



SOMERTON YOUTH CENTER 2019-2020 SCHOOL BREAK CAMPS

CHILD'S NAME _____ BIRTH DATE _____ GRADE (2019/20) _____

PARENT'S NAME _____ BIRTH DATE _____ (Required for registration)

ADDRESS/PO BOX _____ CITY _____ ZIP CODE _____

HOME # _____ WORK# _____ CELL # _____

PARENT'S EMAIL ADDRESS _____

PLEASE SELECT CAMP OPTION NEEDED. PAYMENTS FOR CAMP MUST BE MADE PRIOR TO THE START OF CAMP.

HOURS: 7:30AM – 5:30PM

*** Must bring own Breakfast & Lunch ***

2019 DATES <input type="checkbox"/> camp days needed				MEMBER
<input type="checkbox"/>	Oct 14 - 18	Monday-Friday	Fall Break Camp	\$45
<input type="checkbox"/>	Dec 23 - 27	Monday-Friday	Winter Break - Wk 1	\$45
<input type="checkbox"/>	Dec 31, Jan 02 & 03	Mon, Thurs & Fri	Winter Break - Wk 2	\$45
2020 DATES <input type="checkbox"/> camp days needed				MEMBER
<input type="checkbox"/>	Jan 6 - 10	Monday-Friday	Winter Break - Wk 3	\$45
<input type="checkbox"/>	March 30 - April 3	Monday-Friday	Spring Break Camp	\$45

CAMP DAY INFO:

- Y ADVENTURES hours of operation are from 7:30AM to 5:30PM for ages 5 and older.
- 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.
- QUESTIONS? PLEASE CONTACT EDITH AT edith.benavides@vosymca.org OR 928-627-7024 or 928-723-2012

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 _____

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