

WINTER DAY CAMP 2019 REGISTRATION

Wilsonville YMCA Child Development Center

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 and Lunch will be provided by the center each day. Please bring 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

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

Program closes at 3pm on Dec. 24 and Dec. 31

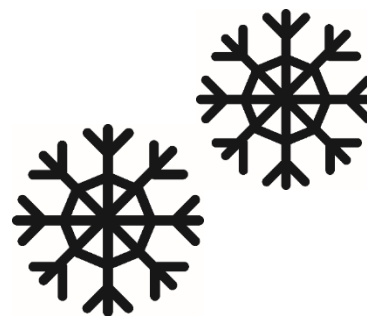
Hours

6:00 AM – 6:30 PM

Location

Wilsonville YMCA CDC

8406 SW Main St. Wilsonville OR 97070



Week One

Week Two

Monday, Dec. 23	Snowflake Spectacular On-site Day	Monday, Dec. 30	Frosty Fun On-site Day
Tuesday, Dec. 24	Camp Location Closed @ 3pm Winter Wonderland On-site Day	Tuesday, Dec. 31	Camp Location Closed @ 3pm New Year's Eve Party On-site Day
Wednesday, Dec. 25	Camp Location Closed	Wednesday, Jan. 1	Camp Location Closed
Thursday, Dec. 26	Bowling @ Wilsonville Lanes Field Trip	Thursday, Jan. 2	Gingerbread House Building On-site Day
Friday, Dec. 27	Pajamarama On-site Day	Friday, Jan. 3	Winter S.T.E.M. On-site Day

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

Wilsonville YMCA
8406 SW Main St. Suite 100
503.682.1770
egray@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 **Dec. 13** to the YMCA via email at egray@ymcacw.org or by visiting us at 8406 SW Main St. #100, Wilsonville, OR 97070. Please contact us at 503.682.1770 or egray@ymcacw.org with any questions. Fax copies are not accepted.

Child's Name	Date of Birth
2 nd Child's Name	Date of Birth
Address	Home Phone
City	Zip
1 st Guardian's Name	Cell Phone
1 st Guardian's Date of Birth	
Employer's Name	Work Phone
2 nd 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	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 Received	Amount Paid	Confirmation Sent	Date to Business Services
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