



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# SHOOTING STARS & 4K WRAP REGISTRATION FORM

SUPERIOR DOUGLAS COUNTY FAMILY YMCA

Please print clearly

CHILDS NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE AS OF SEPT 1, 2023 \_\_\_\_\_

SUPERIOR YMCA MEMBERS: YES \_\_\_\_\_ NO \_\_\_\_\_

PARENT(S) NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SHOOTING STARS SESSION DAYS ATTENDING:

\_\_\_\_\_ MONDAY/WEDNESDAY

\_\_\_\_\_ TUESDAY/THURSDAY

WRAP AROUND CARE (ADDITIONAL COST)

\_\_\_\_\_ MONDAY/WEDNESDAY

\_\_\_\_\_ TUESDAY/THURSDAY

\_\_\_\_\_ FRIDAY

\_\_\_\_\_ 4K

Return to Kim Martin, Superior YMCA Childcare Director 715-392-5611ext101 [kmartin@superiorymca.org](mailto:kmartin@superiorymca.org)