

YWCA Minneapolis Early Childhood Education
2024 SUMMER CAMP REGISTRATION

PARTICIPANT INFORMATION: (Use full legal names for all parties)

Child's First Name: _____ MI: _____ Last Name: _____

Birthdate: ____/____/____ Gender: _____ Grade in fall 2024: _____

Name of person responsible for billing: _____

Phone Number: _____ Email: _____

(Billing will be processed bi-weekly, and all invoices will be sent to the email address listed above.)

Race/Ethnicity of Participant (optional):

- ☐ Asian or Pacific Islander ☐ Black or African American ☐ Hispanic or Latinx
☐ Indigenous American/Alaskan ☐ White ☐ Other _____

CHOOSE YOUR LOCATION AND DAYS (A min. of 4 weeks of enrollment is required, with at least 3 day/week enrolled)

- ☐ YWCA Children's Center — South Minneapolis ☐ YWCA Children's Center in Downtown

June 17 - 21

DAYS	
<input type="checkbox"/> M	<input type="checkbox"/> Tu
<input type="checkbox"/> W	<input type="checkbox"/> Th
<input type="checkbox"/> F	<input type="checkbox"/> All Days

June 24 - 28

DAYS	
<input type="checkbox"/> M	<input type="checkbox"/> Tu
<input type="checkbox"/> W	<input type="checkbox"/> Th
<input type="checkbox"/> F	<input type="checkbox"/> All Days

July 1 - 5

DAYS	
<input type="checkbox"/> M	<input checked="" type="checkbox"/> Tu
<input type="checkbox"/> W	<input type="checkbox"/> Th
<input type="checkbox"/> F	<small>Note: Camp closed Thursday, 7/4</small>

July 8 - 12

DAYS	
<input type="checkbox"/> M	<input type="checkbox"/> Tu
<input type="checkbox"/> W	<input type="checkbox"/> Th
<input type="checkbox"/> F	<input type="checkbox"/> All Days

July 15 - 19

DAYS	
<input type="checkbox"/> M	<input type="checkbox"/> Tu
<input type="checkbox"/> W	<input type="checkbox"/> Th
<input type="checkbox"/> F	<input type="checkbox"/> All Days

July 22 - 26

DAYS	
<input type="checkbox"/> M	<input type="checkbox"/> Tu
<input type="checkbox"/> W	<input type="checkbox"/> Th
<input type="checkbox"/> F	<input type="checkbox"/> All Days

July 29 - Aug. 2

DAYS	
<input type="checkbox"/> M	<input type="checkbox"/> Tu
<input type="checkbox"/> W	<input type="checkbox"/> Th
<input type="checkbox"/> F	<input type="checkbox"/> All Days

Aug. 5 - 9

DAYS	
<input type="checkbox"/> M	<input type="checkbox"/> Tu
<input type="checkbox"/> W	<input type="checkbox"/> Th
<input type="checkbox"/> F	<input type="checkbox"/> All Days

Aug. 12 - 16

DAYS	
<input type="checkbox"/> M	<input type="checkbox"/> Tu
<input type="checkbox"/> W	<input type="checkbox"/> Th
<input type="checkbox"/> F	<input type="checkbox"/> All Days

Aug. 19 - 23

DAYS	
<input type="checkbox"/> M	<input type="checkbox"/> Tu
<input type="checkbox"/> W	<input type="checkbox"/> Th
<input type="checkbox"/> F	<input type="checkbox"/> All Days

Aug. 26 - 28

DAYS	
<input type="checkbox"/> M	<input type="checkbox"/> Tu
<input type="checkbox"/> W	<small>Note: Camp ends 8/28</small>

*Any changes to enrollment must be made two weeks in advance, in writing, of the date of attendance and are subject to approval.

CHILD CARE SUBSIDY PROVIDER INFORMATION:

A current "Authorization of Service" must be on file before your child's care may be billed to a county/third party agency. Parent/guardian is responsible for full payment until the "Authorization of Service" is received.

Our family currently receives child care assistance from:

☐ County: _____ ☐ Third Party Agency: _____ ☐ Other: _____

Agency/County Worker's Name: _____ Phone Number: _____

Case # Required: _____ Paperwork submitted to County/Agency: ☐ Yes ☐ No

REGISTRATION FEE:

There is a \$100 nonrefundable registration fee per child. An email with a payment link will be sent to you within one week of receiving this registration form. Your registration will not be completed until the registration fee is paid for each child and all required forms are submitted. Additional licensed program forms will be required which include a program and payment form. All invoices will be emailed.