



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SPRING SCHOOL DAYS OUT YMCA OF SPRINGFIELD

GRADES K-6TH

\$30/day Public

\$25/day Members and those registered in part-time YMCA SAC

\$15/day for those registered in full week YMCA SAC

We understand that school may close, but your place of business often does not. When school is out, the YMCA of Springfield provides an adult supervised, safe place for your school-age child grades K-6th to come and have fun. Group activities are planned from 9 a.m. to 4 p.m. and include arts and crafts, games, swimming, and more.

DROP OFF BEGINS AT 7AM, PICK UP BY 6PM
ACTIVITIES SCHEDULED 9AM-4PM
CHILDREN MUST BRING SACK LUNCH!

Downtown YMCA

Dates are based on

186 Academic Calendar:

January 2

January 3

January 4

January 21

February 18

March 4

April 1-April 5

April 19



Kerasotes YMCA

Dates are based on

Chatham Academic Calendar:

January 2

January 3

January 4

January 7

January 21

February 15

February 18

March 25-March 29

April 19

April 22

2019 Spring Dates: Check dates to sign up!

Downtown YMCA

- January 2*
- January 3*
- January 4*
- January 21*
- February 18*
- March 4*
- April 1-5*
- April 19*
-
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Kerasotes YMCA

- January 2*
- January 3
- January 4*
- January 7*
- January 21*
- February 15*
- February 18*
- March 25-March 29*
- April 19*
- April 22*

*Dates when pool is available. Please send children with swimsuit and towel.

Total: \$_____

Registration Form (one form per child)

Children must be signed in by a parent or guardian and contact information must be left with the supervisor.

Name _____ M _____ F _____ Birth Date ____/____/____

Address _____ City _____ Zip _____

Home # _____ Cell # _____ E-mail _____

Parent/Guardian: _____

Emergency Contact _____ Phone _____

Allergies? _____ Y _____ N If yes, Allergies _____

Medications? _____ Y _____ N If yes, Medications _____

I would like to make a gift to help a child participate in YMCA programs. I am adding \$_____ to my registration for the YMCA Strong Kids Scholarship Fund. All gifts are tax deductible.

I hereby register my child for the YMCA Schools Day Out. I give permission for my child to take field trips sponsored by the camp which may take him/her off the YMCA premises. I have reported all pertinent health information. I allow the YMCA to seek emergency care for my child if required. I also grant the YMCA permission to use photographs of my child in promotional material such as brochures, ads, websites, or newspaper releases. I will not be informed or reimbursed for such photographs.

Name _____ Date _____

Signature _____

For Office Use Only: SAP19 Branch ____ Date _____ Amount _____ Staff _____