

PARTICIPANT INFORMATION: Use full legal names for all parties

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

Birthdate: ____/____/____ Gender: M F Grade in Fall: _____

Name and email of person responsible for billing: _____

Race/Ethnic Background of Participant (optional):

Black or African American White Hispanic or Latino American Indian/Alaskan Native

Asian or Pacific Islander Other _____

CHOOSE YOUR LOCATION AND DAYS (Please choose 3-5 days each week)

Abbott Northwestern Hospital YWCA Downtown Ecolab

<p>June 14 - 18</p> <div style="border: 1px solid black; padding: 5px;"> <p>DAYS</p> <p><input type="checkbox"/> M <input type="checkbox"/> Tu</p> <p><input type="checkbox"/> W <input type="checkbox"/> Th</p> <p><input type="checkbox"/> F <input type="checkbox"/> All Days</p> </div>	<p>June 21 - 25</p> <div style="border: 1px solid black; padding: 5px;"> <p>DAYS</p> <p><input type="checkbox"/> M <input type="checkbox"/> Tu</p> <p><input type="checkbox"/> W <input type="checkbox"/> Th</p> <p><input type="checkbox"/> F <input type="checkbox"/> All Days</p> </div>	<p>June 28 - July 2</p> <div style="border: 1px solid black; padding: 5px;"> <p>DAYS</p> <p><input type="checkbox"/> M <input type="checkbox"/> Tu</p> <p><input type="checkbox"/> W <input type="checkbox"/> Th</p> <p><input type="checkbox"/> F <input type="checkbox"/> All Days</p> </div>	<p>July 5 - 9</p> <div style="border: 1px solid black; padding: 5px;"> <p>DAYS</p> <p><input checked="" type="checkbox"/> M <input type="checkbox"/> Tu</p> <p><input type="checkbox"/> W <input type="checkbox"/> Th</p> <p><input type="checkbox"/> F <small>Note: Camp closed Monday, 7/5</small></p> </div>	<p>July 12 - 16</p> <div style="border: 1px solid black; padding: 5px;"> <p>DAYS</p> <p><input type="checkbox"/> M <input type="checkbox"/> Tu</p> <p><input type="checkbox"/> W <input type="checkbox"/> Th</p> <p><input type="checkbox"/> F <input type="checkbox"/> All Days</p> </div>
<p>July 19 - 23</p> <div style="border: 1px solid black; padding: 5px;"> <p>DAYS</p> <p><input type="checkbox"/> M <input type="checkbox"/> Tu</p> <p><input type="checkbox"/> W <input type="checkbox"/> Th</p> <p><input type="checkbox"/> F <input type="checkbox"/> All Days</p> </div>	<p>July 26 - 30</p> <div style="border: 1px solid black; padding: 5px;"> <p>DAYS</p> <p><input type="checkbox"/> M <input type="checkbox"/> Tu</p> <p><input type="checkbox"/> W <input type="checkbox"/> Th</p> <p><input type="checkbox"/> F <input type="checkbox"/> All Days</p> </div>	<p>Aug. 2 - 6</p> <div style="border: 1px solid black; padding: 5px;"> <p>DAYS</p> <p><input type="checkbox"/> M <input type="checkbox"/> Tu</p> <p><input type="checkbox"/> W <input type="checkbox"/> Th</p> <p><input type="checkbox"/> F <input type="checkbox"/> All Days</p> </div>	<p>Aug. 9 - 13</p> <div style="border: 1px solid black; padding: 5px;"> <p>DAYS</p> <p><input type="checkbox"/> M <input type="checkbox"/> Tu</p> <p><input type="checkbox"/> W <input type="checkbox"/> Th</p> <p><input type="checkbox"/> F <input type="checkbox"/> All Days</p> </div>	<p>Aug. 16 - 20</p> <div style="border: 1px solid black; padding: 5px;"> <p>DAYS</p> <p><input type="checkbox"/> M <input type="checkbox"/> Tu</p> <p><input type="checkbox"/> W <input type="checkbox"/> Th</p> <p><input type="checkbox"/> F <input type="checkbox"/> All Days</p> </div>
<p>Aug. 23 - 27</p> <div style="border: 1px solid black; padding: 5px;"> <p>DAYS</p> <p><input type="checkbox"/> M <input type="checkbox"/> Tu</p> <p><input type="checkbox"/> W <input type="checkbox"/> Th</p> <p><input type="checkbox"/> F <input type="checkbox"/> All Days</p> </div>	<p>Aug 30. - Sept. 1</p> <div style="border: 1px solid black; padding: 5px;"> <p>DAYS</p> <p><input type="checkbox"/> M <input type="checkbox"/> Tu</p> <p><input type="checkbox"/> W <input checked="" type="checkbox"/> Th</p> <p><input checked="" type="checkbox"/> F <small>Note: Camp ends 9/1</small></p> </div>	<p>Billing will be processed bi-weekly, and all invoices will be sent to the email address listed above.</p>		

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 \$75 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. All invoices will be emailed.