

2017-2018 KIDS DAY OUT REGISTRATION FORM- Greensburg YMCA BASE Program

March 26th, March 28th, March 29th, April 2nd, and April 3rd

Greensburg Salem, Hempfield Area & Yough School Districts

Registration Forms and Payment For All Due To Child Care Billing On: Wednesday March 21 by NOON

E-mail: childcarepayments@gbgymca.org, Fax: 724-837-5006, Call: 724-834-0150

	KDO BASE Participants	KDO Non-BASE Participants	Early Dismissal BASE Participants ONLY	Delay Day BASE Participants ONLY
First Student Enrolled	\$31 per day	\$35 per day	\$20 per day	\$13 per day
· ·	are for BASE participants r	, ,	nt on the third and any additional on site availability and Delay Day c site availability.	
outside play. The YMCA	is not responsible for any	• •	th drink; bathing suit and towel; Ve discourage participants from b child's valuables.	• • • •
	rive from BASE sites to 6:0		t be walked in and signed in by an I YMCA Doors. Payment must be r	
			participants. Both are based on s	
Child's Name:		RETURN THE BELOW PO	BASE Site:	
Any allergies or med				

Dates Of Attendance:

O Monday, March 26 th	(KDO at YMCA –	Greensburg Salem)
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- O Wednesday, March 28th (Early Dismissal @YOUGH)
- O Thursday, March 29th (KDO at YMCA Hempfield, Greensburg and Yough)
- O Monday, April 2nd (KDO at YMCA Hempfield, Greensburg and Yough)
- O Tuesday, April 3rd (KDO at YMCA Greensburg and Yough)

Payment Options:

O CCIS Participant (<i>Must fill out</i> i					
O Check #:	O Credit Card	O Use Billing	g Information on File		
Type of Credit Card: Visa	Master Card	Discover	Exp. Date:	Three Digit Code:	
Name on Credit Card:		Car	d #:		

*All completed registration forms and payments must be e-mailed, faxed or dropped off at the Greensburg YMCA. Payment information may not be collected by the site staff. *

<u>Photo Permission:</u> I give the Greensburg YMCA permission to take photographs or videos of my child. Please indicate whether you consent to internal sharing of the photos and or videos, external (marketing) sharing, both or none.

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	CCIS Participants (must be filled out and signed for CCIS payment to be received)	
,	(parent name) need to switch my child,	
to the Greensbu	irg YMCA main site (6111214023-1) on (KDO DATE)	
hey will then re	esume Care at original site, (school site),	on
	(date returning).	
Thank You,		
-	date:	
()	parent signature)	