

**eliminating racism
empowering women**

ywca

Northern New Jersey

Bergen • Essex • Hudson • Morris • Passaic



Program Highlights

Full Day 7:30-5:30
Half Day 7:30-12:30

Games, crafts, activities
Lunch included

Special Themes

Open to non-YWCA participants

YWCA NORTHERN NEW JERSEY
201-345-1905
SAPregitation@ywcannj.org

2021-22

YWCA@ORADELL VACATION DAY PROGRAM

Finding childcare during school breaks is never a problem with the YWCA Vacation Day program.

We offer our affordable and engaging programs for children during the Oradell school breaks.

To fully support working families, we offer full day and half day options. Lunch and healthy snack will be provided.

Registration is open to all but priority given to Oradell YWCA SAP participants. Please see other side for registration and enrollment forms.

VACATION DAY REGISTRATION

Child's Name _____

Date of Birth _____ Gender: Male Female
Age _____ Grade: _____ School child attends: _____

YWCA SAP Participant Yes No, Enrollment form required

Vacation Days@Oradell - 350 Prospect Ave, Oradell, NJ 07649

Full Day 7:30 am-5:30 pm / Half Day 7:30 am-12:30 pm					
	YWCA PARTICIPANTS		NOT A PARTICIPANT		TOTAL
Sept 16 Deadline to register 9/14 –at noon	<input type="checkbox"/> Full Day \$50	<input type="checkbox"/> Half Day \$30	<input type="checkbox"/> Full Day \$60	<input type="checkbox"/> Half Day \$40	
Oct 11 Deadline to register 10/4 at noon	<input type="checkbox"/> Full Day \$50	<input type="checkbox"/> Half Day \$30	<input type="checkbox"/> Full Day \$60	<input type="checkbox"/> Half Day \$40	
TOTAL DUE					
<i>**registration subject to cancellation IF minimum enrollment is not met.</i>					

ALLERGY ALERT - if your child needs an Epi-Pen – you MUST make sure to send it with them

Fee Calculation

TOTAL DUE WITH APPLICATION: _____

Type of Card: American Express Discover MasterCard Visa

Name as it appears on card: _____

Billing address for this card: _____

Card Number: _____ Expiration Date: _____ Security Code: _____

Cardholder's Email: _____ Phone: _____

I hereby authorize the YWCA Northern New Jersey to automatically draft the following credit for my child's childcare payment.

Cardholder's Signature _____

Date _____

Please return this entire form to SAPregistration@ywcannj.org