



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF THE INLAND NORTHWEST OUTDOOR SUMMER DAY CAMPS & CLUBS REGISTRATION 2020

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/Emerson Park <input type="checkbox"/> South Hill/Manito United Methodist Church		<input type="checkbox"/> North Y <input type="checkbox"/> Valley Y	DSHS Families: STOP! Fill out the back side Only! Weekly SWIM LESSONS Central, North & Valley \$40/Community Member \$20/Y Member Monday-Thursday 8:00-8:30AM CIRCLE-Session(s): 1 2 3 4 5 6 7 8 9 10 All sessions must be paid at time of registration: \$ _____																																																												
All Camps & Clubs are held Monday–Friday 6:30 am – 6:00 pm. Check boxes for Day Camps based on child's grade in the fall. Offered at Central, North, South and Valley: <input type="checkbox"/> Traditional Day Camp 1-6th grade (Max age 12) 3 Day Fee: \$144 Community Mbr \$134 Y Member 5 Day Fee: \$219 Community Mbr \$209 Y Member		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.																																																													
ONLY OFFERED AT VALLEY <input type="checkbox"/> Kindergarten Club** 3 Day Fee: \$154 Community Mbr \$144 Y Member 5 Day Fee: \$234 Community Mbr \$224 Y Member ** Club not offered weeks 10 & 11.	<input type="checkbox"/> Triangle Club** 6th-8th grade (in the Fall) 3 Day Fee: \$154 Community Mbr \$144 Y Member 5 Day Fee: \$234 Community Mbr \$224 Y Member ** Club not offered weeks 10 & 11.	<table border="0"> <tr> <td><input checked="" type="checkbox"/></td> <td>Week(s) you're putting a deposit down for or paying in full.</td> <td><input checked="" type="checkbox"/></td> <td>Days:</td> <td>Deposit or Payment:</td> </tr> <tr> <td><input type="checkbox"/></td> <td>WEEK 1 June 15-19</td> <td><input type="checkbox"/></td> <td>3 or 5 Days</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>WEEK 2 June 22-26</td> <td><input type="checkbox"/></td> <td>3 or 5 Days</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>WEEK 3 June 29-July 2*</td> <td><input type="checkbox"/></td> <td>3 or 4* Days</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>WEEK 4 July 6-10</td> <td><input type="checkbox"/></td> <td>3 or 5 Days</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>WEEK 5 July 13-17</td> <td><input type="checkbox"/></td> <td>3 or 5 Days</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>WEEK 6 July 20-24</td> <td><input type="checkbox"/></td> <td>3 or 5 Days</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>WEEK 7 July 27-31</td> <td><input type="checkbox"/></td> <td>3 or 5 Days</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>WEEK 8 Aug 3-7</td> <td><input type="checkbox"/></td> <td>3 or 5 Days</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>WEEK 9 Aug 10-14</td> <td><input type="checkbox"/></td> <td>3 or 5 Days</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>WEEK 10** Aug 17-21</td> <td><input type="checkbox"/></td> <td>3 or 5 Days</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>WEEK 11** Aug 24-28</td> <td><input type="checkbox"/></td> <td>3 or 5 Days</td> <td>\$ _____</td> </tr> </table>	<input checked="" type="checkbox"/>	Week(s) you're putting a deposit down for or paying in full.	<input checked="" type="checkbox"/>	Days:	Deposit or Payment:	<input type="checkbox"/>	WEEK 1 June 15-19	<input type="checkbox"/>	3 or 5 Days	\$ _____	<input type="checkbox"/>	WEEK 2 June 22-26	<input type="checkbox"/>	3 or 5 Days	\$ _____	<input type="checkbox"/>	WEEK 3 June 29-July 2*	<input type="checkbox"/>	3 or 4* Days	\$ _____	<input type="checkbox"/>	WEEK 4 July 6-10	<input type="checkbox"/>	3 or 5 Days	\$ _____	<input type="checkbox"/>	WEEK 5 July 13-17	<input type="checkbox"/>	3 or 5 Days	\$ _____	<input type="checkbox"/>	WEEK 6 July 20-24	<input type="checkbox"/>	3 or 5 Days	\$ _____	<input type="checkbox"/>	WEEK 7 July 27-31	<input type="checkbox"/>	3 or 5 Days	\$ _____	<input type="checkbox"/>	WEEK 8 Aug 3-7	<input type="checkbox"/>	3 or 5 Days	\$ _____	<input type="checkbox"/>	WEEK 9 Aug 10-14	<input type="checkbox"/>	3 or 5 Days	\$ _____	<input type="checkbox"/>	WEEK 10** Aug 17-21	<input type="checkbox"/>	3 or 5 Days	\$ _____	<input type="checkbox"/>	WEEK 11** Aug 24-28	<input type="checkbox"/>	3 or 5 Days	\$ _____	Total \$ _____
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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. Cash \$ _____ Check # _____ \$ _____ (MAKE CHECKS PAYABLE TO YMCA). CREDIT CARD: <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard Credit Card Number or last 4 digits of card on file _____ Expires _____ \$ _____ Name on Credit Card _____ Signature _____		ONLY OFFERED AT VALLEY Grades 6-8 Week 7 <input type="checkbox"/> Silverwood Trip \$40/child- Additional Fee (Must be paid by July 20)																																																													

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 1-4), July (weeks 5-8), August (weeks 9-11); 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 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 _____ %
 Inner 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 # _____

<input type="checkbox"/> 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 Emerson Park North Y > 500457 Valley Y > 507986	Traditional 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 indicated otherwise.		

