



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Fun Day Registration

Date: \_\_\_\_\_

From 6:30am - 6:00pm

Cuyahoga Falls, Stow and Woodridge Schools

Fees:

\$30.00 for Members

\$30.00 for BASE Participants

\$40.00 for Non-Members

\*If your child has not attended YMCA Before or After School in Cuyahoga Falls/Stow/Woodridge or Riverfront YMCA Day Camp in the past year, you will need to fill out a BASE registration packet for your child. Please write "Fun Days ONLY" on the first page.

**Please send your child(ren) with the following:**

- **Packed lunch** (a charge of \$10.00 will be added to your account for a forgotten lunch)
- **Swimsuit and towel**
- **Any medications to be administered** (we cannot transport medications from the schools to the Riverfront YMCA)

Registration deadline is 3 business days before the Fun Day. Your child is not guaranteed a spot for the Fun Day without prior registration.

Payment and registration need to be made at the same time. Please submit completed form to the Riverfront Y or your BASE counselor as we can't accept registrations via email. Registrations will not be accepted without payment. Registrations will not be accepted if there is more than a one week balance on your account. Counselors can only accept registrations that do not include check or cash payment. Please call Laura Sutphin or Natalie Frantz at 330-923-9622 if you have any questions or need to confirm a registration.

TAPs Recipients – There are no extra copays. You must TAP your child in and out at the front desk. Authorization for Riverfront is required, it is a separate site from Before & After School. The license number for Riverfront is 301735. Private pay charges will be applied to your account until you have successfully TAPed or a TAP absence day has been utilized for the Riverfront location. If you have not TAPed for the Fun Day within one week, your account on file will be charged the private pay rate.

CHILD NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_ PHONE: \_\_\_\_\_

TXX       CASH       AUTO DRAFT (Account Ending): \_\_\_\_\_       CHECK #: \_\_\_\_\_

Special Conditions for staff to be aware of: \_\_\_\_\_

I give my child \_\_\_\_\_ permission to participate in the Rockwall on site.

PARENT/GUARDIAN NAME: \_\_\_\_\_ PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

Please turn in the full page with the date written in at the top. If not date is provided we can't process this form.

Registration forms cannot be turned in more than 2 weeks in advance of the date of service.