

VACATION DAY PROGRAM REGISTRATION FORM

On the dates listed below, the YWCA SAP will run a full day program from 7:30am-6:30pm during the school vacation. The program will consist of a field trip and organized recreation activities and is open to children from all YWCA before and after school programs, as well as children not currently enrolled in our programs. It is staffed by YWCA employees from a variety of before and after school sites. **Children must arrive at the Bethany Community Center by 8:30am.**

**The program is held at the Bethany Community Center
605 Pascack Road, Township of Washington, NJ 07676**

Advanced registration, is required and all fees must be paid by check/credit card. **No refunds are available for cancellation for any reason.** Your account must be in good standing to register for the vacation day program. Any family with past due balances will not be permitted to register for the vacation day programs.

ALL FORMS ARE DUE BACK TO Mary Agnello at magnello@ywcabergencounty.org

By Wednesday January 16, 2019 at 12 (noon)

Any form not received by the above deadline cannot be guaranteed and will be charged a late fee of \$25.

Monday, January 21

Newark Museum
Special MLK Activities
49 Washington St,
Newark, NJ 07102

Time at facility: 12:30 pm -3:00pm
Includes: transportation, tour of museum,
movies, interactive activities and music

*** Bagel/fruit lunch included**

****Arts and crafts in morning, gym activity in afternoon**

Before/ After School Site: _____

I give permission for my child _____ to attend the YWCA vacation day field trip and understand my child will be transported by the YWCA to and from each activity. Child date of birth ____/____/____

My child has an allergy to _____. Parents must supply two Epi Pens or required allergy medications **along with an allergy action plan from their doctor.**

If parents are divorced/separated, please give specific instructions and a copy of court order concerning visits and pick-up by non-custodial parent. **Are there restrictions on pick-ups or visitation?** NO YES

Parent Signature: _____ **Date:** _____

Monday-January 21, 2019 -Newark Museum- \$80.00

LATE FEE (if applicable) - \$25.00

Total Fees enclosed: \$ _____

CREDIT CARD AUTHORIZATION Visa Master Card Discover American Express

Name as it appears on card: _____

Billing Address for this card: _____

Amount to charge: \$ _____

Card number: _____ Expiration date: _____ Security Code: _____

I hereby authorize the YWCA of Bergen County School Age Program to charge my credit card.

Signature: _____ Date: _____