



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2018 SPRING BREAK CAMP DAYS

SCOTTSDALE/PARADISE VALLEY FAMILY YMCA

6869 E SHEA BLVD, SCOTTSDALE, AZ 85254

Child's Name _____ Birth Date _____ Grade (2017/18) _____

Parent's Name _____ Birth Date _____ (Required for registration)

Address _____ City _____ Zip Code _____

Home # _____ Work # _____ Cell # _____

Parent's E-mail Address _____

PLEASE CHECK <input checked="" type="checkbox"/> CAMP DAYS NEEDED	Current Participant In After School Member	Current Participant In After School Non-Member	Member	Non-Member
Spring Break Camp: WEEKLY OPTION March 12-16, 2018	\$165 per week =	\$210 per week =	\$190 per week =	\$235 per week =
Spring Break Camp: DAILY OPTION 3/12 Mon 3/13 Tue 3/14 Wed 3/15 Thurs 3/16 Fri	\$35 per day =	\$55 per day =	\$40 per day =	\$60 per day =

PAYMENTS FOR CAMP MUST BE MADE PRIOR TO THE START OF CAMP.

QUESTIONS? PLEASE CONTACT JULIE HOLMES AT jholmes@VOSYMCA.ORG OR 602.212.6038

CAMP DAY INFO:

- Camp runs from 6:30 am to 6:30 pm for ages 5-12.
- Afternoon snacks are provided by the YMCA.
- Please provide a non-perishable lunch for your child.
- All participants are to be dropped off and picked up at the YMCA; with a parent/guardian or authorized adult signing them in and out of the program.

Registrations Must Include:

- Signed Registration Form (This Form)
- AZ DHS Emergency Card (Blue Form)*
- AZ Best of Care Form*
- Immunization Records

*Current Before and After school participants do not need to submit new emergency cards, immunization records, or Best of Care form

I have read, understand, and agree to adhere to the YMCA child care program Statement of Services, payment policies, and give the YMCA permission to use photographs of my child, in a group setting, for YMCA promotional materials.

Parent/Guardian's Signature _____

Date _____

\$35	YMCA Licensed Childcare Registration Fee, paid once per school-year per child <i>WAIVED WITH YMCA FAMILY MEMBERSHIP</i>			Office Use Only	
\$	TOTAL DUE CAMP DAYS			DAXKO ID #	
\$	TOTAL DUE TODAY			Date In _____ / _____ / _____	
Payment:	CASH	CHECK (EFT)	CREDIT/DEBIT CARD	Staff Name	
Name on Card			Card #	EXP DATE	

DES accepted; authorization must be received prior to starting the program.
Financial Assistance may be available to those that qualify.