



# SUMMER FUN CLUB

A Licensed Child Care Program @ Riverdale Heights, for children age 5-12  
 Children who have not completed kindergarten: highly recommended they  
 have completed 1 year of preschool

*Riverdale Heights · 2125 Devils Glen Road, Bettendorf, IA 52722*

HOURS OF CARE	WEEKLY RATES	REGISTRATION
Monday-Friday: 6 am-6 pm	Y-Member: \$148 Non-Member: \$158	\$25 per child

*Financial Aid Scholarships Available · State of Iowa Child Care Assistance Accepted  
 Participants receive breakfast, lunch & afternoon snack*

OUR TRAINED, PROFESSIONAL STAFF ARE DEDICATED TO MAKING YOUR CHILD'S EXPERIENCE THE BEST!  
 Every member of our staff is certified in CPR, First Aid, AED & Child Abuse Prevention  
 We know that instilling our core values in your child is just as important as having fun!

- CARING • HONESTY • RESPECT • RESPONSIBILITY •

## CHILD CARE PAYMENTS

- Payments for weekly care is due on or before the Monday in which care is provided.
- There are no credits for absences.
- Checks must be made to the Scott County Family Y with the child's name or account # on the memo line. It would be helpful for staff if the stub from the weekly invoice were to accompany payment.

### Business Office Hours

Monday: 7:30 am - 5 pm  
 Tuesday-Friday: 7:30 am - 4 pm

- Payments may be made:
  - At any branch of the Scott County Family Y
  - Online at [online.scottcountyfamilyy.org](http://online.scottcountyfamilyy.org) (please contact Kayla Dodd for instructions)
  - At your YMCA childcare site (check or money order ONLY—no cash or credit card payments)
  - By sending payment to the Business Office at 624 E 4th Street, Davenport, IA 52801
  - With auto bank draft (please contact Kayla Dodd for additional information)

## CHILD CARE DIRECTORY

Deb Gustafson • 563.323.5725

*Executive Director*

Kayla Dodd • 563.323.5730

*Administrative Services Director*

Michelle Mann • 563.345.6508

*Kids Club Director*

# 2018 SUMMER FUN CLUB @ RIVERDALE HEIGHTS REGISTRATION

Registration Fee of \$25 + First Week Payment MUST Accompany this Form

Week OF	WEEKLY THEME	CHECK WEEKS CHILD WILL ATTEND
6/4	Backyard Tourist	<input type="checkbox"/>
6/11	Little House in Iowa	<input type="checkbox"/>
6/18	Where the Wild Things Are	<input type="checkbox"/>
6/25	Out of this World!	<input type="checkbox"/>
7/2	Party in the USA (no program held 7/4)	<input type="checkbox"/>
7/9	Shark Tank	<input type="checkbox"/>
7/16	Master Chef	<input type="checkbox"/>
7/23	Color Me Crazy	<input type="checkbox"/>
7/30	SPORTS! SPORTS! SPORTS!	<input type="checkbox"/>
8/6	Around the World	<input type="checkbox"/>
8/13	A Bug's Life	<input type="checkbox"/>

Participant's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex: M / F T-Shirt Size: \_\_\_\_\_

Parent's or Guardian's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(H)Phone: \_\_\_\_\_ (W)Phone: \_\_\_\_\_ (C)Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Grade Entering Fall 2018: \_\_\_\_\_

**Choose One:** YMCA Member • Non-Member  
 Child Care Assistance  
*(Child Care Assistance parents must contact Kayla Dodd)*  
**Bank draft info. is available by contacting Kayla Dodd @**  
**563.323.5730 or at kdodd@ScottCountyFamilyY.org**

**Office Use** Session: **18SUM** Payment Received: \_\_\_\_\_  
**Only:** Program Code: **4KCSUMRH** Date Entered/Initial: \_\_\_\_\_  
**This form needs to be faxed to Kayla Dodd @ 563.323.1922**  
**Registration fee & 1st week payment needs to be made at time of**  
**registration. Please refer 3rd party parents to Kayla Dodd.**