



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# 2018 SPRING BREAK CAMP DAYS

## NORTHWEST VALLEY YMCA

12450 W. CINNABAR AVENUE, EL MIRAGE, AZ 85335

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	Member	Non-Member
<b>WEEKLY RATE:</b> <input type="checkbox"/> Spring Break: 03/19-03/23	\$120 per week =	\$145 per week =	\$190 per week =
<b>DAILY RATES: CHOOSE ALL DATES OF CARE</b> <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 =	\$30 per day =	\$50 per day =

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

QUESTIONS? PLEASE CONTACT ALEYSHA TREVINO at [Aleysha.trevino@vosymca.org](mailto:Aleysha.trevino@vosymca.org) OR 602-688-5344

### CAMP DAY INFO:

- Y ADVENTURES hours of operation are from 6:30AM to 6:00PM for ages 5-12.
- Please send your child in comfortable clothes and closed-toed shoes.
- Please send a non-perishable lunch and morning snack and water bottle for your child.
- Afternoon snack will be provided. If your child has specific food needs, please send an alternative snack.
- We request participants be dropped off/picked up at the Y, if alternative transportation is arranged please notify the program staff

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 \_\_\_\_\_

PAYMENT INFORMATION			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		

Financial Assistance may be available to those that qualify.

**This program is not licensed by the State of Arizona and operates under Arizona Revised Statute 36-884.6**