



GREATER WICHITA YMCA | SUMMER DAY CAMP 2024

PARENT PLANNER

CHILD NAME: _____

ID #: _____

WEEKLY CAMP THEMES

For all YMCA camps

- SUMMER KICK-OFF
- FANTASTIC FEATS
- LET'S GO GREEN!
- TREKS AND TRAILS
- GOLD RUSH
- STARS AND STRIPES FOREVER
- MOVIN' AND GROOVIN'
- SUMMER OLYMPICS COUNT-DOWN
- FIRE AND ICE
- PIRATE INVASION
- WIPE OUT!

YMCA CAMP HYDE

- WEEK 1 May 28-31
- WEEK 2 June 3-7
- WEEK 3 June 10-14
- WEEK 4 June 17-21
- WEEK 5 June 24-28
- WEEK 6 July 1-3, 5
- WEEK 7 July 8-12
- WEEK 8 July 15-19
- WEEK 9 July 22-26
- WEEK 10 July 29-August 2
- WEEK 11 August 5-9
- NOTES

Traditional Day Camp (Ages 7-12)												
Frontier Horse Camp (Ages 9-12)												
Add-On: Frontier Overnight					June 27				July 25			
Teen Camp (Ages 13-14)												
Wranglers in Training (Ages 13-14)												
Camp Hyde Bus Stops												
Andover YMCA 1115 US Highway 54, Andover, KS												
Downtown YMCA, 402 N. Market, Wichita, KS												
South YMCA, 3405 S. Meridian Avenue, Bldg. 100, Wichita, KS												
North YMCA, 3330 N. Woodlawn Wichita, KS												
Northwest YMCA, 13838 W. 21st Street N., Wichita, KS												
West YMCA, 6940 Newell, Wichita KS												
Providing my own transportation to Camp Hyde (no additional fee)												

YMCA CAMP HIAWATHA

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- NOTES

Traditional Camp (Ages 5-12)												
Teen Camp (Ages 13-14)												

YMCA BRANCH ADVENTURE CAMPS

- WEEK 1 May 28-31
- WEEK 2 June 3-7
- WEEK 3 June 10-14
- WEEK 4 June 17-21
- WEEK 5 June 24-28
- WEEK 6 July 1-3, 5
- WEEK 7 July 8-12
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- NOTES

Andover YMCA*												
Northwest YMCA												
South YMCA												
East YMCA												



*Pending KDHE License

PARENT AND CHILD INFORMATION

CHILD NAME: _____ CHILD ID: _____
(First and Last)

PARENT NAME: _____ PARENT ID: _____
(First and Last)

PHONE #: _____ EMAIL: _____

AUTODRAFT

Weekly Draft Amount is for intended camp week, all costs and expenses are included in the weekly fee.

The Camp weekly program fee (draft) amount indicated above will be automatically deducted from/charged to my (check one):

NEW PAYMENT METHOD

Attach a voided check to draft from checking/savings or for debit/cards fill out a draft request form at your branch.

EXISTING ACCOUNT

Checking Savings Card

Last 4 of Account # or Card: _____

This AutoDraft payment plan is a continuous program, however is not designed to exceed the program's end date of ____/____/____.

DEPARTMENT FOR CHILDREN AND FAMILIES (DCF)

Paying with DCF? YES NO

DCF PROVIDER IDS

CAMP HYDE AND ALL CAMP HYDE DROP OFF - B794742
EAST BRANCH - C210287 NORTHWEST BRANCH - C165757
SOUTH BRANCH - C905853