



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SPRING DAY CAMP 2020 REGISTRATION

Sherwood 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, as well as lunch each day. We only need you to bring a coat and a big smile! We look forward to seeing you.

Days and Dates

Monday-Friday, Mar. 23-27

Hours

6:30 AM-6:30 PM

Location

22280 SW Washington St, Sherwood, OR

Spring Day Camp

Monday, Mar. 23	Garden Science On-site Day
Tuesday, Mar. 24	Bowling Field Trip
Wednesday, Mar. 25	Bike-a-Thon On-site Day
Thursday, Mar. 26	Rain, Rain, Go Away On-site Day
Friday, Mar. 27	Swim Day @ the YMCA! Field Trip

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

Sherwood YMCA Child Care

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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To Register

Submit the completed form along with full payment by **Mar. 13** to the YMCA via email at jlavender@ymcacw.org or by visiting us at 22280 SW Washington Street, Sherwood, OR 97140. Please contact us at 503.925.9602 or jlavender@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
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