

## SPRING DAY CAMP 2018 REGISTRATION

### Sherwood YMCA CDC 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. Lunch is provided each day as well as a morning and afternoon snack. Please send your child each day with a coat and a big smile! We look forward to seeing you.

#### Days and Dates

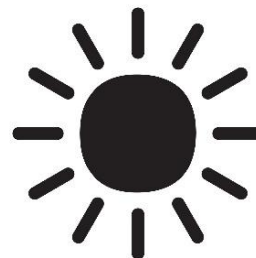
Monday - Friday, March 26-30

#### Hours

6:30 AM - 6:30 PM

#### Location

Sherwood YMCA CDC - at the Methodist Church  
22280 SW Washington St.  
Sherwood, OR 97140



#### Spring Day Camp

Monday, March 26	Here Comes the Sun   On-site Day
Tuesday, March 27	Bowl @ Wilsonville Lanes   Field Trip
Wednesday, March 28	Bike-A-Thon!   On-site Day
Thursday, March 29	Swim Day @ YMCA   Field Trip
Friday, March 30	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

Sherwood YMCA Child Development Center  
22280 SW Washington St., Sherwood, OR 97140  
503.925.9602  
jlavender@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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## Sherwood YMCA CDC Program

### To Register

Submit the completed form along with full payment by **March 16** to the Sherwood YMCA CDC via email at [jlavender@ymcacw.org](mailto:jlavender@ymcacw.org) or by visiting us at 22280 SW Washington St., Sherwood, OR 97140. Please contact us at 503.925.9602 or [jlavender@ymcacw.org](mailto:jlavender@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, 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 water/swimming activities with the YMCA  
☐ 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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