



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# 2020 SPRING 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:**

January 2  
January 3  
January 20  
February 17  
March 3  
April 6-10  
April 13



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

January 2  
January 3  
January 6  
January 20  
February 14  
February 17  
March 23-27  
April 10  
April 13

# 2020 Spring Dates: *Check dates to sign up!*

## Downtown YMCA

- January 2\*
- January 3\*
- January 20\*
- February 17\*
- March 3\*
- April 6\*
- April 7\*
- April 8\*
- April 9\*
- April 10\*
- April 13\*

## Kerasotes YMCA

- January 2
- January 3\*
- January 6\*
- January 20\*
- February 14\*
- February 17\*
- March 23\*
- March 24
- March 25\*
- March 26
- March 27\*
- April 10\*
- April 13\*

\*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: SAP20 Branch ____ Date _____ Amount _____ Staff _____
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