FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SPRING DAY CAMP 2020 REGISTRATION

Beaverton YMCA 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, and you'll need to bring a healthy sack lunch and drink on field trip days, a coat and a big smile! We look forward to seeing you.

Days and Dates
Monday-Friday, Mar. 23–27

Hours
6:30 AM–6 PM

Location
15650 NW Blueridge Dr., Beaverton, OR 97006

Spring Day Camp

Monday, Mar. 23	Here Comes the Sun | On-site Day
Tuesday, Mar. 24	Park Adventure | Field Trip
Wednesday, Mar. 25	Community Helpers | On-site Day
Thursday, Mar. 26	Bowling | Field Trip
Friday, Mar. 27	Flower Power | On-site Day

Cost
Current Participants $58/day OR $210/week for a five day session
Non-Participants $65/day OR $230/week for a five day session

- A ten percent discount will be applied to one child in multi child registrations.
- An additional $20 will be assessed for all registrations postmarked after March 13.
- 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
Beaverton YMCA Child Development Center
15650 NW Blueridge Dr., Beaverton, OR 97006
503.466.1312
lsahlfeld@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 **Mar. 13** to the YMCA via email at lsahlfeld@ymcacw.org or by visiting us at 15650 NW Blueridge Beaverton, OR 97006. Please contact us at 503.466.1312 or lsahlfeld@ymcacw.org with any questions. Fax copies are not accepted.

Child's Name	Date of Birth
Second Child's Name	Date of Birth
Address	Home Phone
City	Zip
First Guardian's Name	First Guardian's Email
First Guardian's Date of Birth	Cell Phone
Employer's Name	Work Phone
Second Guardian's Name	Cell Phone
Employer's Name	Work Phone
Emergency Contact	Emergency Contact Phone

Site child(ren) will be attending _____

Check Days Attending

Monday, Mar. 23	
Tuesday, Mar. 24	
Wednesday, Mar. 25	
Thursday, Mar. 26	
Friday, Mar. 27	

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.

Additional Charges

A RETURN FEE of $25 may be assessed for all credit card, EFT, and check returns. A LATE PAYMENT FEE of $35.00 may be assessed on the 21st of each month for unpaid balances. Failure to remit payment will result in a cancellation of service. Accounts placed with an outside collection agency will be subject to COLLECTIONS FEES, LATE FEES, reversed Financial Assistance, and up to 18% interest per annum starting last payment date or service date

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 13) _____

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