



Campus Y Program at Sinagua Middle School

Campus Y Program: Connecting 6th, 7th, & 8th graders through on-site based activities, programs, projects, and events with qualified, trained, & caring staff!

Possible activities include:

- Additional homework time
- Drama, theater, music
- Model United Nations
- Service projects
- Dance
- Adventure activities: Hiking, snowboard/skiing, skateboarding, rock climbing!
- Sports: teams, intramurals, tournaments
- Leadership Development
- Earth Service Corp
- Fields trips
- Creative arts: painting, drawing, poetry

Program Offered:

Directly following school dismissal until 6pm, Monday - Friday in Room: _____

If involved in other after school activities: come before or after!

To register:

Complete registration form and drop off at:

-the school office or -the Y

For more info:

Call (928)637-6590 & ask for:

Site Coordinator: **Christine Thomas** - email: cthomas@vosymca.org

or

Sports & Teen Director: **Michelle Tuffield** - email: mtuffield@vosymca.org

Flagstaff Family YMCA 1001 N. Turquoise Dr, Flagstaff 86001 (928)637-6590

Flagstaff Family YMCA 2011-2012
Campus Y After School Program

Start Date: ____ / ____ / ____

School: _____ School Address _____

Child's name _____ Birthdate _____ Age/Grade ____ / ____

Address _____ City _____ AZ Zip _____

Parent's name _____ Email address _____

Home phone _____ Work phone _____ Cell phone _____

PAYMENTS WILL REMAIN CONSTANT, INCLUDING MONTHS THAT CONTAIN WINTER BREAK, SPRING BREAK, OR SNOW DAYS. NO ACCOUNT CREDIT FOR ABSENT DAYS. SINGLE CAMP DAYS & WINTER/SPRING BREAKS ARE NOT INCLUDED IN THESE PLANS. PLEASE READ STATEMENT OF SERVICES REGARDING POLICIES.

HOURS Monday-Friday: from school dismissal – 6:00 PM

DAYS PLANNING TO ATTEND: MON TUES WED THUR FRI	Bank Draft monthly on 5th
	Monthly Program Fee
FULL DAYS School Dismissal – 6:00 PM	\$90 Family Facility Member* or \$100 Program Member
HALF DAYS – <u>SELECT ONE</u> [] School Dismissal – 4:00 PM [] 4:00 PM – 6:00 PM	\$50 Family Facility Member* or \$60 Program Member

*Family Facility Membership needs to be current and in good standing for as long as student is enrolled in program; otherwise Program Members fee difference will be charged along with Annual Program Membership (if it's not current).

I have read, understand, and agree to adhere to the YMCA program Statement of Services, payment policies, and give the YMCA permission to use photographs of my child, in a group setting, for YMCA promotional materials.

I understand I must give a 30 day notice for cancellation of services or I will be charged.

Parent/Guardian's signature _____

Date _____

DUE AT TIME OF REGISTRATION:

Signed registration form Completed Emergency card Immunization record Bank draft form & "voided" check

\$ 30 ____ Y Annual Program Membership or \$ 0 ____ Family Facility Members

\$ 25 ____ Registration Fee per family

\$ ____ Your first payment

\$ ____ Total due today

Paid by: Check # _____ Cash

Credit card # _____

Exp date: _____

Your first Bank Draft will begin on _____

For office use only	
Member # _____	
Star Fund # _____	
Comments: _____	
Staff initial _____	Date in _____

DEMOGRAPHIC INFORMATION: Please respond to the questions below. Your responses are not required and are for statistics only. Thank you.

RACE: Please (✓) one Caucasian Black Asian Hispanic Native American Other

ANNUAL FAMILY INCOME: Please (✓) one:

\$0-\$4,999 \$5,000-\$9,999 \$10,000-\$24,999 \$25,000-\$49,999 \$50,000 and up

PLACE OF EMPLOYMENT: _____ WHERE DID YOU HEAR ABOUT OUR PROGRAM? _____