



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WINTER BREAK 2011 REGISTRATION FORM

West Side School Age Programs

Come join the YMCA this Winter Break! We'll be filling our days with exciting field trips, games, arts and crafts, and nature activities. We'll provide snacks in the morning and afternoon as well as transportation for the field trips. Please bring a healthy sack lunch, coat and big smile! We look forward to seeing you!

GENERAL INFORMATION

Days/Dates

Monday – Friday, December 19-23rd
Tuesday – Friday, December 27-30th

Boeckman Creek/Stafford closed December 23rd
Lenox closed December 23 and December 30th

Hours

6:30am – 6:00pm
6:30am – 6:30pm Lenox location only

Locations

Boeckman Creek Primary
6700 SW Wilsonville Rd

Knight Elementary
501 N. Grant St.

Lenox Elementary
21200 NW Rock Creek Blvd.

NW Chinese Academy
8565 SW Beaverton-Hillsdale

Stafford Primary
19875 SW Stafford Rd.

Templeton Elementary
9500 SW Murdock St.

Must have a minimum of 8 participants to operate any location



Special Activity

Monday, December 19	Holiday Palooza-Onsite Day	Monday, December 26	Closed for Holiday
Tuesday, December 20	Field Trip-Papa's Pizza	Tuesday, December 27	Snowflake Flurry-Onsite Day
Wednesday, December 21	Winter Wonderland-Onsite	Wednesday, December 28	Field Trip-Bowling
Thursday, December 22	Field Trip-Mad Science	Thursday, December 29	Just Chillin'-Onsite Day
Friday, December 23	PJ Day-Onsite Day	Friday, December 30	New Year's Party

Cost

\$40 Per Day/\$160 Per Week (5 day session)/\$145 Per Week (4 day session)
Non-Participants \$45 per day/\$180 per week (5 day session)/\$165 Per Week (4 day session)

- An additional \$20 will be assessed for all registrations postmarked after December 12th.
- 5% discount for each additional child
- Fees are NON-REFUNDABLE and must be paid in full at the time of registration.
- Field trips are subject to change or cancellation without notice due to weather conditions, etc.
- Year Round Participants MUST complete and return the registration form to the Program Office to secure their spot and location.
- Please note that your normal site may not be available during the break.

INFORMATION/QUESTIONS

Contact the YMCA Program Office
503.327.0007

ychildcare@ymca-portland.org www.ychildcare.org

The YMCA does not discriminate against any child on the basis of race, religion, color, national origin, sex, marital status of the parent, or because of a need for special care. Our goal is to meet the individual needs of each child within the structure of our program while maintaining a safe and healthy environment for all children and staff. The School District does not sponsor or endorse the activity and/or information contained in this flyer.

WINTER BREAK 2011 REGISTRATION FORM

Westside School Age Programs

TO REGISTER

Submit the completed form along with full payment to the YMCA location you are attending. The addresses are located on page 1 of the registration form.

Faxed copies cannot be accepted.

Child's Name	Date of Birth
2nd Child's Name	Date of Birth
Address	Home Phone
City	Zip
1st Parent's Name	Cell Phone
Employer's Name	Work Phone
2nd Parent's Name	Cell Phone
Employer's Name	Work Phone
Additional Emergency Pick-Up	Home Phone
Work / Cell Phone	

SITE CHILD(REN) WILL BE ATTENDING _____

CHECK DAYS ATTENDING

Monday, December 19		Monday, December 26	Closed for Holiday
Tuesday, December 20		Tuesday, December 27	
Wednesday, December 21		Wednesday, December 28	
Thursday, December 22		Thursday, December 29	
Friday, December 23		Friday, December 30	

CHECK THE ITEMS BELOW AND SIGN INDICATING AUTHORIZATION.

- My child may be photographed. I understand the photos may be used for publicity purposes.
- My child may participate in field trips with transportation provided by school bus or YMCA van.
- My child may participate in water activities.
- My child has allergies and/or medical restrictions to be aware of: _____
- I give YMCA staff permission to obtain and authorize any necessary medical treatment for my child(ren) and understand my child may be transported to the nearest hospital by ambulance in the event of an emergency.

AUTHORIZATION

This is to certify that the information on this form has been completed to the best of my knowledge and that my child is in good health and free of disabilities that would endanger him/her or other children. In addition, I hereby, for myself, my child(ren)/dependent(s), my heirs, executors, and administrators, waive and release any and all rights and claims for damages I have against the YMCA of Columbia-Willamette and/or their respective agents, representatives, successors, and/or assigned for any and all injuries which may be suffered with my child(ren)'s involvement in the YMCA of Columbia-Willamette.

Parent / Guardian Signature _____ Date _____

PAYMENT TYPE

Registered Non-Registered Level One, Year Round

Enclosed amount for _____ days / week + \$20 (after Dec. 12th) = _____

Visa/MasterCard # _____ Expiration Date _____ Name on Card(print) _____

FOR OFFICE USE ONLY

Date Received	Amount Paid	Confirmation Sent	Date to Business Services
---------------	-------------	-------------------	---------------------------