

## WINTER DAY CAMP 2019 REGISTRATION

### Clackamas Community College YMCA CDC

Come join the YMCA this Winter Break! We'll be filling our days with exciting field trips, arts and crafts, games and nature activities. Lunch and snacks will be provided. We look forward to seeing you!

#### Days and Dates

Week 1 | Monday-Tuesday, Thursday-Friday, Dec. 23-27

Week 2 | Monday-Tuesday, Thursday-Friday, Dec. 30-Jan. 3

Program will be closed on Dec. 25 and Jan. 1

Program will close at 3pm on Dec. 24 and Dec. 31

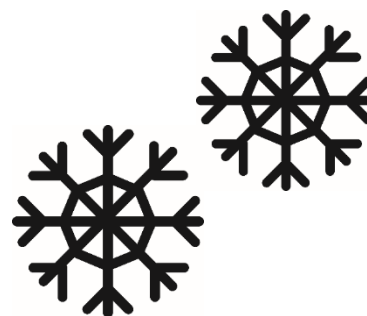
#### Hours

6:30 AM – 6:30 PM

#### Location

Clackamas Community College YMCA CDC

19600 S Molalla Ave | Oregon City, OR 97045



#### Week One

Monday, Dec. 23	Santa STEM Workshop   On-site
Tuesday, Dec. 24	<b>Camp Location Closed @ 3pm</b> Winter Wonderland   On-site
Wednesday, Dec. 25	<b>Camp Location Closed</b>
Thursday, Dec. 26	Kids Holiday Cook-off   On-site
Friday, Dec. 27	Snowflake Spectacular   On-site

#### Week Two

Monday, Dec. 30	<b>Winter Sports Spectacular</b> Basketball game on campus   Field Trip
Tuesday, Dec. 31	<b>Camp Location Closed @ 3pm</b> New Year's Eve Party   On-site
Wednesday, Jan. 1	<b>Camp Location Closed</b>
Thursday, Jan. 2	Kids Holiday Cook-off   On-site
Friday, Jan. 3	Hot Cocoa and Pajama Party   On-site

#### Cost

Current Participants \$58/day OR \$170/week for a four day session

Non-Participants \$62/day OR \$185/week for a four 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 Dec. 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 or other conditions.

#### Information and Questions

Clackamas Community College YMCA CDC

19600 S. Molalla Ave

Oregon City, OR 97045

503.657.9795

alowry@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.

# WINTER DAY CAMP 2019 REGISTRATION

## Clackamas Community College YMCA CDC

### To Register

Submit the completed form along with full payment by **Dec. 13** to the YMCA via email at [alowry@ymcacw.org](mailto:alowry@ymcacw.org) or by visiting us at 19600 S Molalla Ave, Oregon City, OR 97045. Please contact us at 503.657.9795 or [alowry@ymcacw.org](mailto:alowry@ymcacw.org) with any questions. Fax copies are not accepted.

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

**Site Child(ren) will be attending Week One \_\_\_\_\_ Week Two \_\_\_\_\_**

### Check Days Attending

Monday, Dec. 23		Monday, Dec. 30	
Tuesday, Dec. 24		Tuesday, Dec. 31	
Wednesday, Dec. 25	<b>CLOSED</b>	Wednesday, Jan. 1	<b>CLOSED</b>
Thursday, Dec. 26		Thursday, Jan. 2	
Friday, Dec. 27		Friday, Jan. 3	

### 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 Dec. 13)= \_\_\_\_\_

Visa/MC/AE/Disc # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Name on Card (print) \_\_\_\_\_

### For Office Use Only

Date Received	Amount Paid	Confirmation Sent	Date to Business Services
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