

THE LEARNING ZONE

SPEND YOUR SUMMER IN THE ZONE!
Licensed child care! Experienced staff!

Childcare Hours:

6:30a-6:00p

Weekly Rate:

\$185/member, \$210/non-members

State of Michigan Childcare Scholarships accepted from eligible families working with MDHHS.

Ages 5-12

Begins June 9, 2025

Located at Emerson Elementary in Owosso

Fun themes
Field trips
New friends
Explore
Create
Develop
Try new things



Shiawassee Family YMCA | Owosso Public Schools
Contact: mdodak@shiawasseeymca.org



2025 LEARNING ZONE SUMMER REGISTRATION FORM

SHIAWASSEE FAMILY YMCA

Emerson Elementary - 515 W. Oliver St., Owosso



Child's Name: _____ Sex: _____ Birthdate: _____

Parent's Name: _____ Phone Number: _____

Full Address: _____

Email (Required): _____

Emergency Contact 1 (Required): _____ Phone: _____

Grade Entering in Fall 2025: _____ How did you hear about us? _____

REGISTRATIONS & CANCELLATIONS:

Select the session(s) you would like your child to attend and complete this form. Payment is due in full on the last day of each session. Payments not made by the last day of each session may be assessed a \$20 late fee. If you cancel your registration before the start of the session, you will be charged a \$25 cancellation fee. All no call/no shows will be charged full price.

LATE PICK-UP POLICY:

If you arrive more than 15 minutes late to pick up your child, a \$10 fee will be charged plus \$1.00 per minute thereafter. After three offenses, a parent is required to meet with our Child Care Director to discuss possible solutions to the problem.

6:30AM-6:00PM, Monday-Friday

Member Pricing: \$185 (\$125 for Week 4). Non-Member Pricing: \$210 (\$140 for Week 4).

CHECK YOUR SELECTIONS BELOW:

WEEK 1: June 9-13 _____	WEEK 2: June 16-20 _____	WEEK 3: June 23-27 _____	WEEK 4: June 30-July 2 _____ 3-Day	WEEK 5: July 7-11 _____	WEEK 6: July 14-18 _____
WEEK 7: July 21-25 _____	WEEK 8: July 28-Aug. 1 _____	WEEK 9: August 4-8 _____	WEEK 10: August 11-15 _____	Shirt Size: YS AS YM AM YL AL YXL AXL	

Number of Weeks Selected _____ x \$185 OR \$210 = _____
 3-Day _____ \$125 OR \$140 = _____
 SESSION TOTAL = _____

Financial Aid: _____% or DHS
 PAYMENT: Cash Check Card
 Name on card _____

DO YOU WANT TO SET UP AUTOMATIC PAYMENTS?

_____ YES _____ NO

Card # _____
 Exp. Date _____ CVV _____

RECEIVED BY: _____ **Date:** _____