



WHERE SUMMER COMES TO LIFE

CANAL FULTON Y FUN DAYS

At the Canal Fulton YMCA Y Fun Days summer program, kids have the opportunity to make friends, have fun, get active and discover who they are and what they can achieve. Our staff incorporate the Character Values of Trustworthiness, Respect, Responsibility, Fairness, Caring and Citizenship as well as empower children to make lasting social changes.

Ages: Students going into grades K-5

When: June 3-August 14 (No program wk of July 1st)
Tuesdays and Thursdays between 9am-2pm
(Early field trip drop off, July 31st @ Jackson Middle School)

Where: Stinson Elementary School

Registration: Complete both sides & submit with payment to the David Y

Contact: Lyndsay Gatto, David Y Childcare Director, lgatto@ymcastark.org
Mary Coverdale, David Y Assoc. Childcare Dir., mcoverdale@ymcastark.org

Additional Information: Program run by Canal Fulton YMCA Staff
Pack a lunch and water bottle daily
Program will provide a pm snack



CANAL FULTON YMCA
(offices located at)
7389 Caritas Circle NW
Massillon, Ohio 44646
P 330-830-6275
F 330-837-9287
ymcastark.org

Please Circle Weekly rate for weeks attending	Regional Y Member	Non-Member
June 3 & 5 (Art-rageous)	\$22	\$26
June 10 & 12 (Weird Science)	\$22	\$26
June 17 & 19 (Camp Inventors) *Thursday field trip: Glassworks	\$26	\$30
June 24 & 26 (Camp Olympics)	\$22	\$26
July 8 & 10 (H2 Whoa) *Thursday field trip: David Y to swim	\$26	\$30
July 15 & 17 (Culinary Craze)	\$22	\$26
July 22 & 24 (Backyard Activities)	\$22	\$26
July 29 & 31 (Game ON) *Thurs. field trip: Pro Football HOF	\$26	\$30
August 5 & 7 (Ooey Gooley)	\$22	\$26
August 12 & 14 (Hakuna Matata)	\$22	\$26
Total Due		

2014 Canal Fulton Y Fun Days Registration form

Child's Name _____ Child's Age _____ Birth date _____
 Address _____ City _____ Zip _____
 Child's Grade August 2014 _____ School _____ Phone # _____ Gender M F
 Mother's Name _____ B-day _____ Father's Name _____ B-day _____
 E-mail address to receive Y Fun Days program updates: _____
 Please list special information; allergies, custody issues, behavioral concerns, etc. (we cannot administer medication):

Please initial the week(s) your child is attending

- | | |
|--|---|
| <input type="checkbox"/> June 3 & 5: Art-rageous
<input type="checkbox"/> June 10 & 12: Weird Science
<input type="checkbox"/> June 17 & 19: Camp Inventors (field trip)
<input type="checkbox"/> June 24 & 26: Camp Olympics
<input type="checkbox"/> July 8 & 10: H2 Whoa (field trip) | <input type="checkbox"/> July 15 & 17: Culinary Craze
<input type="checkbox"/> July 22 & 24: Backyard Activities
<input type="checkbox"/> July 29 & 31: Game ON (field trip)*
<input type="checkbox"/> August 5 & 7: Ooey Gooley
<input type="checkbox"/> August 12 & 14: Hakuna Matata |
|--|---|

I, _____ (parents name) grant permission to the David YMCA for my child to be transported by Peterman busing on **June 19 , July 10, July 31** from Stinson Elementary to designated field trip and back
***Field trip on July 31st, children must be dropped off at the Jackson Middle School @ 8:15 (entrance 5W).**

Swimming Permission

Y N (please circle) I give permission for my child to swim @ the David YMCA on July 10th
 (Please circle swimming ability) Non-swimmer beginner swimmer advanced

Permission To Publish Minor Photography

Y N (please circle) I give permission for my child to be included in publicity pictures connected with the program.

Walking Trip Permission

I, the undersigned parent/guardian, do hereby grant permission for my child to walk outside of Stinson Elementary with staff for the occasional walking trip associated with Y Fun Days.

Release of all Claims

Waiver of liability: I hereby accept all responsibility for, and assume the risk of, any injury or damage to my person or dependent children which might arise directly or indirectly as a result, and or participation, in a YMCA program. I hereby expressly release, discharge and hold harmless from any liability whatsoever the YMCA, the various branches and subdivisions thereof, and all employees and volunteers in their capacities as representatives of the YMCA, expressly including, but not limited to, the Board of Trustees of the YMCA, except for injuries caused intentionally, or by willful misconduct. I certify that I am familiar with the contents of this release, that I have read and understand the same, and that it is my intention by signing this release that the same be binding not only on me, but my heirs, administrators, executors, successors, and assigns.

Parent/Guardian Signature: _____ Date _____

(Include yourself) Please list the persons permitted to pick-up your child and/or contact in case of emergency.

	<u>Name</u>	<u>Relationship</u>	<u>Home #</u>	<u>Cell#</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Registrations can be mailed to:

(Please make checks payable to the Canal Fulton YMCA)
 Paul and Carol David YMCA, Attention Lyndsay Gatto
 7389 Caritas Circle NW, Massillon Ohio 44646