



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# 2018 SPRING BREAK CAMP DAYS

## SOUTHWEST VALLEY YMCA

2919 N. LITCHFIELD ROAD, GOODYEAR, AZ 85395

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
<b>WEEKLY RATE:</b> <input type="checkbox"/> Spring Break: 03/12-03/16	\$145 per day =	\$185 per day =	\$170 per day =	\$210 per day =
<b>DAILY RATES: CHOOSE ALL DATES OF CARE</b> <input type="checkbox"/> 03/12: Mon <input type="checkbox"/> 03/13: Tue <input type="checkbox"/> 03/14: Wed <input type="checkbox"/> 03/15: Thu <input type="checkbox"/> 03/16: Fri	\$30 per day =	\$50 per day =	\$35 per day =	\$55 per day =

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

QUESTIONS? PLEASE CONTACT DEVON CASEM AT [dcasem@vosymca.org](mailto:dcasem@vosymca.org) OR 602-212-5135

**CAMP DAY INFO:**

- Camp runs from 7:00AM to 6:15PM 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>	<b>Office Use Only</b>	
\$	<b>TOTAL DUE CAMP DAYS</b>	DAXKO ID #	
\$	<b>TOTAL DUE TODAY</b>	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.  
 Financial Assistance may be available to those that qualify.