



# Summer in the City WEST 2010



Broome County YMCA  
We build strong kids,  
strong families, strong communities

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	PROGRAM INFORMATION	
<input type="checkbox"/>	1	June 28 - July 2	Welcome	DSS Accepted	Small fee for field trips
<input type="checkbox"/>	2	July 5 - July 9	Sports Week	Financial Aid Available	NO REFUNDS
<input type="checkbox"/>	3	July 12 - July 16	Everything Disney	Will credit another week if space allows. Dr's note required for medical refunds.	
<input type="checkbox"/>	4	July 19 - July 23	Go Green	Age 6-12 yrs	Age appropriate when needed
<input type="checkbox"/>	5	July 26 - July 30	Halloween	1:10 Ratio	Experienced, state cleared staff
<input type="checkbox"/>	6	Aug 2 - Aug 6	Fitness Frenzy	Doors open at 7am	Doors close at 6pm
<input type="checkbox"/>	7	Aug 9 - Aug 13	Wacky Week	Recreational games	Large/Small group activities
<input type="checkbox"/>	8	Aug 16 - Aug 20	Kids in the Kitchen	Swimming	Walks to the park
<input type="checkbox"/>	9	Aug 23 - Aug 27	Show and Tell/Talent Show	AM/PM Snack	Parents welcome to participate
<input type="checkbox"/>	10	Aug 30 - Sept 3	It's a Party	Value based discipline	Parties and Celebrations!!!
				<b>POOL CLOSED</b>	<b>SESSION 10</b>

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)	Child's Name:
<b>Balance Due</b>	Receipt Number:

## NON-MEMBER FEES

Total # of Weeks _____ x \$190.00	Member Service Staff Initials:
Deposit Paid (\$10.00 per session)	Date Received:
<b>Balance Due</b>	SACC Director Initials:
	Date Processed: