



School's Out Days Registration Form Holiday Break 2017

The YMCA will offer School's Out Days for most days when school is not in session. We are committed to providing a safe, fun environment for our community's youth. Students will enjoy swimming, playing games, arts & crafts projects, making friends and participating in group and story times while focusing on the YMCA core values of caring, honesty, respect and responsibility.

- DATES/ TIME:** December: Friday 22nd, Tuesday 26th, Wednesday 27th, Thursday 28th, Friday 29th *7:00am – 5:30pm
- WHO:** **Open to all students in grades K-6** (PreK students currently enrolled in an afterschool program may attend)
- LOCATION:** **Mesabi Family YMCA, 8367 Unity Dr, Virginia, MN 55792**
- FEES:** **PAYMENT DUE UPON REGISTRATION!!!**
- | | |
|------------------|-------------|
| Y Family Members | \$32 |
| Y Youth Members | \$35 |
| Non-Members | \$40 |
- REGISTRATION DEADLINE:** **Tuesday, December 19th. You must complete a registration form for each child. Sign your child(ren) up online or with the Member Services Desk at the Y. Space is limited, first come-first served!**
- WHAT TO BRING DAILY:** **A nutritious lunch, morning and afternoon snacks and water bottle**
Swimsuit and towel- We will not swim everyday but will when pool schedule allows
Outside gear appropriate for weather
Please wear tennis shoes for the gymnasium
- CONTACT INFO:** **Nikki Lindquist, nlindquist@mesabiymca.org, 218-749-8020**

YMCA School's Out Days

Daily rates:

Y Family Member rate: \$32
Y Youth Member rate: \$35
Non-Member rate: \$40

Date(s) attending: please circle

Friday 22nd, Tuesday 26th, Wednesday 27th, Thursday 28th, Friday 29th

Amount due: _____ Please make checks payable to the Mesabi Family YMCA. **PAYMENT DUE UPON REGISTRATION!**

Expected drop off/ pick up times: if days will vary please specify on back

Drop off: _____ Pick up: _____

Who will be picking up your child? _____ Phone _____

Child's Name _____ M _____ F _____ DOB _____

Address _____
City _____ State _____ Zip _____

Home phone _____ Cell Phone _____

Parent email address _____

Mother _____ Work Phone _____

Father _____ Work Phone _____

Emergency Contact _____ Phone _____

Allergies Y__N__ If yes, Allergies _____

Will Y staff need to administer medications? Y__N__ If yes, please request a Permission to Administer Medication Form from Nikki.nlindquist@mesabiymca.org

Swim ability _____ Has had YMCA or other swim lessons (Last level _____)
_____ Has NOT had swim lessons

I give permission for my child to participate in the YMCA School's Out Day program. I understand there are participatory activities that my child will partake in. I give the Mesabi Family YMCA and program staff permission to act to the best their ability in the case of an emergency concerning my child. I also understand that my child must follow the YMCA Behavior Expectations and cooperate for a safe activity environment. I understand that promotional photos are routinely taken during the program.

Parent/ Guardian Signature _____ Date _____