



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SPRING DAY CAMP 2018 REGISTRATION

SE CDC School Age Program

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 Snacks will be provided on Monday, Tuesday & Thursday. Please bring a healthy sack lunch & drink on WEDNESDAY & FRIDAY! Bring a coat everyday – we want to get out and enjoy the spring days that might be a bit chilly. We look forward to seeing you for a great Spring Break week of fun!

Days and Dates

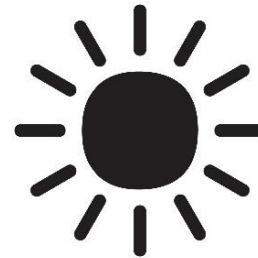
Monday – Friday, March 26–30

Hours

6:30 AM – 6:00 PM

Location

6036 SE Foster
Portland, OR 97206
503.771.0261



Spring Day Camp

Monday, March 26	It's a Magical Day! On-site Day
Tuesday, March 27	Creation Stations On-site Day
Wednesday, March 28	Bowl @ Kingpins Field Trip
Thursday, March 29	Clay Lab On-site Day
Friday, March 30	Picnic @ Essex Park Field Trip

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
6036 SE Foster Rd, Portland, OR 97206
503.771.0261
jfreeman@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 via email at jfreeman@ymcacw.org or by visiting us at 6036 SE Foster Rd, Portland, OR. 97206. Please contact us at 503.771.0261 with any questions.

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

Site: SE YMCA CDC – 6036 SE Foster RD.

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
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