

**eliminating racism  
empowering women**

**ywca**

**Northern New Jersey**

**Bergen • Essex • Hudson • Morris • Passaic**



2021-22

# YWCA@ORADELL VACATION DAY PROGRAM

**Finding childcare during school breaks is never a problem with the YWCA Vacation Day Programs. 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 Oradell YWCA SAP participants.  
Please see other side for registration and enrollment forms.

## 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](mailto:SAPregistration@ywcannj.org)

## 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 @ Oradell - 350 Prospect Ave, Oradell, NJ 07649

<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
<b>**Registration is subject to cancellation IF minimum enrollment is not met.</b>			
<b>Registration MUST be received by Monday, February 14<sup>th</sup></b>			

**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](mailto:SAPregistration@ywcannj.org)