

Kids at the CYCC

(Respite, 7-11 years)

This group will meet on Saturdays at the CYCC from 10am-3pm. The focus of this group is to give the kids a chance to socialize with friends, be active and learn new things while providing some respite for families. Program times are from 10am - 3pm. You can register for any times between these hours. Please indicate on the registration form what time you will pick up and drop off your child.

Date	Activity	Cost	Description
September 22, 2018	Back to School Pizza Party!	\$8	Cooking mini pizzas for lunch and Karaoke Party! Be ready for some fall crafts as well. <i>Please advise if gluten or dairy free is needed.</i>
October 20, 2018	Halloween Party	\$10	Come dressed in your costume ready to carve pumpkins, roast pumpkin seeds, make a scary snack and play games! <i>(recipe TBA)</i>
November 3, 2018	Sensory Art!	\$10	Canvas painting, sensory bottles, and messy art. Come ready to get messy and make a snack <i>(recipe TBA)</i> .
November 17, 2018	Taco Day!	\$8	Let's practice our cooking skills. We will make tacos for lunch. <i>Please advise if gluten or dairy free needs to be available.</i>
December 1, 2018	Pyjama Day!	\$5	Come dressed in your pyjamas ready to have a cozy day at the CYCC. We will make snack and watch a movie in the afternoon. <i>(recipe TBA)</i>
December 15, 2018	Tobogganing	\$5	Tobogganing, snow painting and build snowmen. After we will come inside to warm up with hot chocolate and make a snack. <i>(recipe TBA)</i>



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Registration Form

Child's Name: _____ Date of Birth: _____

Parents/Guardians: _____

Phone #: _____ Phone #: _____

Email Address: _____

Snacks: Gluten Free Dairy Free Nut Free

Program runs from 10:00am – 3:00pm
You can choose to pick up or drop off your child any time between those hours.

Date	Drop off Time	Pick Up Time	Special Considerations
September 22, 2018			
October 20, 2018			
November 3, 2018			
November 17, 2018			
December 1, 2018			
December 15, 2018			

**In Special considerations please note necessary information for your child at that group*

Please initial:

- ** ___ I understand that the program costs are non-negotiable.**
- ** ___ I understand that the program costs will be invoiced at the end of the month.**
- ** ___ I understand that I will be billed for the full length of the program directly without 24 hour cancellation notice.**

Please fax/email/drop off to:
Bailey Wojciechowski, Group Programs Facilitator
#3 Spruce Ave Sherwood Park
familysupport@robinhoodassoc.com
Fax: 780-640-9404

Office Use only	Current
FSCD Contract	
Forms	
Scanned	
Entered	