

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 to the YWCA 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@ywcabergen.org

By Wednesday, August 21, 2019 by 12 (noon)

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

<p><u>Monday, August 26</u> Bowlero Fairlawn, NJ</p> <p>Time at facility: 11:00am - 12:30pm</p> <p>Includes: Transportation, 1 hour bowling plus batting cages/laser tag Pizza and drink included</p> <p>*Children may bring extra money for games</p> <p>Afternoon fun and games plus STEM activities</p>	<p><u>Tuesday, August 27</u> Van Saun Park Paramus, NJ</p> <p>Time at park: 10:00am - 3:00pm</p> <p>Includes: Entrance to zoo, train, and carousel rides.</p> <p>*Please pack bag lunch and towel, we will have a picnic lunch</p> <p>**Children can bring extra money for ice cream**</p> <p>Afternoon arts & crafts and fun and games</p>
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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 an Epi-Pen or required allergy medications.**

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 - August 26- 2019 - Bowlero \$80.00
 Tuesday - August 27 - 2019 -Van Saun Park \$80.00
 LATE FEE (if applicable) - \$25.00

Total Fees enclosed: \$ _____ (Credit card info below)

CREDIT CARD AUTHORIZATION Visa Master Card Discover American Express Check

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 Northern New Jersey School Age Program to charge my credit card.

Check Number: _____

Signature: _____ Date: _____