



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SPRING DAY CAMP 2018 REGISTRATION

Springfield Meadows CDC

Come join the YMCA this Spring Break! We'll be filling our days with exciting field trips, games, arts and crafts, and nature activities. All meals are provided while at the center. You may be asked to provide a sack lunch on field trip days.

Days and Dates

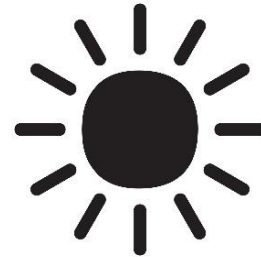
Monday – Friday, April 2nd–6th

All locations must have eight children participating to operate

Hours

6:30 AM – 6:30 PM

(No more than 10 hours per day or extra half day fee will apply)



Locations

Springfield Meadows

4317 NE 66th Ave

Vancouver, WA 98661

Spring Day Camp

Monday, April 2 nd	Catching Some Rays On-site Day
Tuesday, April 3 rd	Fort Vancouver & Bowl @ Crosley Lanes Field Trip *bring a sack lunch
Wednesday, April 4 th	Spring Scavenger Hunt On-site Day
Thursday, April 5 th	Felida Park Field Trip *bring a sack lunch
Friday, April 6 th	Cookie Decorating 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

4317 NE 66th Ave, Vancouver, WA 98661

360.695.5770

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 Springfield Meadows YMCA by visiting us at 4317 NE 66th Ave Vancouver, WA 98661. Please contact us at 360.695.5770 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 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

Check Days Attending

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

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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