

# YMCA DAY CAMP REGISTRATION FORM

CAMPER NAME: \_\_\_\_\_ Grade Entering August 2026: \_\_\_\_\_

Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

DCN #: \_\_\_\_\_ (if applicable)

PARENT PICK-UP AUTHORIZATION & EMERGENCY CONTACTS - Not including parents/guardians. Please list up to TWO people who are authorized to pick up your child from camp. Children will only be released to someone listed below. They must have a photo ID on file.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Please mark the weeks and days your child will be attending.**

WEEK OF CAMP	THEME	BANK DRAFT DATE	DAYS OF WEEK
WEEK 1 MAY 26-29	ALL ABOUT ME!	PAID AT TIME OF REGISTRATION	<input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F
WEEK 2 JUNE 1-5	NO I IN TEAM	WEDNESDAY, JUNE 3	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F
WEEK 3 JUNE 8-12	UP IN THE SKY	WEDNESDAY, JUNE 10	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F
WEEK 4 JUNE 15-19	DOWN ON THE GROUND	WEDNESDAY, JUNE 17	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F
WEEK 5 JUNE 22-26	ROCKIN READERS	WEDNESDAY, JUNE 24	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F
WEEK 6 JUNE 29- JULY 3	CRAFTY KIDS	WEDNESDAY, JULY 1	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F
WEEK 7 JULY 6-10	PROBLEM SOLVER	WEDNESDAY, JULY 8	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F
WEEK 8 JULY 13-17	WATER WONDERS	WEDNESDAY, JULY 15	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F
WEEK 9 JULY 20-24	LET'S GO TO THE FAIR	WEDNESDAY, JULY 22	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F
WEEK 10 JULY 27-31	LET'S PLAY	WEDNESDAY, JULY 29	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F
WEEK 11 AUG 3-7	ON THE FARM	WEDNESDAY, AUGUST 5	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F





To apply for free or reduced-price meal eligibility benefits for your child(ren), please fill out this form and return it to the program.

**PART 1 CHILDREN ENROLLED IN THE PROGRAM**

Complete information below for children enrolled at the camp/site. If child(ren) are receiving Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamp) or Temporary Assistance (formerly AFDC, now funded by TANF), complete Parts 1, 3, and 4 only. Complete Parts 1, 2, 3, and 4 if you did not provide a SNAP case number or Temporary Assistance case number. ***In certain cases, foster children are eligible for free meals regardless of household income. If foster children live in your household, please contact the camp or site sponsor for more information.***

NAME (first and last)	BIRTH DATE	FOSTER CHILD	SNAP CASE NUMBER	TEMPORARY ASSISTANCE CASE NUMBER

**PART 2 HOUSEHOLD AND INCOME INFORMATION**

List all members of the household including the children listed in Part 1. Indicate source and amount of current income for all members of the household before deductions, such as taxes and social security. Where there are wage earners and self-employed adults, the income of the wage earner cannot be offset by the business losses of the self-employed adult. If last month's income does not accurately reflect your circumstances, you may provide a projection of your current annual income. Irregular self-employed income may be averaged over the prior 12 months.

INCOME BASED ON (CHECK ONE)	YEARLY	MONTHLY	2 X A MONTH	EVERY 2 WEEKS	WEEKLY
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOUSEHOLD MEMBERS	GROSS WAGES	WELFARE, CHILD SUPPORT, ALIMONY	PENSIONS, RETIREMENT, SOCIAL SECURITY	OTHER	

**PART 3 PARTICIPANT'S ETHNIC AND RACIAL INFORMATION (Optional)**

Hispanic or Latino:  YES  NO

Race: AMERICAN INDIAN OR ALASKA NATIVE  ASIAN  BLACK OR AFRICAN AMERICAN  NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER  WHITE

**PART 4 SIGNATURE**

I hereby certify that all information provided is correct and true and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds, that institution officials may verify information, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal

SIGNATURE OF ADULT FAMILY MEMBER	SOCIAL SECURITY NUMBER	DATE
PRINTED NAME OF ADULT	ADDRESS	PHONE NUMBER

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a SNAP, Temporary Assistance (TA) Program case number for your household or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. These verification efforts may be carried out through program reviews and investigations, and may include contacting employers to determine income, contacting a SNAP or welfare office to determine current certification for receipt of SNAP or Temporary Assistance benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to provide the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

**FOR SPONSOR USE ONLY**

TOTAL HOUSEHOLD SIZE:	INCOME:	INCOME BASED ON (CHECK ONE):	SNAP (Food Stamp)	TEMPORARY ASSISTANCE
		YEAR MONTH 2 X A MONTH EVERY 2 WEEKS WEEKLY	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

Eligibility Determination:  Eligible  Ineligible

SIGNATURE OF CENTER REPRESENTATIVE	DATE
------------------------------------	------

# DAY CAMP BANK DRAFT FORM

First Name	MI	Last Name	M/F	Birth Date
Telephone	Cell	Email		

## Billing Address

Street	City	State	Zip
--------	------	-------	-----

## Payment Terms & Conditions

■ You must provide a **ONE WEEK WRITTEN** notice for any changes to your account.  
Please Initial \_\_\_\_\_

■ In order to provide for convenient Day Camp payments to the YMCA of St. Joseph, we authorize electronic funds transfer (EFT) from this specified checking/savings account, charge card or debit card. We will provide a one week written notice for any changes to our account. Please Initial \_\_\_\_\_

■ Should any EFT or charge not be honored, we understand that the Y will attempt to redraft the payment. If the EFT or charge is not honored on the redraft, we will be required provide another form of payment plus a \$10 service charge.  
Please Initial \_\_\_\_\_

## Payment Options

Electronic Funds Transfer (EFT):    \$ \_\_\_\_\_ . \_\_\_\_\_    beginning (MMYY)    \_\_\_\_\_

A.  Checking  Savings    Bank Name: \_\_\_\_\_  
Account Number

Routing Number    \_\_\_\_\_    Please attach a voided check

\_\_\_\_\_

B. Debit/Credit Card:  Visa     MC     Discover     AMEX

Expire Date

\_\_\_\_\_

\_\_\_\_\_

CVV

\_\_\_\_\_

**I have read and agree to all terms of the YMCA payment terms and conditions.**

Signature of Responsible Party	Date
--------------------------------	------



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 COMMUNITY FOOD AND NUTRITION ASSISTANCE  
 SUMMER FOOD SERVICE PROGRAM (SFSP)

**SFSP ENROLLMENT FORM FOR CAMPS AND CLOSED ENROLLED SITES**

**PERMISSION TO PARTICIPATE**

I (Parent/Guardian Name) \_\_\_\_\_ give permission for my  
 child(ren) listed below to participate in the enrolled SFSP site:

(Site Name) \_\_\_\_\_ located at

(Site Address) \_\_\_\_\_

**and to receive SFSP meals from:**

(Sponsor name) \_\_\_\_\_

**CHILD(REN)**

FIRST/LAST NAME	AGE

**PARENT/GUARDIAN CONTACT INFORMATION**

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY	STATE	ZIP CODE	COUNTY
------	-------	----------	--------

PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

