

In Case of Emergency please call:

Relationship:

Phone Number:

Who may pick up your child(ren):

Dates Required:

Dec 21 _____ Dec 28 _____

Dec 22 _____ Dec 29 _____

Dec 23 _____ Dec 30 _____

Dec 24 _____ Dec 31 _____

Extra Hours:

7:30-8:30 AM _____
\$3.00 per day per child

5:00-6:00 PM _____
\$3.00 per day per child

Signature:

Date: _____

Abundant Assets

A good way to love your child is to be accessible.

Focus on the positive and your child will too.



YMCA of Belleville and Quinte

433 Victoria Ave.,
Belleville, ON
K8N 2G1

Phone: (613)962-9245
(613)966-YMCA (9622)

Fax: (613)962-9247

www.ymcabellevillequinte.ca



***Holiday
Camp***

*December 21,22,23
and 28,29,30
Half Day Program
Dec 24 and 31*

*Registration opens
December 7, 2009*



YMCA

We build strong kids,
strong families, strong communities.

Holiday Camp

This camp is offered to girls and boys aged 5 to 12.

Time: 8:30 am to 5:00 pm

Cost: \$20.00 per day

Fees for December 24 and 31 are as follows as they will operate from 8:30am – 12:30pm. For these 2 days please bring a snack for the morning as lunch is not required. ****Pick up can not be later then 12:30pm****

\$10.00 per half Day

Extra Hours Available:

7:30 am to 8:30 am ~

\$3.00 per child per day

5:00 pm to 6:00 pm ~

\$3.00 per child per day

REGISTER OPENS

December 7, 2009

Spaces are Limited!



DON'T FORGET TO BRING:

- Nutritious Lunch ****Egg and Peanut/Nut Free****
- Snack for the morning and afternoon **Peanut/Nut Free**
- Plenty of Liquid
- Bathing suit and towel
- Outdoor clothing—hat, mittens, snow pants, boots, and extra socks
- Running shoes
- A Big Smile
- Holiday Crafts, games and swimming



Please complete both sides and submit to the Welcome desk with payment.

Child's Name: _____

Date of Birth: _____

Address: _____

Postal Code _____

Home Number: _____

Mother's Name: _____

Work Number: _____

Father's Name: _____

Work Number: _____

May your child have their picture taken:

Please Circle: Yes or No

Doctor's Name: _____

Doctor's Number: _____

Doctor's Address: _____

Medical Concerns: _____

Receipt Number: _____