

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: _____
 (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 Latino
 Indigenous American/Alaskan White Other _____

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

- YWCA Children's Center at Abbott YWCA Children's Center at Downtown

June 27 - July 1

DAYS
 M Tu
 W Th
 F All Days

July 4 - 8

DAYS
 M Tu
 W Th
 F Note: Camp closed Monday, 7/4

July 11 - 15

DAYS
 M Tu
 W Th
 F All Days

July 18 - 22

DAYS
 M Tu
 W Th
 F All Days

July 25 - 29

DAYS
 M Tu
 W Th
 F All Days

Aug. 1 - 5

DAYS
 M Tu
 W Th
 F All Days

Aug. 8 - 12

DAYS
 M Tu
 W Th
 F All Days

Aug. 15 - 19

DAYS
 M Tu
 W Th
 F All Days

Aug. 22 - 26

DAYS
 M Tu
 W Th
 F All Days

Aug. 29 - 31

DAYS
 M Tu
 W Th
 F Note: Camp ends 8/31

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 \$80 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.