



**FOR YOUTH DEVELOPMENT®**  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## SPRING DAY CAMP 2018 REGISTRATION

### Orchards YMCA Child Care

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, and you'll need to bring a healthy sack lunch and drink, a coat and a big smile! We look forward to seeing you.

#### Days and Dates

Monday – Friday, April 2–6

All locations must have eight children participating to operate

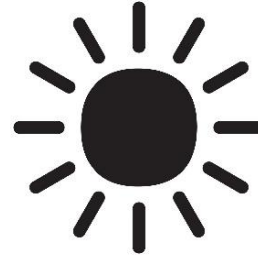
#### Hours

6:30 AM – 6:30 PM

#### Locations

Orchards YMCA Child care

10401 NE 4<sup>th</sup> Plain Blvd



#### Spring Day Camp

Monday, April 2	Here Comes the Sun   On-site Day
Tuesday, April 3	Bowl @ Allen Crosley lanes   Field Trip
Wednesday, April 4	Catching Some Rays   On-site Day
Thursday, April 5	Park Adventure   Field Trip
Friday, April 6	Rain, Rain, Go Away   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

YMCA Child Care

10401 NE 4<sup>th</sup> Plain Blvd, Vancouver Wa 98662

360.213.0051

[kcroft@ymcacw.org](mailto:kcroft@ymcacw.org)

[ymcacw.org](http://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

## ORCHARDS YMCA CHILD CARE

### To Register

Submit the completed form along with full payment by **March 16** to the YMCA via email at [kcroft@ymcacw.org](mailto:kcroft@ymcacw.org) or by visiting us at 10401 NE 4<sup>th</sup> Plain Blvd, Vancouver Wa. 98662. Please contact us at 360.213.0051 or [ychildcare@ymcacw.org](mailto:ychildcare@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
1 <sup>st</sup> Guardian's Name	1 <sup>st</sup> Guardian's Email
1 <sup>st</sup> Guardian's Date of Birth	Cell Phone
Employer's Name	Work Phone
2 <sup>nd</sup> Guardian's Name	Cell Phone
Employer's Name	Work Phone
Emergency Contact	Emergency Contact Phone

### Check Days Attending

Monday, April 2	
Tuesday, April 3	
Wednesday, April 4	
Thursday, April 5	
Friday, April 6	

### 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
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