<p>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> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"><input checked="" type="checkbox"/> Sessions you need care for:</td> <td style="width: 30%;"><input checked="" type="checkbox"/> amount of Days you need:</td> <td style="width: 40%;"></td> </tr> <tr> <td><input type="checkbox"/> WEEK 1 June 15-19</td> <td><input type="checkbox"/> 3 or <input type="checkbox"/> 5 Days</td> <td></td> </tr> <tr> <td><input type="checkbox"/> WEEK 2 June 22-26</td> <td><input type="checkbox"/> 3 or <input type="checkbox"/> 5 Days</td> <td></td> </tr> <tr> <td><input type="checkbox"/> WEEK 3 June 29-July 2*</td> <td><input type="checkbox"/> 3 or <input type="checkbox"/> 4* Days</td> <td></td> </tr> <tr> <td><input type="checkbox"/> WEEK 4 July 6-10</td> <td><input type="checkbox"/> 3 or <input type="checkbox"/> 5 Days</td> <td></td> </tr> <tr> <td><input type="checkbox"/> WEEK 5 July 13-17</td> <td><input type="checkbox"/> 3 or <input type="checkbox"/> 5 Days</td> <td></td> </tr> <tr> <td><input type="checkbox"/> WEEK 6 July 20-24</td> <td><input type="checkbox"/> 3 or <input type="checkbox"/> 5 Days</td> <td></td> </tr> <tr> <td><input type="checkbox"/> WEEK 7 July 27-31</td> <td><input type="checkbox"/> 3 or <input type="checkbox"/> 5 Days</td> <td></td> </tr> <tr> <td><input type="checkbox"/> WEEK 8 Aug 3-7</td> <td><input type="checkbox"/> 3 or <input type="checkbox"/> 5 Days</td> <td></td> </tr> <tr> <td><input type="checkbox"/> WEEK 9 Aug 10-14</td> <td><input type="checkbox"/> 3 or <input type="checkbox"/> 5 Days</td> <td></td> </tr> <tr> <td><input type="checkbox"/> WEEK 10 Aug 17-21</td> <td><input type="checkbox"/> 3 or <input type="checkbox"/> 5 Days</td> <td></td> </tr> <tr> <td><input type="checkbox"/> WEEK 11 Aug 24-28</td> <td><input type="checkbox"/> 3 or <input type="checkbox"/> 5 Days</td> <td></td> </tr> </table> <p>*No camp Friday, July 3rd.</p>	<input checked="" type="checkbox"/> Sessions you need care for:	<input checked="" type="checkbox"/> amount of Days you need:		<input type="checkbox"/> WEEK 1 June 15-19	<input type="checkbox"/> 3 or <input type="checkbox"/> 5 Days		<input type="checkbox"/> WEEK 2 June 22-26	<input type="checkbox"/> 3 or <input type="checkbox"/> 5 Days		<input type="checkbox"/> WEEK 3 June 29-July 2*	<input type="checkbox"/> 3 or <input type="checkbox"/> 4* Days		<input type="checkbox"/> WEEK 4 July 6-10	<input type="checkbox"/> 3 or <input type="checkbox"/> 5 Days		<input type="checkbox"/> WEEK 5 July 13-17	<input type="checkbox"/> 3 or <input type="checkbox"/> 5 Days		<input type="checkbox"/> WEEK 6 July 20-24	<input type="checkbox"/> 3 or <input type="checkbox"/> 5 Days		<input type="checkbox"/> WEEK 7 July 27-31	<input type="checkbox"/> 3 or <input type="checkbox"/> 5 Days		<input type="checkbox"/> WEEK 8 Aug 3-7	<input type="checkbox"/> 3 or <input type="checkbox"/> 5 Days		<input type="checkbox"/> WEEK 9 Aug 10-14	<input type="checkbox"/> 3 or <input type="checkbox"/> 5 Days		<input type="checkbox"/> WEEK 10 Aug 17-21	<input type="checkbox"/> 3 or <input type="checkbox"/> 5 Days		<input type="checkbox"/> WEEK 11 Aug 24-28	<input type="checkbox"/> 3 or <input type="checkbox"/> 5 Days		<p>Check the Day Camp Location that you want your child to attend:</p> <input type="checkbox"/> Central Y/Emerson Park, Provider # 276487 <input type="checkbox"/> North Y, Provider # 500457 <input type="checkbox"/> Valley Y, Provider # 507986 <hr/> <p style="text-align: center; color: red;">ONLY OFFERED AT VALLEY</p> <p style="text-align: center;">Grades 6-8 Week 7</p> <p style="text-align: center;"><input type="checkbox"/> Silverwood Trip</p> <p>DSHS does not pay this fee. \$40/child- Additional Fee (Must be paid by July 20)</p> <hr/> <p style="text-align: center;">Weekly SWIM LESSONS</p> <p>\$40/Community Member \$20/Y Member</p> <p>Classes are held Monday-Thursday 8:00-8:30AM</p> <p>CIRCLE-Session(s): 1 2 3 4 5 6 7 8 9 10</p> <p>All Sessions must be paid at time of registration and it is Not covered by DSHS. \$ _____</p>
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<p>IMPORTANT NOTICE- If your child misses more than two weeks of scheduled attendance they will be disenrolled from the program and will need to re-register if space is available.</p>																																					

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 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 _____