



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2018 SPRING BREAK CAMP DAYS

GLENDALE/PEORIA FAMILY YMCA

14711 N 58th AVE., GLENDALE, AZ 85306

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 type="checkbox"/> CAMP DAYS NEEDED	Current Participant In After School Member	Current Participant In After School Non-Member	Member	Non-Member
WEEKLY RATE: <input type="checkbox"/> Spring Break: 03/19-03/23	\$120 per day =	\$165 per day =	\$145 per day =	\$190 per day =
DAILY RATES: CHOOSE ALL DATES OF CARE <input type="checkbox"/> 03/19: Mon <input type="checkbox"/> 03/20: Tue <input type="checkbox"/> 03/21: Wed <input type="checkbox"/> 03/22: Thu <input type="checkbox"/> 03/23: Fri	\$25 per day =	\$45 per day =	\$30 per day =	\$50 per day =

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

QUESTIONS? PLEASE CONTACT Anthony Lehn AT anthony.lehn@vosymca.org OR 602-212-6187

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

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.

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:	<input type="checkbox"/> CASH <input type="checkbox"/> CHECK (EFT) <input type="checkbox"/> CREDIT/DEBIT CARD	Staff Name
Name on Card		Card #
		EXP DATE

DES accepted; authorization must be received prior to starting the program.



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Financial Assistance may be available to those that qualify.