



School's Out! April 2008 Program Registration

Office use only
Confirm Sent _____
Date _____

Child's Name _____ Birthdate _____

Completed Kindergarten?
Yes No

Parents' Name _____

Address _____
Street _____ City _____ State _____ Zip _____

Daytime Telephone _____ Evenings _____

Does your child receive a voucher? No Yes Daily Co-payment Amount \$ _____

Please check dates of attendance:

Note: Rates in parentheses are discounted Household Member, and After School Member rates.

Please check all that apply	Day	Date	Early Care 7a-9:00a	9:00a-4:00p	Late Care 4:00-6:00p	Total Fee
Daily Rates						
	April 21st	Monday	\$7	\$45 (\$35)	\$7	
	April 22 nd	Tuesday	\$7	\$45 (\$35)	\$7	
	April 23 rd	Wednesday	\$7	\$45 (\$35)	\$7	
	April 24 th	Thursday	\$7	\$45 (\$35)	\$7	
	April 25 th	Friday	\$7	\$45 (\$35)		

Total due _____

Registration Policies

Spaces are very limited, and will be filled on a first come first serve basis.

***** Deadline for registration: Friday April 11th, 2008*****

Payment must be made in full at the time of registration. For first time participants, additional Enrollment Forms will need to be completed prior to the program start. Enrollment form is valid through the end of the school year. Additional policies, including Cancellation Policy, are located in our Family Handbook. Receipt of registration will be confirmed.

Arrival and Pickup Policy:

Vacation Program is open daily from 9:00 am to 4:00 pm. Arriving early and picking up late is an **additional fee**. Please plan accordingly and register properly to avoid paying a \$1.00 per minute late fee.

Informed Consent:

As the parent/guardian of a child attending YMCA Schools Out! Vacation Program, I am aware of the degree of physical activity in which my child will be participating, and I am responsible for my child's physical ability to perform same. **I also understand the policies and guidelines of the Family Handbook.**

Lunch: Please make sure you send your child with a morning snack, a healthy lunch, and an afternoon snack. We are very active, and your child will need a lot of fuel for the day. We do not have the capability of storing cold lunches, or heating lunches so please plan accordingly.

Parent/Guardian Signature _____ Date _____

Staff Use Only

_____ Amt. Pd. In Full	_____ Cash
_____ Enrollment form attached or on file _____	_____ Credit
_____ Family Handbook Given	_____ Check# _____

Date: _____