



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

SPRING BREAK DAY CAMP

April 15th – 19th



Traditional Camp

Join us for an exciting week at camp where your child will have fun, make new friends and explore new activities. Preview some of our new camp themes and enjoy a variety of sports, arts and crafts, swim, team building and much more!

Monday – Minute to Win It

Tuesday – Full STEAM Ahead

Wednesday – World Record Day

Thursday – Get Crafty

Friday – Color War!

Ages: 5–11 years old

Time: 7:30am–7:00pm

Cost: \$55 per day (SOAR Participants)

\$65 per day – Facility Members

\$75 per day – Program Members

Sports Galore Camp

This multi-sport camp provides a safe and fun environment for sports lovers. Children will work on the fundamentals of a variety of sports which includes soccer, basketball, tennis, floor hockey and more!

Ages: 7–11 years old

Time: 9:00am – 1:00pm *PM Extended care available

Cost: \$30 per day (SOAR Participants)

\$35 per day – Facility Members

\$50 per day – Program Members

***PM Extended Care (1:00pm – 7:00pm)**

Cost: \$25 per day (SOAR Participants)

\$30 per day – Facility Members

\$45 per day – Program Members

**Wayne YMCA
1 Pike Drive • Wayne, NJ 07470
973.595.0100 • waynymca.org**

When school is closed, the Y is open!
Send your children to the Y for a day of fun activities with their friends.

Spring Break Camp

April 15th - 19th

A bag lunch is required. We will supply an afternoon snack.

Please bring a bathing suit and towel.

Space is limited. Registration is required. Program is for children in grades K-5.

No Refunds. Credit only for cancellations received 5 business days before the date of service.

Vacation Camp needs a minimum of 10 participants to run.

Please Select:

Traditional Camp (7:30am - 7pm)

4/15___ 4/16___ 4/17___ 4/18___ 4/19___

Sports Galore(9am - 1pm)

4/15___ 4/16___ 4/17___ 4/18___ 4/19___

Extended Care (1pm - 7pm)

4/15___ 4/16___ 4/17___ 4/18___ 4/19___

Please return the registration form, with payment to:
Wayne YMCA, 1 Pike Drive, Wayne, NJ 07470

Child's Name _____ Grade: _____

Address: _____ City Zip: _____

Parent's Name: _____ Phone: _____

Cell Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

Child's Physician: _____ Phone: _____

Allergies/Notes: _____

Amt. due: _____ Credit Card # _____ Exp. _____

In the event of an emergency and I cannot be reached, I hereby give the Wayne YMCA permission to secure the necessary treatment for my child.

Parent's Signature _____ Date _____