

YCARE VACATION FUN CLUB



The YMCA of the Greater Tri-Valley provides a daily enrichment program from 7 AM to 6 PM for children from Kindergarten to 12 years old. YMCA Vacation Fun Club is a safe and nurturing, state-licensed, fun, and engaging environment! Activities include arts & crafts, physical fitness, science, character development, outdoor play, special guests, and more!

DECEMBER 22ND - 29TH

FRIDAY, DEC. 22ND

Holiday Fun with this season's holidays featured in play and activities (holiday cookies, ornament making & a variety of holiday games) (we will be doing mainly Christmas but will also be adding in some Dong Dee, Kwanza and other holiday activities)

TUESDAY, DEC. 26TH

Frosty Fiesta celebrating with cocoa, maple syrup candy (maple snow), snowmen, snow shoes and more

WEDNESDAY, DEC. 27TH

Winter Warm Up-making cozy crafts (learning to knit/crochet basics), how to make veggie soup and other activities designed to help us stay warm when its cold outside

THURSDAY, DEC. 28TH

Spring Training we will be learning Thawsome Creators-spending the day creating cool inventions, expanding our imaginations and more using common items we normally throw away. This STEM filled day is designed to help keep the "I'm Bored" away as we learn how to repurpose items and to complete science challenges together.

FRIDAY, DECEMBER 29TH

New Years Fresh Start- we will be having a laid back day of play discussing what we want to do in the coming year. Try something new we haven't tried before and create 'time capsule' to read in one year to see what we did and didn't complete during the year.

WHAT TO BRING:

- Nutritional Lunch
- Healthy Snacks
- Water Bottle
- Swimsuit
- Towel
- Sneakers
- Outside Play Clothes



DAILY RATES

Members	Non-Members
\$50 1st Child	\$65 1st Child
\$45 2nd Child	\$60 2nd Child

www.ymcatrivalley.org

Regional Director Holly Panebianco
Hollyp@ymcatrivalley.org 315-281-6258
 Program Assistant & Billing Suzanne Kopcho
skopcho@ymcatrivalley.org 315-281-5454
 Oneida Coordinator Lucille Farfaglia
lfarfaglia@ymcatrivalley.org 315-363-7788
 Rome Coordinator Voertje Prather
vprather@ymcatrivalley.org 315-336-3500
 Whitesboro Coordinator Barbara Boyer
bboyer@ymcatrivalley.org 315-571-5619

ROME FAMILY YMCA
 301 W. BLOOMFIELD ST. ROME, NY
 (315) 336-3500
ONEIDA FAMILY YMCA
 701 SENECA ST. ONEIDA, NY
 (315) 363-7788
WHITESBORO CHILD CARE
 8595 WESTMORELAND RD. WHITESBORO, NY
 (315) 768- 6712



Registration Form

Please note— fees are due at the time of registering for the program and are based on registration, regardless of the child's actual attendance.

Child's Name _____ **DOB** _____

Please check all days you are registering your child for.

Fri, Dec. 22nd Tues, Dec. 26th Wed., Dec 27 Thurs., Dec. 28th Friday, Dec. 29th

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Yes, my child is registered with the YMCA of the Greater Tri-Valley YCare School Age Child Care Program and I would like to use my child's emergency contact and allowable pick-up information on file.

Yes, my child is enrolled in Kindergarten or higher. All participants must be enrolled in at least Kindergarten to attend School Age Child Care Programming.

I understand that if my child has a diagnosed allergy or needs medication at program they will need additional paperwork signed by their doctor. I also understand this needs to be submitted prior to starting.

Yes, you may charge my card on file ending in _____

Home address

Street _____

City _____ State _____ Zip _____

Parent/ Guardian Information

Parent _____ phone (h) _____ (w) _____ (c) _____

Parent _____ phone (h) _____ (w) _____ (c) _____

Emergency contacts that may pick up your child

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Does your child have any conditions or concerns we should be aware of? Including allergies, illnesses, needed modifications or medications?

I give consent for enrollment of my child(ren) in the Vacation week program held at the Oneida YMCA. I also give consent for my child to participate in excursions or trips away from the facility. I will allow the YMCA to use my child in photographs or publicity for the YMCA. I understand that if my child is injured that a YMCA incident report must be filled out within 24 hours and Emergency medical care may be given in the event that I can not be reached.

Parent signature _____ Date _____

Please remember to bring photo ID when picking up your child.