> <b>3 or</b> <input type="checkbox"/> <b>5 Days</b>
<input type="checkbox"/> <b>WEEK 7 July29-Aug2</b>	<input type="checkbox"/> <b>3 or</b> <input type="checkbox"/> <b>5 Days</b>
<input type="checkbox"/> <b>WEEK 8 Aug 5-9</b>	<input type="checkbox"/> <b>3 or</b> <input type="checkbox"/> <b>5 Days</b>
<input type="checkbox"/> <b>WEEK 9 Aug 12-16</b>	<input type="checkbox"/> <b>3 or</b> <input type="checkbox"/> <b>5 Days</b>
<input type="checkbox"/> <b>WEEK 10 Aug 19-23**</b>	<input type="checkbox"/> <b>3 or</b> <input type="checkbox"/> <b>5 Days</b>
<input type="checkbox"/> <b>WEEK 11** Aug 26-28</b>	<input type="checkbox"/> <b>3 Days</b>

**Check boxes for Day Camps based on child's grade in the fall of 2023.**

<input type="checkbox"/> <b>North &amp; Valley</b>	<input type="checkbox"/> <b>Central</b>
<input type="checkbox"/> <b>1st-2nd grades</b>	<input type="checkbox"/> <b>1st-7th grades</b> (Max age 12)
<input type="checkbox"/> <b>3rd-4th grades</b>	
<input type="checkbox"/> <b>5th-7th grades</b> (Max age 12)	

**Email registration form to**  
 Childcare-Schoolageprograms@ymcainw.org

**Separate from Reg form, completed Child Info forms will be required in advance to be fully registered and allowed to attend.**  
 The forms will be emailed after child(ren) are registered. Return forms via email to...  
 YMCA.SAC@ymcainw.org.

\*No camp Thursday & Friday, July 4th & 5th.  
 \*\*Last day of camp is Friday, August 23, except Central & North locations.

**IMPORTANT NOTICE- If your child misses more than two weeks of scheduled attendance they will be disenrolled from the program to allow others on the waiting list to attend.**

**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 \_\_\_\_\_