



2009 YMCA SUMMER DAY CAMP REGISTRATION FORM SHAWNEE MISSION

OF GREATER KANSAS CITY 8205 W. 108th Terrace #120 • Overland Park, KS 66210 • 913.345.9622 • Fax: 913.345.0524

Child's Name: _____ Date of Birth: _____

Age: _____ Gender: _____ Grade In School/Fall 10: _____ Home Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Mother's Name: _____

Mother's Employer: _____

Work Phone: _____ Cell Phone: _____

E-mail Address: _____

Father's Name: _____

Father's Employer: _____

Work Phone: _____ Cell Phone: _____

E-mail Address: _____

Primary contact: Mother Father

Do you have a YMCA Membership? Yes No Have you been in the program before? Yes No

Does your child require special assistance: Yes No

PLEASE CHECK THE APPROPRIATE CAMP LOCATION FOR EACH WEEKLY SESSION.

	Dorothy Moody Junior SOS (Ages 9-11) 7 a.m. - 6 p.m.	Nieman Traditional Summer Camp 7 a.m. - 6 p.m.	Ray Marsh Traditional Summer Camp 7 a.m. - 6 p.m.	East Antioch Traditional Summer Camp 7 a.m. - 6 p.m.	Roesland Traditional Summer Camp 7 a.m. - 6 p.m. Preschool Camp 7 a.m. - 6 p.m.	
Weekly Fees	\$160	\$160	\$160	\$160	\$160	\$145
June 1-4						
June 7-11						
June 14-18						
June 21-25						
June 28-July 2						
July 6-9						
July 12-16						
July 19-23						
July 26-30						
August 2-6						

Do you receive SRS Assistance? Yes No If yes, attach Letter of Eligibility.
(The registration will not be entered unless your Letter of Eligibility is attached.)

WEEKLY DEPOSIT WILL RESERVE CHILD'S SPACE AND BE APPLIED TO WEEKLY TUITION.

\$10/week x # of weeks _____ \$ _____

- Weekly fee (including fee for the weeks of May 31 and July 5, 2010) will not be pro-rated for any reason. The YMCA will be closed on July 5.
- Balance of weekly fee (minus weekly deposit) is due each Monday of the weeks you signed up for.
- Payments due on MONDAY for the current week of care.
- Parents are responsible for all week's fees registered for, **WHETHER CHILD ATTENDS OR NOT.**

ANNUAL MISSION CAMPAIGN

Enclosed is an additional amount to contribute to another youth participant who might not be able to participate without our donation. _____ \$ _____

Total Amount Enclosed: \$ _____

METHOD OF PAYMENT (Registration will not be processed without payment)

Check Check #: _____ Credit Card Visa Mastercard Discover AmExpress
Account #: _____ / _____ / _____ Expiration Date: _____

Parent Signature: _____ Date: _____

Financial Assistance: The YMCA of Greater Kansas City is committed to turning no one away due to the inability to pay the stated fees. Based on available contributed resources, the YMCA provides financial assistance to those in need that wish to participate.