

WORKING TOGETHER FOR TOMORROW'S LEADERS

Holiday and Weather Day Camps

"Providing financial assistance for your YMCA friends for over 145 years - find out if you qualify today"

Binghamton Branch

61 Susquehanna Street
Binghamton, NY 13901
Tel: (607) 772-0560
Fax: (607) 772-0563

West Family Branch

740 Main Street
Johnson City, NY 13790
Tel: (607) 770-9622
Fax: (607) 729-4977

Visit us on the web

www.ymcabroome.org



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

- School age children ages 5-12 years
- 7:00 am-6:00 pm
- Located in the Game Room at the Binghamton and West Family YMCA
- Based on the Johnson City and Binghamton School District Calendars
- We cover all snow days. If the Johnson City and Binghamton School Districts are closed, we are open.
- Children must bring lunch; we provide am and pm snacks. Pack swim gear because we swim during open swim times.



- OCFS licensed program that includes arts and crafts, physical education activities, swimming, and more!
- Financial Assistance is available, and we accept DSS subsidy.

Holiday and Weather Day Camps

Program Information

PROGRAM FEES:

\$25.00 per day

Please circle the desired location and days needed.

Location:

Binghamton YMCA

West Family YMCA

Days:

October	7	10		
November	11	23	25	
December	23	26	27	28
	29	30		
January	2	16		
February	17	20		
March	16			
April	6	9	10	11
	12	13		
May	25			

CONTACT INFORMATION

Primary:

Nikki Restino
Primary Focus: School Age Child Care
607-772-0560 ext.140
nrestino@bcymca.com

YMCA Holiday/Weather Day Safety Registration Form

7:00 am - 6:00 pm

Financial Assistance is available, and we accept DSS subsidy

All of our programs are non-refundable (medical reasons are exceptions with doctor's note)

Child's Name _____

Birth Date: _____ Site (Binghamton/JC): _____

Street: _____

City: _____ State: _____ Zip: _____

Parent or Guardian Name: _____

Employer: _____

Phone (H): _____ Phone (W): _____

Doctor's Name: _____

Emergency Contact and Phone: _____

Parent or Guardian Name: _____

Employer: _____

Phone (H): _____ Phone (W): _____

Doctor's Name: _____

Emergency Contact: _____

Emergency Phone: _____

Special Instructions (allergies, ADD, ADHD, fears, medications taking, etc.)

To the best of my knowledge the above named child has no known medical conditions other than the above. Furthermore, the above named child has no physical conditions that will limit participation in the recreational Holiday/Weather Day Camps. I do hereby give the staff of the YMCA permission to arrange for emergency medical/surgical/dental care (including diagnostic procedures) necessary to preserve the health of my child and to contact the above named authorized person(s) in the event that the parent cannot be reached.

Parent/Guardian Signature _____

Date _____

Check List:

- **Sneakers (required), swim gear, and bagged lunch needed**
- **Valuables and money are prohibited; vending machines not available for children's use**
- **Your child is responsible for their own belongings at all times (please bring locks for lockers during swim)**
- **Payment Questions? (607) 772-0560 x118**

