



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

YMCA No School Days

DESCRIPTION

No School? No problem! Join the YMCA for a full day of fun and excitement. Your children will create crafts, play games and meet new friends.

WHEN/WHERE

Snoqualmie Family Y - 35018 SE Ridge ST Snoqualmie

7:00AM-6:00PM

Snoqualmie School District

December 21, 22, 26, 27, 28, 29

February 20, 21, 22, 23

April 9, 10, 11, 12, 13

Program Not Offered

November 10

December 25

January 1, 15

February 19

May 28



QUESTIONS

425-644-8417 OR

EASTSIDECHILDCARE@SEATTLEYMCA.ORG



PARTICIPANT INFORMATION

<i>Legal First Name</i>	<i>MI</i>	<i>Legal Last Name</i>
<i>School</i>	<i>Phone Number</i>	<i>Date of Birth</i>

NO SCHOOL DAY OPTIONS	FACILITY	COMMUNITY
	MEMBER RATE	NON MEMBER RATE

<input type="checkbox"/> Package Plan No School Day (\$270/\$360)* <input type="checkbox"/> Per Day No School Day (\$50/\$60) Full-day care will be available at Snoqualmie Family Y and below are the dates we will be offering full day care: <input type="checkbox"/> December 21, 2017 <input type="checkbox"/> April 12, 2018 <input type="checkbox"/> December 22, 2017 <input type="checkbox"/> April 13, 2018 <input type="checkbox"/> December 26, 2017 <input type="checkbox"/> December 27, 2017 <input type="checkbox"/> December 28, 2017 <input type="checkbox"/> December 29, 2017 <input type="checkbox"/> February 20, 2018 <input type="checkbox"/> February 21, 2018 <input type="checkbox"/> February 22, 2018 <input type="checkbox"/> February 23, 2018 <input type="checkbox"/> April 9, 2018 <input type="checkbox"/> April 10, 2018 <input type="checkbox"/> April 11, 2018	\$270 per year for all dates* OR \$50 per day	\$360 per year for all dates* OR \$60 per day
	*Must be enrolled in monthly Enrichment Pass to enroll for the package plan.	

CANCELLATION POLICY

- No cancellation or refunds issued after enrollment.

I understand and agree to the cancellation policy above . _____(initial)

PAYMENT METHOD

Charge my existing account on file with the YMCA Last 4 digits of Credit Card _____ Contact me for payment

I hereby authorize the YMCA to charge my credit card for payments indicated above. When my financial institution honors such debits by charging my account this shall constitute my receipt for payment. _____(initial)

CUSTOM QUESTIONS

What school does your child attend?* _____

What grade is the participant in? _____

Is there a family situation you want us to be aware of that would affect who picks up your child? (If yes, we will follow up with you) _____

Please indicate any health concerns or allergies that we need to be aware of. List NONE if not applicable to your child. _____

Lists any behavioral needs or concerns we should be aware of. List NONE if not applicable _____

List any medications that need to be administered during program hours. List NONE if not applicable to your child _____