

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

Child's First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_ Grade in fall 2023: \_\_\_\_\_

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 Latino  
 Indigenous American/Alaskan     White     Other \_\_\_\_\_

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

- YWCA Children's Center at Abbott Northwestern Hospital     YWCA Children's Center in Downtown  
 YWCA Children's Center at Ecolab     YWCA Children's Center in Midtown

<p><b>June 19 - 23</b></p> <div style="border: 1px solid black; padding: 5px;"> <p><b>DAYS</b></p> <p><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</p> </div>	<p><b>June 26 - 30</b></p> <div style="border: 1px solid black; padding: 5px;"> <p><b>DAYS</b></p> <p><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</p> </div>	<p><b>July 3 - 7</b></p> <div style="border: 1px solid black; padding: 5px;"> <p><b>DAYS</b></p> <p><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 Tuesday, 7/4</small></p> </div>	<p><b>July 10 - 14</b></p> <div style="border: 1px solid black; padding: 5px;"> <p><b>DAYS</b></p> <p><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</p> </div>	<p><b>July 17 - 21</b></p> <div style="border: 1px solid black; padding: 5px;"> <p><b>DAYS</b></p> <p><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</p> </div>
<p><b>July 24 - 28</b></p> <div style="border: 1px solid black; padding: 5px;"> <p><b>DAYS</b></p> <p><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</p> </div>	<p><b>July 31 - Aug. 4</b></p> <div style="border: 1px solid black; padding: 5px;"> <p><b>DAYS</b></p> <p><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</p> </div>	<p><b>Aug. 7 - 11</b></p> <div style="border: 1px solid black; padding: 5px;"> <p><b>DAYS</b></p> <p><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</p> </div>	<p><b>Aug. 14 - 18</b></p> <div style="border: 1px solid black; padding: 5px;"> <p><b>DAYS</b></p> <p><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</p> </div>	<p><b>Aug. 21 - 25</b></p> <div style="border: 1px solid black; padding: 5px;"> <p><b>DAYS</b></p> <p><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</p> </div>
<p><b>Aug. 28 - 30</b></p> <div style="border: 1px solid black; padding: 5px;"> <p><b>DAYS</b></p> <p><input type="checkbox"/> M   <input type="checkbox"/> Tu   <input type="checkbox"/> W   <small>Note: Camp ends 8/30</small></p> </div>				

**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. Additional licensed program forms will be required which include a program and payment form. All invoices will be emailed.