OCTOBER VACATION CAMP

ROSH HASHANAH & YOM KIPPUR

Monday, October 3rd and Wednesday, October 12th

VACATION CAMP AT THE DARIEN YMCA

Come join us for two fun-filled days. Vacation Camp is available for 3 yr olds through 5th Graders. Activities include: arts & crafts, swimming, outside play, gym, games and more.

You can register On-Line or at the YMCA Front desk.

Must have a medical form on file for all participants!

HOURS

9am—1 pm—1/2 day Pre-school Only
9 am—4 pm– full day Pre-school through 5th Grade.
8 am—9am and/or 4 pm—6 pm– Extended Care

RATES:

1/2 day- $60 per day—Members, $70 per day– Non-Members
Full Day- $80 per day– Members, $90 per day– Non-Members
Extended Care- $10 per hour

Register at the front desk or on-line at www.darienymca.org

VACATION CAMP REGISTRATION FORM

Please fill out one registration form to be used for the whole 2016– 2017 school year*

You will still be required to register at the front desk for all the vacation days.

Child's Name _____ Grade _____

Home Phone # _____ Address _____

Mother's Name _____ Work Phone # _____

Father's Name _____ Work Phone # _____

Any known allergies _____

*If your child requires medication, you must provide us with an Authorization of Medication form signed by the Dr. and the Parent/Guardian. All medicine must be in the original container with the prescription label.

Emergency Contact:

1. _____ Day Phone _____ Eve Phone_____
2. _____ Day Phone _____ Eve Phone _____

PARTICIPATION AGREEMENT

- By enrolling my child in the Darien YMCA Program, I grant permission for him/her to participate in all of the activities of the program except where medical restrictions apply.
- The Darien YMCA will not assume responsibility for a child until the staff member has acquired supervision of your child at the Darien YMCA program facility
- I grant permission for my child to leave the Darien YMCA facility with adequate supervision of a staff member and/or parent volunteers for field trips.
- I grant permission for any photographs of my child, connected with the Darien YMCA programs, to be used for program publicity.
- I hereby grant permission for the staff to take whatever steps necessary to obtain medical care for my child if warranted. These steps include the following: (1) To administer First Aid; (2) To contact parent/guardian or person listed on emergency contact. If the parent or emergency contact can not be contacted, we will contact the child's physician. If the child's physician is not available, we will contact our consulting physician. If necessary, Post 53 of Darien will be called to transport the child to an emergency medical center.

Parent/ Guardian Signature_____ Date _____

MEDICAL FORM MUST BE ON FILE FOR EACH CHILD!

REGISTER ON LINE AT www.darien-ymca.org OR AT THE YMCA FRONT DESK