

**eliminating racism
empowering women**

ywca

Northern New Jersey

Bergen • Essex • Hudson • Morris • Passaic



Program Highlights

Full Day 7:30am-5:30pm

Games, crafts, activities

Special Themes

YWCA Membership not required
Open to non-YWCA participants

YWCA NORTHERN NEW JERSEY

201-345-1905

SAPregistration@ywcannj.org

2021-22

YWCA@HARRINGTON PARK

Finding childcare during school breaks is never a problem with the YWCA Vacation Day Program. We offer our affordable and engaging programs for children.

**Please pack brown bag lunch labeled with your child's name.
Healthy snack will be provided by the YWCA.**

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

Vacation Day Registration

Child's Name: _____

Date of Birth: _____ Gender: Female Male Transgender Intersex Other

Age: _____ Grade: _____ School child attends: _____

YWCA SAP Participant: Yes **No, Enrollment form required**

<https://www.ywcannj.org/before-and-after-school/>

Vacation Days @ Harrington Park – 191 Harriot Ave, Harrington Park, NJ 07640

<input type="checkbox"/> Tuesday	February 22nd, 2022	<input type="checkbox"/> \$50 participant	<input type="checkbox"/> \$60 non participant
<input type="checkbox"/> Wednesday	February 23rd, 2022	<input type="checkbox"/> \$50 participant	<input type="checkbox"/> \$60 non participant
<input type="checkbox"/> Thursday	February 24th, 2022	<input type="checkbox"/> \$50 participant	<input type="checkbox"/> \$60 non participant
<input type="checkbox"/> Friday	February 25th, 2022	<input type="checkbox"/> \$50 participant	<input type="checkbox"/> \$60 non participant
**Registration is subject to cancellation IF minimum enrollment is not met.			
Registration MUST be received by Monday, February 14th			

Any Medical Issues/Allergies? No Yes- describe: _____

If your child has allergies requiring medical treatment – please include care plan from your doctor.

***Medication must be sent on child's first day (Epi-pen required) or child will not be permitted to attend program.**

Please confirm who will be picking up your child (MUST bring ID for pickup)

Name _____ Relationship _____ ok to pick-up emergency info

Cell _____

Fee Calculation

TOTAL DUE WITH APPLICATION: \$ _____

Account on File

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 charge the payment above.

Cardholder's Signature: _____ Date: _____

Please return this entire form to SAPregistration@ywcannj.org