



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# 2020 CHRISTMAS SCHOOL DAYS OUT YMCA OF SPRINGFIELD

**GRADES K-6TH**

**\$36/day Public**

**\$27/day Members**

*At this time, the Downtown YMCA is  
the only location for care.*

We understand that school may close, but your place of business often does not. With attention paid to COVID-19 safety regulations, the Springfield Y provides an adult supervised, safe place for your child to come and have fun. Activities are planned around the theme of our holiday season and include group play, arts and crafts, games, and more. Please send a water bottle, lunch, and an afternoon snack. Face covering, temperature checks, and health screenings are required.

**DROP OFF BEGINS AT 7AM, PICK UP BY 6PM**

**ACTIVITIES SCHEDULED 9AM-4PM**

***CHILDREN MUST BRING SACK LUNCH!***



Check dates to sign up.

Please complete all information on back of form.

- |                                 |                                 |
|---------------------------------|---------------------------------|
| <input type="checkbox"/> Dec 21 | <input type="checkbox"/> Dec 29 |
| <input type="checkbox"/> Dec 22 | <input type="checkbox"/> Dec 30 |
| <input type="checkbox"/> Dec 23 | <input type="checkbox"/> Jan 4  |
| <input type="checkbox"/> Dec 28 | <input type="checkbox"/> Jan 5  |

# Check dates to sign up!

- |                          |        |                          |        |
|--------------------------|--------|--------------------------|--------|
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| <input type="checkbox"/> | Dec 23 | <input type="checkbox"/> | Jan 4  |
| <input type="checkbox"/> | Dec 28 | <input type="checkbox"/> | Jan 5  |

Downtown YMCA  
601 N. 4th St.

## Registration Form

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

Adult/Guardian Name \_\_\_\_\_ M F Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ e-mail \_\_\_\_\_

Child(ren) \_\_\_\_\_ M F Birth Date \_\_\_\_\_

Allergies? \_\_\_\_ Y \_\_\_\_ N If yes, Allergies \_\_\_\_\_

Medications? \_\_\_\_ Y \_\_\_\_ N If yes, Medications \_\_\_\_\_

Child(ren) \_\_\_\_\_ M F Birth Date \_\_\_\_\_

Allergies? \_\_\_\_ Y \_\_\_\_ N If yes, Allergies \_\_\_\_\_

Medications? \_\_\_\_ Y \_\_\_\_ N If yes, Medications \_\_\_\_\_

Child(ren) \_\_\_\_\_ M F Birth Date \_\_\_\_\_

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(ren) 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 \_\_\_\_\_

*For Office Use Only* Tags: School Days Out, Youth, Child Care

Branch \_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_ Staff \_\_\_\_\_