



**FOR YOUTH DEVELOPMENT®**  
**FOR HEALTHY LIVING**  
**FOR SOCIAL RESPONSIBILITY**

## WINTER DAY CAMP 2019 REGISTRATION

### East Side School Enrichment Programs

Come join the YMCA this Winter Break! We'll be filling our days with exciting field trips, arts and crafts, games and nature activities. Snacks will be provided in the morning and afternoon. You will need to bring a healthy sack lunch and drink, as well as a coat each day. 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\*

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

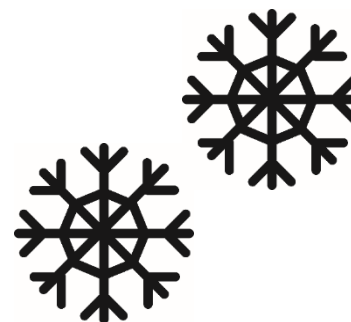
Programs will be closing at 3 PM on Dec. 24 and 31.

#### Hours

6:30 AM–6:30 PM | Troutdale Location

6:45 AM–6:00 PM | Earl Boyles Location

6:30 AM–6:00 PM | All Other Locations



#### Locations

<b>Alameda Elementary</b>	2732 NE Fremont St	Week 1 (Mon) and Week 2 (Mon–Tues, Thurs–Fri)
<b>Earl Boyles Elementary</b>	10822 SE Bush St	Week 1 (Mon, Thurs–Fri) and Week 2 (Mon, Thurs–Fri)
<b>Faubion Elementary</b>	2930 NE Dekum St	Week 2 (Mon–Tues, Thurs–Fri)
<b>Laurelhurst Elementary</b>	840 NE 41 <sup>st</sup> Ave	Week 1 (Mon) and Week 2 (Mon–Tues, Thurs–Fri)
<b>Llewellyn Elementary</b>	6301 SE 14 <sup>th</sup> Ave	Week 1 (Mon) and Week 2 (Mon–Tues, Thurs–Fri)
<b>Portland Arthur Academy</b>	7507 SE Yamhill St	Week 1 (Mon–Tues, Thurs–Fri)
<b>Tabor Heights United Methodist Church</b>	6161 SE Stark St	Week 1 (Mon–Tues, Thurs–Fri) and Week 2 (Mon–Tues, Thurs–Fri)
<b>Troutdale Elementary</b>	648 SE Harlow Ave	Week 1 (Mon, Thurs–Fri) and Week 2 (Mon, Thurs–Fri)

#### Week One

#### Week Two

Monday, Dec. 23	Snowflake Spectacular   On-site Day	Monday, Dec. 30	Frosty Fun   On-site Day
Tuesday, Dec. 24	<b>Camp Locations Closed @ 3pm</b> Winter Wonderland   On-site Day	Tuesday, Dec. 31	<b>Camp Locations Closed @ 3pm</b> New Year's Eve Party   On-site Day
Wednesday, Dec. 25	<b>Camp Locations Closed</b>	Wednesday, Jan. 1	<b>Camp Locations Closed</b>
Thursday, Dec. 26	Mad Science: Fire and Ice   Field Trip	Thursday, Jan. 2	Wunderland Arcade   Field Trip (Alameda, Laurelhurst, and Faubion) Arctic Adventure   On-site Day (All other locations)
Friday, Dec. 27	Pajama Party   On-site Day	Friday, Jan. 3	Arctic Adventure   On-site Day (Alameda, Laurelhurst, and Faubion) Wunderland Arcade   Field Trip (All other locations)

#### 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 conditions, etc.

#### Information and Questions

YMCA Child Care

9500 SW Barbur Blvd. #240, Portland, OR 97219

503.327.0007

[ychildcare@ymcacw.org](mailto:ychildcare@ymcacw.org)

[ymcacw.org](http://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

## East Side School Enrichment Programs

### To Register

Submit the completed form along with full payment by **Dec. 13** to the YMCA via email at [ychildcare@ymcacw.org](mailto:ychildcare@ymcacw.org) or by visiting us at 9500 SW Barbur Blvd. #240, Portland, OR 97219. Please contact us at 503.327.0007 or [ychildcare@ymcacw.org](mailto:ychildcare@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	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

**Please note not all programs are open all days due to district building closures. See front page for details. Please indicate your chosen location for each day of attendance by writing the name in the boxes below.**

Monday, Dec. 23		Monday, Dec. 30	
Tuesday, Dec. 24		Tuesday, Dec. 31	
Wednesday, Dec. 25	CLOSED	Wednesday, Jan. 1	CLOSED
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 Receive	Amount Paid	Confirmation Sent	Date to Business Services
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