



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

KID'S NIGHT IN – PARENT'S NIGHT OUT

"Cupid's Valentines Bash"

At Flatirons Elementary (K – 5th grades)

Friday, February 10, 5:30 – 10:00pm (in the cafeteria)

Fee: YMCA Member \$20 / Non-Member \$30 (\$5 off for siblings)

Contact: Shirley Koeller (Flatirons YMCA Director) 303-909-2975 or flatirons@ymcabv.org

Activities:

Art	Love Bugs and Valentine Surprises
Active Play	Partner Tag, Musical Valentine
Special Activities	Pin the Arrow on the Cupid, Valentine Bingo
Dinner	Nutritious and delicious dinner will be served

Registration due to your site director no later than Tuesday, February 7.

Child's Name _____ Age: ____ Gender: M F B-Day___/___/___ Grade _____

Parent's Name _____ Address _____ City _____ Zip _____

Phone (H) _____ (C) _____ (W) _____ Email: _____

Parent's Name _____ Address _____ City _____ Zip _____

Phone (H) _____ (C) _____ (W) _____ Email: _____

Emergency Contact _____ Address _____ City _____ Zip _____

Phone (H) _____ (C) _____ (W) _____

Medical conditions or allergies: _____ Reaction: _____

How did you hear about this Program? _____

Waiver: My child is in good health and is capable of participating in YMCA Exploration Stations. I understand the potential risks of participation and hold harmless the YMCA, staff, Directors, and volunteers from accidents resulting from participation. I authorize, in a medical emergency, after reasonable effort has been made to notify parents, that a YMCA representative may seek emergency assistance at the parent/guardian's expense.

Parent/Guardian Signature _____ **Date** _____

Financial Assistance is provided for those experiencing financial hardship-Please contact your School Age Director listed on this page.

Member: **\$20** _____ SAP Year Round _____ SAP School Yr Plan _____ Facility Member (SAP: School Age Program)
 Non Member: **\$30** _____ SAP Drop In _____ Non- Member (No credits or refunds offered after registration has been handed in)

Payment by: Cash _____ Check# _____ payable to "YMCA of Boulder Valley"
 Visa/MasterCard# _____ Exp. Date: _____ Vin# _____ Cardholder Name: _____

Intake Name _____ Date _____ Registration Input _____ Date _____ (GL#: 01-5590-03-34-0295 Code: FL2/10PNO)