



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, 2021 _____

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