the YMCA

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SPRING SCHOOL DAYS OUT

Drop off begins at 7 a.m.
Pick up by 6 p.m.
Activities scheduled 9 a.m.–4 p.m.
Children must bring a sack lunch!

It's Fun to Play at the YMCA!
PROGRAM HELD DOWNTOWN

$25 per day Members $30 per day Public Grades K–6th

We understand that school may close, but your place of business often does not. When school is canceled, 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.

2017 Spring Dates: *Check dates to sign up!*

Feb. 17 ____	Mar.13 ____	Mar. 20 ____	Apr. 14 ____	May 23 ____	May 30 ____	Jun. 1 ____
Feb. 20 ____	Mar. 14 ____	Mar. 21 ____	Apr. 17 ____	May 24 ____	May 31 ____	Jun. 2 ____
	Mar. 15 ____	Mar. 22 ____		May 25 ____		
	Mar. 16 ____	Mar. 23 ____		May 26 ____		
	Mar. 17 ____	Mar. 24 ____				

Total: $_____

Registration Form (one form per person)
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_____ State_____ 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 camp 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: HDC17 Branch 1 Date_____ Amount_____ Staff _____