



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2019 FALL SCHOOL DAYS OUT YMCA OF SPRINGFIELD GRADES K-6TH

\$32/day Public

\$27/day Members and those registered in part-time YMCA SAC

\$17/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 Springfield Y 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 play, arts and crafts, games, swimming, and more.

**Downtown Y Dates are based on
186 Academic Calendar:**

September 27
October 14
October 25
November 11
December 23
December 26
December 27
December 30
December 31



**Kerasotes Y Dates are based on
Chatham Academic Calendar:**

October 14
October 24
October 25
November 11
December 23
December 26
December 27
December 30
December 31

2019 Fall Dates: *Check dates to sign up!*

Downtown YMCA

- September 27*
- October 14*
- October 25*
- November 11*
- December 23*
- December 26*
- December 27*
- December 30*
- December 31*

Kerasotes YMCA

- October 14*
- October 24
- October 25*
- November 11*
- December 23*
- December 26
- December 27*
- December 30*
- December 31

*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 Y 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 program which may take him/her off the Y 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 _____

In order to guarantee enrollment and correct price, we can only accept registration at Branch locations.

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