



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SPRING DAY CAMP



MONTECITO FAMILY YMCA
a branch of the *Channel Islands YMCA*

MARCH 26 – 30, 2012

Exciting and memorable days are in store for your child at Spring Day Camp! Each day is loaded with adventure and new experiences designed to be stimulating and fun.

Financial Assistance is Available

Contact Yvonne Rubio, 805-969-3288
yvonne.rubio@ciymca.org



**STRENGTHENING
COMMUNITIES
125 YEARS**

Spring Day Camp

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Your child will be part of a small group of friends, as they learn new skills, meet new people, develop healthy bodies and participate in a wide variety of activities which includes movies, arts, crafts, local parks, sports and games, bowling and swimming (weather permitting.)

To reserve your spot, drop by the YMCA with your pre-registration form or mail the form along with \$100.00 non-refundable/non-transferable deposit for each child. Once registration is received, a complete emergency packet will be mailed. Non-Refundable deposits will be applied to your child's camp fee. Fees to be paid in full by Friday, March 23rd. The Montecito Family YMCA reserves the right to cancel due to lack of enrollment in which case the full fee or deposit will be refunded.

The Y has scholarships available to assist families in managing the cost of YMCA camps. Applications for consideration are available at the front service center. Scholarship/campership funds are made possible by the generous gifts of individuals, Santa Barbara Foundation, Wood-Claeysens Foundation, Campaign For Youth and Families and Kids To Camp.

Cost: \$170.00
\$195.00 With Extended care
\$ 50.00 Current Full-Time Afterschool Participants

Times: 9:00am - 4:00pm
Extended Care: 7:45am - 9:00am
and or 4:00pm - 6:00pm

Send to: Montecito Family YMCA Spring Camp - 591 Santa Rosa Lane - Santa Barbara, CA 93108

Child's Name: _____

Age: _____ M/F: _____ Grade: _____ Birth Date: _____

School: _____ E-Mail Address: _____

Address: _____ City: _____ Zip: _____

Father's Name: _____ Phone (h): _____ (w): _____ cell: _____

Mother's Name: _____ Phone (h): _____ (w): _____ cell: _____

Extended Care Needed

No Extended Care Needed