



**FOR YOUTH DEVELOPMENT®**  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# A HEALTHY AND FUN HOLIDAY

**School Holiday Camp**  
**SEQUOIA YMCA**



Your child will learn new skills, develop self-esteem, and make new friends at the Sequoia YMCA School Holiday Camp. We focus on the healthy development of your child with age-appropriate activities, individual attention, and group participation in a safe and caring environment.

- DATES:** December 19 – January 6 (Closed Dec. 26)
- GRADES:** Kindergarten – 6
- TIME:** 9:00 am – 4 pm  
Extended Care (included) 7:30–9:00 am & 4:00–6:00 pm
- WHERE:** Roosevelt YMCA Room
- COST:** Facility Member \$40/day | Program Member \$45/day\*  
(\*A current \$45 program membership fee is required for registration)

**SEQUOIA YMCA**  
1445 Hudson Street, Redwood City CA 94061  
650 368 4168 | sequoiaymca.org

**SIGN UP FOR ONE  
OR MORE DAYS.**

**TO REGISTER:**

Download and complete the camp registration packet online at [sequoiaymca.org/](http://sequoiaymca.org/)

Drop off completed form at Sequoia YMCA or fax it in at 650 368 1140.

Financial assistance is available, contact 650 481 1210.



# SEQUOIA YMCA Holiday Camp - Registration

### TO REGISTER:

Complete this form, health history form, attach a current copy of your child's immunization records and include payment. Registration is not complete until payment is received.

### First and Last Name:

\_\_\_\_\_

Age: \_\_\_\_\_

School: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Cell: \_\_\_\_\_

Email is one of the fastest, most cost-effective, and environmentally friendly ways for us to communicate with you. We would like to send you periodic emails and automated phone calls with Y news and special offers. We will never share or sell your email, phone number or address to any third party. You may unsubscribe at any time.

### Please do NOT communicate with me by:

email       phone

By signing below, I understand that payment is due in full at the time of registration. Refunds are only available if written request is received at least one week prior to program dates.

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

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

### PLEASE CHOOSE DAY(S):

#### Closed December 26

\*A current \$45 program membership fee is required for registration

DATES	Facility Mem. \$40/day	Program Mem. \$45/day*
Mon, December 19		
Tues, December 20		
Weds, December 21		
Thurs, December 22		
Fri, December 23		
Tues, December 27		
Weds, December 28		
Thurs, December 29		
Fri, December 30		
Mon, January 2		
Tues, January 3		
Weds, January 4		
Thurs, January 5		
Fri, January 6		
<b>TOTAL</b>	<b>\$</b>	

### PAYMENT INFORMATION:

**Paid by:**    Check    Credit Card

**Check #** \_\_\_\_\_

#### Credit Card Info:

MasterCard    Visa    American Express

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

Card # \_\_\_\_\_

Exp. Date: \_\_\_\_\_

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