

SPRING DAY CAMP 2018 REGISTRATION Clackamas Community College Child Development Center

Come join the YMCA this Spring Break! We'll be filling our days with exciting field trips, games, arts and crafts, and nature activities. Breakfast, lunch, and afternoon snack will be provided. Bring a coat and a big smile! We look forward to seeing you.

Days and Dates

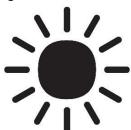
Monday - Friday, March 26-30

Hours

6:30 AM - 6:30 PM

Location

19600 S Molalla Oregon City, OR 97045



Spring Day Camp

Monday, March 26	Trees. Streams, and Flowers Oh My Nature Art
Tuesday, March 27	Springs and Sprockets STEM activities
Wednesday, March 28	Sports Galore
Thursday, March 29	Spring it into the Oven Cooking Activity
Friday, March 30	Talent Show

Cost

Current Participants \$55/Day OR \$200 Per Week for a five day session Non-Participants \$65/Day OR \$220 Per Week for a five day session

- Five percent discount for multiple children
- An additional \$20 will be assessed for all registrations postmarked after March 16
- Fees are non-refundable and must be paid in full at the time of registration.
- · Field trips are subject to change or cancellation without notice due to weather conditions, etc.

Information and Questions

Clackamas Community College YMCA CDC 19600 S. Molalla Ave / Oregon City, OR 97045 503.657.9795 alowry@ymcacw.org ymcacw.org

The YMCA does not discriminate against any child on the basis of race, religion, color, national origin, sex, marital status of the parent, or because of a need for special care. Our goal is to meet the individual needs of each child within the structure of our program while maintaining a safe, healthy environment for all children and staff. The School District does not sponsor or endorse the activity and/or information contained in this flyer. The YMCA is a nonprofit.

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To Register

Submit the completed form along with full payment by **March 16** to the YMCA that you will be attending. The address is located on page 1 of the registration form.

Child's Name		Date of Birth	
2nd Child's Name		Date of Birth	
Address		Home Phone	
City		Zip	
1st Guardian's Name		1 st Guardian's Email	
1st Guardian's Date of Birth		ell Phone	
Employer's Name		Work Phone	
2 nd Guardian's Name		Cell Phone	
Employer's Name		Work Phone	
Emergency Contact		Emergency Contact Phone	
Check Days Attending			
Monday, March 26			
Tuesday, March 27			
Wednesday, March 28			
Thursday, March 29			
Friday, March 30			
	hed. I understand the photos r field trips with transportation or medical restrictions to be av	nay be used for publicity purposes. provided by school bus or YMCA van.	
My child has allergies and/o		necessary medical treatment for my child(ren) and understand my	
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My child has allergies and/o I give YMCA staff permissio child may be transported to the nea Authorization This is to certify that the information o disabilities that would endanger him/he administrators, waive and release any a	arest hospital by ambulance in n this form has been completed to r or other children. In addition, I h and all rights and claims for dama	necessary medical treatment for my child(ren) and understand my	
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For Office Use Only

Date Receive	Amount Paid	Confirmation	Date to Business
		Sent	Services