



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2025 WEST ST. TAMMANY YMCA SUMMER CAMP

FINANCIAL ASSISTANCE REGISTRATION *Please complete one form per child*

Child's Name: _____ Grade entering Fall of 2025: _____

Please select the weeks you are applying for financial assistance:

- | <u>Dates:</u> | <u>Themes:</u> |
|---|--|
| <input type="checkbox"/> Week 1: 5/27-5/30* | Camp Carnival (<i>*no camp Monday 5/26</i>) |
| <input type="checkbox"/> Week 2: 6/2-6/6 | Constructive Campers |
| <input type="checkbox"/> Week 3: 6/9-6/13 | Destination Disney |
| <input type="checkbox"/> Week 4: 6/16-6/20 | Superhero Academy |
| <input type="checkbox"/> Week 5: 6/23-6/27 | Party Like a Y-STAR |
| <input type="checkbox"/> Week 6: 6/30-7/3* | Celebration Station (<i>*no camp Friday 7/4</i>) |
| <input type="checkbox"/> Week 7: 7/7-7/11 | Discovery Week |
| <input type="checkbox"/> Week 8: 7/14-7/18 | Camp Spirit Animals |
| <input type="checkbox"/> Week 9: 7/21-7/25 | What's Your Story? |
| <input type="checkbox"/> Week 10: 7/28-8/1 | S'more Camp Fun |
| <input type="checkbox"/> Week 11: 8/4-8/8 | Hydration Vacation |

STPSS smart start days 8/6, 8/7. All report 8/8

Additional notes to the Summer Camp Director:

I would like to apply for financial assistance for the following:

- Membership and Summer Camp
- Summer Camp Only (Assistance will be based on non-member camp rates)

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.

Signature

Date