

**eliminating racism  
empowering women**

**ywca**

**Northern New Jersey**

**Bergen • Essex • Hudson • Morris • Passaic**



## Program Highlights

Full Day 7:30am -5:30pm

Games, crafts, activities

Special Themes

YWCA Membership not required.  
Open to non-YWCA participants

YWCA NORTHERN NEW JERSEY  
201-345-1914

[SAPregistration@ywcannj.org](mailto:SAPregistration@ywcannj.org)

# YWCA@ORADELL

## YWCA VACATION DAY PROGRAM

Finding childcare during school breaks is never a problem with YWCA's Vacation Day Programs. We offer our affordable and engaging programs for children.

Please pack a brown bag lunch and a healthy snack will be provided by the YWCA.

Registration is open to all, but priority given to Oradell YWCA SAP participants. Please see other side for registration and enrollment forms.

## VACATION DAY PROGRAM REGISTRATION

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Female  Male  Transgender  Intersex  Other

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School child attends: \_\_\_\_\_

YWCA SAP Participant:  Yes  No, Enrollment form required Photo Released:  Yes  No

### Vacation Days @ Oradell - 350 Prospect Ave, Oradell, NJ 07649

<input type="checkbox"/> Monday	April 1 <sup>st</sup> , 2024	<input type="checkbox"/> \$65 participant	<input type="checkbox"/> \$75 nonparticipant
<input type="checkbox"/> Tuesday	April 2 <sup>nd</sup> , 2024	<input type="checkbox"/> \$65 participant	<input type="checkbox"/> \$75 nonparticipant
<input type="checkbox"/> Wednesday	April 3 <sup>rd</sup> , 2024	<input type="checkbox"/> \$65 participant	<input type="checkbox"/> \$75 nonparticipant
<input type="checkbox"/> Thursday	April 4 <sup>th</sup> , 2024	<input type="checkbox"/> \$65 participant	<input type="checkbox"/> \$75 nonparticipant
<input type="checkbox"/> Friday	April 5 <sup>th</sup> , 2024	<input type="checkbox"/> \$65 participant	<input type="checkbox"/> \$75 nonparticipant
<b>**Registration is subject to cancellation IF minimum enrollment is not met.</b>			
<b>Registration MUST be received by Thursday, March 21<sup>st</sup> by Noon.</b>			
<b>Any registrations submitted after the 21<sup>st</sup> will be charged a \$25 late fee.</b>			

Any Medical Issues/Allergies?  No  Yes- describe: \_\_\_\_\_

If your child has allergies requiring medical treatment - please include care plan from your doctor.

**\*All required medications must be sent on child's first day (Epi-pen, Benadryl, Inhaler, etc.) or child CANNOT attend program.**

Please confirm who will be picking up your child (MUST bring ID for pickup)

Name \_\_\_\_\_ Relationship \_\_\_\_\_  ok to pick-up  emergency info

Cell \_\_\_\_\_

### Fee Calculation

TOTAL DUE WITH APPLICATION: \$ \_\_\_\_\_

Account on File

Type of Card:  American Express  Discover  MasterCard  Visa

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

Billing address for this card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Cardholder's Email: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby authorize the YWCA Northern New Jersey to automatically charge the payment above.

Cardholder's Signature: \_\_\_\_\_

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

Please return this entire form to [SAPregistration@ywcannj.org](mailto:SAPregistration@ywcannj.org)