



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WINTER DAY CAMP 2016 REGISTRATION

Tabor Heights School Age Programs

Come join the YMCA this Winter 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.

GENERAL INFORMATION

Days and Dates

Week 1 | Monday - Friday, Dec. 19-23

Week 2 | Tuesday - Friday, Dec. 27-30

Programs will be closed on Dec. 26

All locations must have eight children participating to operate

Hours

6:30 AM - 6:00 PM

Location

Tabor Heights Methodist Church
6161 SE Stark St
Portland OR 97215

Week 1 (Mon-Fri) and Week 2 (Tue-Fri)



Week One

Week Two

Monday, Dec. 19	Winter Extravaganza Pacific NW Style- Onsite Day	Monday, Dec. 26	*CAMP LOCATIONS CLOSED*
Tuesday, Dec. 20	Cooking with Mrs. Claus- Onsite Day	Tuesday, Dec. 27	Frosty Fun- Onsite Day
Wednesday, Dec. 21	Wunderland Arcade- Field Trip	Wednesday, Dec. 28	Snowflake Spectacular- Onsite Day
Thursday, Dec. 22	Santa's Workshop Craft Day- Onsite Day	Thursday, Dec. 29	YMCA Winter Team Olympics- Onsite Day
Friday, Dec. 23	Pajamarama- Onsite Day	Friday, Dec. 30	Rockin' in the New Year Party- Onsite Day

Cost

Current Participants \$55/Day OR \$190 Per Week for a five day session

Non-Participants \$60/Day OR \$210 Per Week for a five day session

Current Participants \$55/Day OR \$175 Per Week for a four day session

Non- Participants \$60/Day OR \$195 Per Week for a four day session

- Five percent discount for multiple children
- An additional \$20 will be assessed for all registrations postmarked after Dec. 9
- 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

Y's Choice YMCA CDC
 511 SE 60th Ave
 Portland OR 97219
 503-231-7277
 raldrich@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.

WINTER DAY CAMP 2016 REGISTRATION

TO REGISTER

Submit the completed form along with full payment by **Dec. 9** to the YMCA via email at raldrich@ymcacw.org or by visiting us at 511 SE 60th Ave Portland OR 97219. Please contact us at 503-231-7277 or raldrich@ymcacw.org with any questions.

Faxed copies cannot be accepted.

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
Additional Emergency Pick-Up	Home Phone
Work / Cell Phone	

SITE CHILD(REN) WILL BE ATTENDING WEEK ONE _____ WEEK TWO _____

CHECK DAYS ATTENDING

Monday, Dec. 19		Monday, Dec. 26	CLOSED
Tuesday, Dec. 20		Tuesday, Dec. 27	
Wednesday, Dec. 21		Wednesday, Dec. 28	
Thursday, Dec. 22		Thursday, Dec. 29	
Friday, Dec. 23		Friday, Dec. 30	

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. 9)= _____

Visa/Master/AmEx# _____ Expiration Date _____ Name on Card(print) _____

FOR OFFICE USE ONLY

Date Received	Amount Paid	Confirmation Sent	Date to Business Services
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