



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2025 SUMMER CAMP FINANCIAL ASSISTANCE REGISTRATION

PLEASE PRINT CLEARLY

Child's Name: _____ Grade: _____

Please select the weeks you are applying for financial assistance.

Awards will only be considered for selected weeks.

- | Dates: | Themes: |
|--|---------------------------|
| <input type="checkbox"/> Week 1: 5/27-5/30 | Splash into Summer! |
| <input type="checkbox"/> Week 2: 6/2-6/6 | Mad Scientists |
| <input type="checkbox"/> Week 3: 6/9-6/13 | Under the Big Top |
| <input type="checkbox"/> Week 4: 6/16-6/20 | Wonderful World of Disney |
| <input type="checkbox"/> Week 5: 6/23-6/27 | Animal Kingdom |
| <input type="checkbox"/> Week 6: 6/30-7/3 | Stars & Stripes |
| <input type="checkbox"/> Week 7: 7/7-7/11 | Team YMCA |
| <input type="checkbox"/> Week 8: 7/14-7/18 | Lights, Camera, ACTION! |
| <input type="checkbox"/> Week 9: 7/21-7/25 | Monsters vs. Aliens |
| <input type="checkbox"/> Week 10: 7/28-8/1 | Spirit Week |

Additional notes to the Summer Camp Director:

By signing below I understand how this affects my financial responsibility to the YMCA of Greater New Orleans and agree to all policies as set forth in the camp registration and the summer camp parents' handbook. Any added weeks after this agreement are subject to full weekly payment.

Signature

Date