



Summer in the City



Broome County YMCA

We build strong kids,
strong families, strong communities

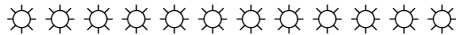
BINGHAMTON 2010

740 Main Street
Johnson City, NY 13790
Contact Nikki Restino at:
Phone: 607-772-0560 x140
Fax: 607-772-0563
Email: schoolage@bcymca.com



FEEES

Member \$95.00/wk
Non-Member - \$190.00/wk
Youth Membership - \$65.00/yr



SESSIONS		THEMES	
<input type="checkbox"/>	1	June 28 - July 2	Welcome
<input type="checkbox"/>	2	July 5 - July 9	Sports Week
<input type="checkbox"/>	3	July 12 - July 16	Everything Disney
<input type="checkbox"/>	4	July 19 - July 23	Go Green
<input type="checkbox"/>	5	July 26 - July 30	Halloween
<input type="checkbox"/>	6	Aug 2 - Aug 6	Fitness Frenzy
<input type="checkbox"/>	7	Aug 9 - Aug 13	Wacky Week
<input type="checkbox"/>	8	Aug 16 - Aug 20	Kids in the Kitchen
<input type="checkbox"/>	9	Aug 23 - Aug 27	Show and Tell/Talent Show

PROGRAM INFORMATION	
DSS Accepted	Small fee for field trips
Financial Aid Available	NO REFUNDS
Will credit another week if space allows. Dr's note required for medical refunds.	
Age 6-12 yrs	Age appropriate when needed
1:10 Ratio	Experienced, state cleared staff
Doors open at 7am	Doors close at 6pm
Recreational games	Large/Small group activities
Swimming	Walks to the park
AM/PM Snack	Parents welcome to participate
Value based discipline	Parties and Celebrations!!!

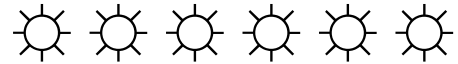
Our mission is to provide programs that encourage healthy spirit, mind and body. To fulfill this commitment, we focus on the core values of Caring, Honesty, Responsibility, & Respect to build character in our children.

You can register for as many weeks as you would like by putting down a \$10.00, NON-REFUNDABLE deposit per week. Full payments are due the Friday before the program begins. You will be charged a late fee of \$5.00 on the morning of the program.

Children MUST bring:
Bathing suit & towel
Flip-flops/water shoes for locker room
Sneakers (no sandals)
Change of clothes
Bagged, nutritious lunch

MEMBER FEES

Total # of Weeks _____ x \$95.00	
Deposit Paid (\$10.00 per session)	
Balance Due	



NON-MEMBER FEES

Total # of Weeks _____ x \$190.00	
Deposit Paid (\$10.00 per session)	
Balance Due	

Child's Name:
Receipt Number:
Member Service Staff Initials:
Date Received:
SACC Director Initials:
Date Processed: