



Y Kids 2024-2025 School Year Contract

Child's Name _____ D.O.B. _____

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Please check the site your child will be attending and if they will need before and/or after school care: Spirit Lake Y Kids___ Okoboji Y Kids___ AM Care___ PM Care___

Current Address _____

Email Address _____

Date Received _____

Staff Initials _____

Y Kids Start Date _____

- I authorize the Bedell Family YMCA to use automatic bank draft for Y Kids school year fees while my child/ren are registered for the program.
- I understand the YMCA will continue to draft my account on a weekly basis whether my child attends or not.
- By signing this I acknowledge that my child/ren will attend Y Kids on a weekly basis unless written notice is provided 10 days in advance of withdrawal. I also acknowledge that I am responsible for all fees up to that date and understand that there may not be spots available at a later date.

Parent/Guardian Signature:

_____ Date _____