

**Celebrate**

**Juneteenth**

**Holiday Camp**

**THE NEW ROCHELLE YMCA**

**June 20, 2022**

**For ages 5 - 12**

**Have your child spend his/her day off at the YMCA!**

**Swimming, Arts & Crafts, Sports in the Gym, Group Games & More…**

**THE PROGRAM STARTS AT 9:00AM AND ENDS AT 5:00PM.**

**Children must bring Morning Snack, Lunch, Swim Wear & swim cap\***

***The YMCA will provide an Afternoon snack***

**$75.00 for the day**

**Additional Fees: (Optional)**

**$15.00 per day – 8:00-9:00am – AM extended hours**

**$15.00 per day – 5:00-6:00pm – PM extended hours**

**$30.00 per day – Both AM & PM extended hours**

**Registration Deadline: Friday June 17, 2022**

**Please note: If your child is not currently enrolled in one of our afterschool programs, you must include a copy of the Immunization Records from your child’s Physician. If fewer than 7 children enroll, the program will be cancelled and you will be informed by phone on Friday June 17, 2022**

**Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade\_\_\_School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mother’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home#\_\_\_\_\_\_\_\_\_\_\_Cell#\_\_\_\_\_\_\_\_\_\_Work#\_\_\_\_\_\_\_\_\_\_\_**

**Father’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home#\_\_\_\_\_\_\_\_\_\_\_Cell#\_\_\_\_\_\_\_\_\_\_Work#\_\_\_\_\_\_\_\_\_\_\_**

**Guardian’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home#\_\_\_\_\_\_\_\_\_\_\_Cell#\_\_\_\_\_\_\_\_\_\_Work#\_\_\_\_\_\_\_\_\_\_\_**

**Email’s (parent#1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent#2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Two Emergency Contacts: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medications\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Restrictions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I give my child permission to participate in The YMCA of New Rochelle, Inc. School’s out Program. I will not hold the YMCA, Board of Directors, Advisory Board, Staff or Volunteers liable for any injuries that might occur as a result of my child’s participation in the program.**

**Parent’s/Guardian’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**New Rochelle YMCA-50 Weyman Avenue-New Rochelle, NY 10805-Phone: 914-632-1818-Fax: 914-632-7140 www.nrymca.org.**

**Additional Fees: (optional)**

**$10.00 per day – 8:00-9:00am – AM extended hours**

**$10.00 per day - 5:00-6:00pm – PM extended hours**

**$75.00 per week – Both AM & PM extended hours**