



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

School Age Child Care No School Day Drop-In Care



Enroll your child in the YMCA's School Age Child Care (SACC) Vacation Program! The Oneida YMCA provides Child Care from 6:30AM to 6:00PM on all school vacation and snow days for children Kindergarten– 12 years old from any school district! YMCA child care is a safe and nurturing environment, state licensed, fun, and best of all—affordable! We carefully design our activities to expand your child's imagination, reinforce what they are learning in school and encourage life long positive values.



Cost of Program:
Members \$40 per day
Member 2nd Child \$35 per day
Non-Members \$50 per day
Non-Members 2nd Child \$45 per day
*Financial Assistance is available to members who apply



For more information,
please contact:
Valarie Webb
SACC Director
Oneida Family YMCA
701 Seneca St.
Oneida, NY 13421
(315) 363-7788 x222
vwebb@ymcatrivalley.org

**Please bring a bag lunch, outdoor attire,
swimsuit, towel, and sneakers each day.**

www.ymcatrivalley.org

Registration Form

_____ Yes, My child is enrolled in Kindergarten or higher.

Participants are not eligible to attend program until they are enrolled in Kindergarten or higher.

Child's Name _____ DOB _____

Date of Attendance _____

Child's Name _____ DOB _____

Date of Attendance _____

Child's Name _____ DOB _____

Date of Attendance _____

Home address

Street _____

City _____ State _____ Zip _____

Parent _____ phone (h) _____ (w) _____ (c) _____

Parent _____ phone (h) _____ (w) _____ (c) _____

Emergency contacts that may pick up your child

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Does your child have any conditions or concerns we should be aware of?

Including allergies, illnesses, needed modifications or medications?

I give consent for enrolment of my child(ren) in the Vacation week program held at the Oneida Family YMCA (YMCA of the Greater Tri-Valley) I also give consent for my child to participate in excursions or trips away from the facility. I will allow the YMCA to use my child in photographs or publicity for the YMCA. I Understand that if my child is injured that a YMCA incident report must be filled out within 24 hours and Emergency medical care may be given in the event that I can not be reached.

Parent signature _____ Date _____