



## **Kids Day Off**

**Tuesday, November 4, 2008**  
**Tuesday, November 11, 2008**  
**Wednesday, November 26, 2008**

*What did your kids do on their last day off?*  
**Here's what we did at the Y!**



*We made t-shirts!*



*We went swimming!*



*We made caramel apples!*

# Kids Day Off at the Foglia YMCA

**\*\* BREAKFAST WILL BE SERVED, BUT PLEASE REMEMBER TO SEND A HEALTHY SACK LUNCH WITH YOUR CHILD\*\***

*\* Kids Day Off is open to children ages Kindergarten through Grade 6. \**

**LOCATION: Foglia YMCA – 1025 Old McHenry Rd – Lake Zurich – 847-438-5300**

**COST: \$50.00 PER CHILD PER DAY (\$45.00 FOR SECOND CHILD) - If enrolled in Before or After School Age Child Care Program or Foglia Member  
\$60.00 PER CHILD PER DAY (\$54.00 FOR SECOND CHILD) - IF NOT ENROLLED IN SCHOOL AGE CHILD CARE PROGRAM / Program Member Rate**

**\*\*Space limited to first 35 registrations received. E-mail will be sent when program closed to further registration. \*\***

**Registration Deadline is One Week before each Kids Day Off.**

In order to secure the proper number of staff there will be no exceptions.

Registrations may be **faxed to (847)-438-5307, emailed to [sdillon@ymcachgo.org](mailto:sdillon@ymcachgo.org), or dropped off at the YMCA**, using the information below. **Payment MUST ACCOMPANY REGISTRATION!** Registrations will not be accepted at [before/after school sites](#) or at the [YMCA after the registration closes](#).

For additional information, please call Susan Dillon, School Age Child Care Director at 847-410-5373. Activities will include games, **OUTDOOR TIME (please send appropriate clothing)** arts & crafts, open gym, group activities, swimming, and snack provided mid-afternoon. **Children will not be able to use the vending machines so please do not send them with money.**

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_  
Parent/Guardian Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
Work Phone \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_  
Email: \_\_\_\_\_

**DAY(S) ATTENDING November 4\_\_\_\_\_ November 11\_\_\_\_\_ November 26\_\_\_\_\_**

**Authorization for Pick-Up**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

If so, please specify: \_\_\_\_\_

Is your child taking any medication? \_\_\_\_\_

If so, please specify: \_\_\_\_\_

Do we need to administer any medication? \_\_\_\_\_

In the event of an EMERGENCY and you cannot be reached, I hereby give my permission to the physician selected by the Foglia YMCA to secure proper treatment for my child named above.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Credit Card Information:**

Credit Card Form:

Circle One: VISA      Master Card      Discover      American Express

Name as it appears on the card: \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

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**Kids Day Off- Swimming Permission Slip**

I give my child(ren) \_\_\_\_\_ permission to swim in the Foglia YMCA Aquatic Center on \_\_\_\_\_. The children will be supervised by YMCA trained and certified lifeguards. Also, Kids Day Off staff will be swimming with the children.

**Please remember to send a bathing suit, towel, and goggles (if needed) with your child.**

**Swim time is in the afternoon. Any changes on this, parents will be notified.**

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_