



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SPRING SCHOOL DAYS OUT KERASOTES YMCA

Dates Based On Chatham School Calendar
GRADES K-6TH

\$25/day Members \$30/day Public
\$12/day (additional fee) for those registered in YMCA afterschool

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.

**Program
fills quickly,
register
today!**

DROP OFF BEGINS AT 7AM
PICK UP BY 6PM
ACTIVITIES SCHEDULED 9AM-4PM
CHILDREN MUST BRING SACK LUNCH!

January 2,3 and 15
February 16 and 19
March 30
April 2,3,4,5 and 6
May 23,24 and 25



School Days Out-Kerasotes

2018 Spring Dates: Check dates to sign up!

\$25/day Members \$30/day Public
 \$12/day (in addition to weekly rate) for YMCA afterschool participants

Date	<input type="checkbox"/>	Reg. Deadline	Date	<input type="checkbox"/>	Reg. Deadline	Date	<input type="checkbox"/>	Reg. Deadline
Jan. 2	<input type="checkbox"/>	Dec. 26	Mar. 30*	<input type="checkbox"/>	Mar. 23	Apr. 6*	<input type="checkbox"/>	Mar. 30
Jan. 3*	<input type="checkbox"/>	Dec. 27	Apr. 2*	<input type="checkbox"/>	Mar. 26	May 23*	<input type="checkbox"/>	May 16
Jan. 15*	<input type="checkbox"/>	Jan. 8	Apr. 3	<input type="checkbox"/>	Mar. 27	May 24	<input type="checkbox"/>	May 17
Feb. 16*	<input type="checkbox"/>	Feb. 9	Apr. 4*	<input type="checkbox"/>	Mar. 28	May 25*	<input type="checkbox"/>	May 18
Feb. 19*	<input type="checkbox"/>	Feb. 12	Apr. 5	<input type="checkbox"/>	Mar. 29		<input type="checkbox"/>	

*Dates when pool is available. Please send children with swimsuit and towel.

Total: \$ _____

Full payment is due and non-refundable by registration deadline.

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 _____ 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: SAP18 Branch 2 Date _____ Amount _____ Staff _____