

Mission YMCA

A Branch of the YMCA of San Francisco

Winter Day Camp 2009

December 21st-24th & Dec 28th-30th

Sunnyside 250 Forester St (415) 587-6761

LR Flynn 3125 Cesar Chavez St (415) 695-5772

Grades: Kindergarten – Eighth Grades

Hours/Days: 7:30 a.m. - 6:30 p.m. Monday – Thursday
Friday's closed

Fees: \$195.00 Children not in after school program
\$25.00 Children in after school program

- Character Values: Caring, Honesty, Respect and Responsibility
- Quality Trained Staff
- American Camping Association Accredited
- Fun Exciting Activities, Games, Crafts, Field Trips



Mission YMCA 4080 Mission Street, San Francisco, Ca 94112

Phone (415) 586-6900 FAX (415) 586-7480

Financial Assistance Available/Se Habla Espanol

www.ymcasf.org/mission

MISSION YMCA WINTER DAY CAMP

December 21-31

NO Camp on the 25th and 1st

REGISTRATION 2009

ONE PER CHILD

Child's Name _____ Sex: M F Age _____

Birthday _____ Home Phone _____ School _____

Home Address _____ City _____ Zip _____

Email Address _____

Adults Living with Child

Name _____ Work Phone _____ Birthday _____

Name _____ Work Phone _____ Birthday _____

Winter camp

Circle your choice

Fee/Deposit

Sunnyside Elementary 250 Foerster St. \$ 195 each week

L.R. Flynn Elementary 3125 Cesar Chavez St. \$ 195 each week

Kindergarten- Eighth Grades

December 21-31

7:30 a.m. – 6:30 p.m.



**Deposits are
NON-REFUNDABLE and
NON-TRANSFERABLE**

ADD IT ALL UP

- Week 1 \$195.00 _____
- Week 2 \$195.00 _____

Deposit For each week \$40.00 Per Week

_____ week(s) X \$ 40.00 = _____

Membership \$35.00 _____

TOTAL _____

Staff entering in the computer _____

Copy and put in Site Box _____

*Please initial

FEES ARE DUE the Thursday before the week of attendance.

If you have difficulties please make arrangements with the courtesy counter for payment plan. **If the fees are not paid and arrangement are not made, your child will not be allowed to attend that week, and all fees will be forfeited.**

For Registration by Fax or Mail-In Only:

MISSION YMCA FAX #: (415) 586-7480

VISA MasterCard Card no.

Authorizing Signature _____ Card Expiration Date Month Year