

# Y-CARE VACATION FUN CLUB

The YMCA of the Greater Tri-Valley provides a daily enrichment program from 7 AM to 6 PM for children from Kindergarten to 12 years old. YMCA Vacation Fun Club is a safe and nurturing, state-licensed, fun, and engaging environment! Activities include arts & crafts, physical fitness, science, character development, outdoor play, special guests, and more!



**APRIL 22ND - 26TH**



## MONDAY, APRIL 22ND

It's a SPRING celebration! We will be learning about Earth Day with spring projects, planting, flowers, tissue paper art and more!



## TUESDAY, APRIL 23RD

It's a Teddy Bear Picnic! Bring your favorite stuffy for teddy bear picnic themed activities including Going on a Picnic, making bears and science fun!



## WEDNESDAY, APRIL 24TH

It's a Music & Talent Show! We will be learning about music, singing karaoke, making our own instruments and hosting our very-own talent show!



## THURSDAY, APRIL 25TH

It's Engineering Day! Our entire day will be based on building and science fun! Learn how to build a bridge, make the tallest building, highest flying airplanes and more!



## FRIDAY, APRIL 26TH

It's Camp Day! As we approach Day Camp Season, we will break out some of our favorite camp games, songs, crafts and more!

## WHAT TO BRING:

- Nutritional Lunch
- Healthy Snacks
- Water Bottle
- Swimsuit
- Towel
- Sneakers
- Outside Play Clothes

## DAILY RATES

Members	Non-Members
\$50 1st Child	\$65 1st Child
\$45 2nd Child	\$60 2nd Child

Regional Director Holly Panebianco  
 Hollyp@ymcatrivalley.org 315-281-6258  
 Program Assistant & Billing Suzanne Kopcho  
 skopcho@ymcatrivalley.org 315-281-5454  
 Oneida Coordinator Lucille Farfaglia  
 lfarfaglia@ymcatrivalley.org 315-363-7788  
 Rome Coordinator Voertje Prather  
 vprather@ymcatrivalley.org 315-336-3500

**ROME FAMILY YMCA**  
 301 W. BLOOMFIELD ST. ROME, NY  
 (315) 336-3500  
**ONEIDA FAMILY YMCA**  
 701 SENECA ST. ONEIDA, NY  
 (315) 363-7788  
**WHITESBORO CHILD CARE**  
 8595 WESTMORELAND RD. WHITESBORO, NY  
 PLEASE CALL OUR ROME COORDINATOR

[www.ymcatrivalley.org](http://www.ymcatrivalley.org)



## Registration Form

**Child's Name** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Please check all days you are registering your child for.** Fees are based on registration, regardless of attendance.

Mon, Apr. 22nd \_\_\_\_\_ Tues, Apr. 23rd \_\_\_\_\_ Wed., Apr. 24th \_\_\_\_\_ Thurs., April 25th \_\_\_\_\_ Fri, Apr. 26th \_\_\_\_\_

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- Yes, my child is registered with the YMCA of the Greater Tri-Valley YCare School Age Child Care Program and I would like to use my child's emergency contact and allowable pick-up information on file.
- Yes, my child is enrolled in Kindergarten or higher. All participants must be enrolled in at least Kindergarten to attend School Age Child Care Programming.
- I understand that if my child has a diagnosed allergy or needs medication at program they will need additional paperwork signed by their doctor. I also understand this needs to be submitted prior to starting.

### Home address

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Parent/ Guardian Information

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 enrollment of my child(ren) in the Vacation week program held at the Oneida YMCA. 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 \_\_\_\_\_

\*Please remember to bring photo ID when picking up your child.\*

I understand that the YMCA is participating in the OCFS non-patient specific EPI program for children not diagnosed with a preexisting allergy that may cause anaphylaxis, my child weighs \_\_\_\_\_ lbs.

**For questions regarding this program, please contact your regional program coordinator.**