



# SCOTTSBLUFF FAMILY YMCA 2025 SUMMER DAY CAMP REGISTRATION

(FURTHER ONLINE REGISTRATION WILL BE REQUIRED)

## SUMMER DAY CAMP

**CAMP HOURS: 7:30 AM TO 5:30 PM**

**\$175/WEEK** (save with \$20 sibling discount)

**\$10 Non-Refundable Activity Fee**  
for EACH week registered

### CHOOSE YOUR CAMP LOCATION:

Must have attended preschool.  
Based on grade going into in Fall of 2025.

- TRAILS WEST (K-5)**       **GERING (PK-5, GPS Students)**

**School Students Attend:**

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**TRANSPORTATION NEEDED?**  **YES**  
(Only available at Gering Location)

### CHOOSE YOUR DAY CAMP WEEKS:

(Please check all that apply)

- WEEK 1: MAY 29-30** (\$70)
- WEEK 2: JUNE 2-6**
- WEEK 3: JUNE 9-13**
- WEEK 4: JUNE 16-20**
- WEEK 5: JUNE 23-27**
- WEEK 6: JUN 30-JUL 3** (No July 4, \$140)
- WEEK 7: JULY 7-11**
- WEEK 8: JULY 14-18**
- WEEK 9: JULY 21-25**
- WEEK 10: JUL 28-AUG 1**
- WEEK 11: AUGUST 4-6** (\$105)

#### Child's Name 1:

Age:	Date of Birth:
Grade in Fall:	<input type="radio"/> Male <input type="radio"/> Female
T-Shirt Size:	

#### Child's Name 2:

Age:	Date of Birth:
Grade in Fall:	<input type="radio"/> Male <input type="radio"/> Female
T-Shirt Size:	

#### Child's Name 3:

Age:	Date of Birth:
Grade in Fall:	<input type="radio"/> Male <input type="radio"/> Female
T-Shirt Size:	

#### Parent/Guardian Name:

Date of Birth:	<input type="radio"/> Male <input type="radio"/> Female
Address:	
City/State/Zip:	
Phone Number:	
Email:	

### SCHOLARSHIP OPPORTUNITIES

- 1) Child Care Subsidy is accepted at both locations. Requires DHHS Authorization Form. Provider #'s: Trails West: 40431757 Gering: 45359366
- 2) Scholarships available at Gering Location. Interested?  **YES** School will contact by May 1.
- 3) Gering students can also qualify for a C4K Scholarship. Fill out a C4K Application.

## PAYMENT AGREEMENT

Scheduled Payments: Weekly Payments must be scheduled at the time of registration. Must provide the YMCA with debit/credit card information or bank account information for Weekly Payments. Payments will be withdrawn automatically on Fridays prior to the week(s) attending.

### Payment Options (select all that apply):

Weekly Automatic Withdrawal       DHHS Subsidy       Gering C4K Scholarship

### Corresponding Paperwork **MUST BE INCLUDED** (must match the options selected above):

Signed ACH (Below)       Authorization Form       Scholarship Application

#### Please Note:

Returned payments will be assessed a \$25 return payment fee and may be electronically collected. Camp Fees not collected may be referred to an outside collection agency.

#### Child Care Subsidy:

Families who receive State Assistance will be responsible for all copays or fees if authorization expires. Proof of Authorization must be provided to the YMCA before the child can be registered. Copays are due on Fridays prior to the week(s) attending.

#### Attendance:

I understand that I am responsible for payment of all weeks registered, whether my child attends or not. I also understand that my child cannot attend if payment has not been made. All weeks filled on a first come, first serve basis.

- All changes/cancellations to registered weeks must be completed by May 15th. Starting May 16th, no refunds will be issued.
- A non-refundable \$10 Activity Fee per child/per week is required to secure your child's spot at time of registration. The weekly fee is due the Friday before the week(s) attending.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## ACH AUTHORIZATION FORM

I hereby authorize the Scottsbluff Family YMCA to initiate entries to my accounts at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until the Scottsbluff Family YMCA is notified by me in writing to cancel it in such time as to afford the Scottsbluff Family YMCA and financial institution a reasonable opportunity to act on it. A service fee of 3% will be charged on all credit card transactions. Debit card and ACH transactions are not included.

\_\_\_\_\_  
NAME - PLEASE PRINT

\_\_\_\_\_  
ADDRESS - PLEASE PRINT

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME OF FINANCIAL INSTITUTION

\_\_\_\_\_  
ROUTING NUMBER

\_\_\_\_\_  
ACCOUNT NUMBER

**OR**

\_\_\_\_\_  
CREDIT/DEBIT CARD TYPE

\_\_\_\_\_  
CARD NUMBER

\_\_\_\_\_  
EXPIRATION DATE