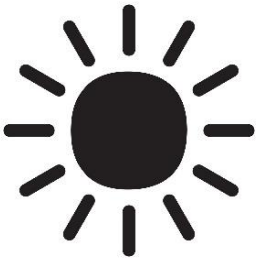
FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SPRING DAY CAMP 2018 REGISTRATION

Gladstone 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. Snacks will be provided in the morning and afternoon, as well as lunch. You'll need to bring a water bottle, a coat and a big smile! We look forward to seeing you.



Days and Dates
Monday - Friday, March 26-30

Hours
6:00 AM – 6:00 PM

Location
17395 Webster Rd.
Gladstone, OR 97027

Spring Day Camp

Monday, March 26	Spring is in the Air | On-site Day
Tuesday, March 27	A Day at the Park | Field Trip
Wednesday, March 28	Planting Some Veggies & Dreams | On-site Day
Thursday, March 29	Doing the Salsa (& making snack) | On-site Day
Friday, March 30	Duck Duck Goose Game Day | On-site Day

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
Gladstone CDC
17395 Webster Rd., Gladstone, OR 97027
503.657.3990
gladstonecdc@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.

SPRING DAY CAMP 2018 REGISTRATION
Gladstone CDC School Age Programs

To Register

Submit the completed form along with full payment by **March 16** to the YMCA via email at gladstonecdc@ymcacw.org or stop by our center and drop it off. Please contact us at 503.657.3990 or gladstonecdc@ymcacw.org with any questions. Fax copies are not accepted.

Child's Name	Date of Birth
2nd Child's Name	Date of Birth
Address	Home Phone
City	Zip
1st Guardian's Name	1st Guardian's Email
1st Guardian's Date of Birth	Cell Phone
Employer's Name	Work Phone
2nd 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		

Check the items below and sign indicating authorization.

_____ My child may be photographed. I understand the photos may be used for publicity purposes.
_____ My child may participate in field trips with transportation provided by school bus or YMCA van.
_____ My child has allergies and/or medical restrictions to be aware of:_____
_____ I give YMCA staff permission to obtain and authorize any necessary medical treatment for my child(ren) and understand my child may be transported to the nearest hospital by ambulance in the event of an emergency.

Authorization

This is to certify that the information on this form has been completed to the best of my knowledge and that my child is in good health and free of disabilities that would endanger him/her or other children. In addition, I hereby, for myself, my child(ren)/dependent(s), my heirs, executors, and administrators, waive and release any and all rights and claims for damages I have against the YMCA of Columbia-Willamette and/or their respective agents, representatives, successors, and/or assigned for any and all injuries which may be suffered with my child(ren)'s involvement in the YMCA of Columbia-Willamette.

Parent / Guardian Signature_____ Date_____

Payment Type

Registered _____ Non-Registered _____ Level One/Year Round _____

Enclosed amount _____ _____days / week + $20 (after March 16)= _____

Visa/MC/AE/Disc # _____ Exp. Date_____ Billing Zip Code _____

Name on Card (print) _____

For Office Use Only

Date Receive	Amount Paid	Confirmation Sent	Date to Business Services