



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SPRING DAY CAMP 2017 REGISTRATION

Early Childhood Development

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, a coat and a big smile! We look forward to seeing you.

Days and Dates

Monday - Friday, March 27 - 31

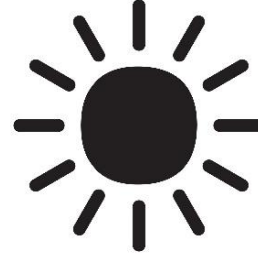
Hours

6:30 AM - 6:30 PM

Locations

Clackamas Community College YMCA Child Development Center

19600 S Molalla Ave
 Oregon City, OR 97045
 503.657.9795



Spring Day Camp

Monday, March 27	Design it / Build it
Tuesday, March 28	Nature exploration
Wednesday, March 29	Picnic in the Park
Thursday, March 30	Messy Science Fun
Friday, March 31	Sports Galore

Cost

Current Participants \$55 per day/\$190 Per Week

Non-Participants \$60 Per Day/\$210 Per Week

- Five percent discount for multiple children
- An additional \$20 will be assessed for all registrations postmarked after March 17
- 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 / Questions

Please contact the location you would like to attend. The address and phone number are listed above.

Thank you for choosing the YMCA

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 to the Clackamas College YMCA Child Development Center
19600 S Molalla Ave, Oregon City, OR 97045

Child's Name	Date of Birth
2nd Child's Name	Date of Birth
Address	Home Phone
City	Zip
1st Parent's Name	Cell Phone
Employer's Name	Work Phone
2nd Parent's Name	Cell Phone
Employer's Name	Work Phone
Emergency Pick-Up	Home Phone
Work / Cell Phone	Parent Email

Site Child(ren) will be attending

Check Days Attending

Monday, March 27	Design it / Build it
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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 March 17)= _____

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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