



# GREAT SUMMERS

## START AT THE Y! DILLON DAY CAMP

Summer is a time for kids to be kids. And Dillon Day Camp is the place to make every precious Summer day a great one!

Days will be filled with:

- › Outdoor/Camp Games and Sports
- › Arts & Crafts
- › Gym Time
- › Spanish
- › Swimming - Indoor Heated Pool (2 days/week)
- › CATCH & STEM Curriculum
- › Weekly Field Trips & Much More!

Members: \$29/day (\$145/week)

Non-Members: \$34/day (\$170/week)

Application Fee: \$30/Family

RESERVE  
YOUR SPOT  
TODAY



June 16th - August 22nd  
Monday - Friday: 7am - 6pm  
Ages 6-12



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

2025

Hello and welcome! Thank you for choosing Dillon Day Camp for your summertime childcare needs. We appreciate the opportunity to be a part of your child's growth and development. We are eager to get to know all the new campers and their families as well as reunite with returning campers.

Dillon Day Camp offers weekly themes, swimming, field trips, team building opportunities, physical activities, STEM/CATCH activities, arts, crafts and so much more! Dillon Day Camp will be a great place for your child to experience summer!

As we strive to provide a safe and quality summer camp experience for all enrolled, it is in the best interest of all to clarify specific procedures and policies before the camp gets started on June 16th.

- **Dillon Day Camp is a 10-week commitment. Parents/Guardians are responsible for all Dillon Day Camp fees whether your child attends camp or not due to illness, holiday and/or personal vacation time.**
  - **Fees will only be waived when:**
    - Your child attends a Camp Torenta session.
    - Public school starts before the last week of camp.
    - Proper withdrawal from the program has occurred.
- **To receive member rates, the camper must be a member before the camp start date.**
- **Only one subsidy such as Y Financial Assistance or DHHS childcare assistance can be applied to an account.**
  - **A DHHS subsidy decline letter must be on file before Y Financial Assistance can be applied to childcare. DHHS subsidy or Y Financial Assistance must be current before the start of camp.**
  - **Parents/Guardians are responsible for all fees prior to DHHS subsidy or Y Financial Assistance approval.**
- **Nonrefundable \$30.00 application fee per family.**
- **All fees for Dillon Day Camp must be scheduled and paid through EFT or with a credit card.**
  - **This also applies to DHHS paid accounts for final payment.**
- **Weekly fees associated with the camp will be drafted each Monday of the week attending.**

Completely fill out & sign all forms, front and back, and return them to the Early Childhood Director, Debbie Blake no later than June 14th, 2025. All paperwork must be completed and on file prior to the camp start date of June 16<sup>th</sup>. Questions or concerns can be emailed to the Early Childhood Director at [debbieb@cadillacareaymca.org](mailto:debbieb@cadillacareaymca.org).

We are looking forward to getting to know your child and having a GREAT summer here at the Y!

Respectfully,

Debbie Blake & The DDC staff

# Y DILLON DAY CAMP – 2025 APPLICATION

Please complete both sides of application

\* REQUIRED Information – 1 Child per application

## CHILD INFORMATION:

\*Child's full name \_\_\_\_\_ \*Gender: M or F \*Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

\*Address \_\_\_\_\_ \*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_

\*Is your child able to swim? YES or NO      \*Has your child completed the deep-water swim test here at the Y? YES or NO

\*Child's shirt size: Yth Sm. \_\_\_\_\_ Yth Med. \_\_\_\_\_ Yth Lg. \_\_\_\_\_ Adult Sm. \_\_\_\_\_ Adult M. \_\_\_\_\_ Adult Lg. \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION:

\*Mother (first & last name) \_\_\_\_\_ \*Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Address (if different than child) \_\_\_\_\_

\*Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

\*Email Address \_\_\_\_\_

\*Father (first & last name) \_\_\_\_\_ \*Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Address (if different than child) \_\_\_\_\_

\*Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

\*Email Address \_\_\_\_\_

\*Guardian (first & last name) \_\_\_\_\_ \*Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Address (if different than child) \_\_\_\_\_

\*Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

\*Email Address \_\_\_\_\_

Child lives with: Both Parents      Mother      Father      Guardian Other \_\_\_\_\_

Who is responsible for payment? Both Parents      Mother      Father      Guardian DHHS

# Y DILLON DAY CAMP – 2025 APPLICATION

## Slot Request:

Full time \_\_\_\_\_ (5 days/week)

Part time \_\_\_\_\_ (4 days or less/week)

## Fees:

\$29/day or \$145/week Member

\$34/day or \$170/week Community Member

Please indicate the days your child will be attending by writing the approximate drop-off and pick-up times in the boxes below

	Monday	Tuesday	Wednesday	Thursday	Friday
Drop-off Time					
Pick-up Time					

A \$30/family application fee will be charged on the applicants first day of DDC. Acceptance into Dillon Day Camp is on a first come, first served bases for all applicants. As **full-time status takes precedence over part-time status**, part time requests will be determined according to availability. All admission paperwork must be completed and turned into the EC Director, Debbie Blake, no later than June 14, 2025. Once placement has been established, the parents of the applicant will be responsible for all fees associated with DDC until program completion or proper withdrawal procedures have occurred.

All DDC charges will occur whether your child attends or not due to illness, holiday, family vacation, or attending summer camp. **Fees will only be waived if attending Camp Torenta or an early fall start date of public school.** Fees for Dillon Day Camp will be drafted each Monday of the current week. Financial assistance can only be applied when ineligibility documentation from DHHS has been received. Parents/Guardian of the applicant will be responsible for all remaining balances after DHHS payment or financial assistance has been applied.

I certify that my child has permission and consent to participate in the above YMCA Program. I further stipulate and agree to protect, indemnify, save, and hold harmless said Cadillac Area YMCA employees and YMCA volunteers against any and all claims arising out of my child's participation in this YMCA Program. I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the participant named above. I certify that my child is normal and healthy and amenable to discipline. During the camp program, I expect him/her to observe all regulations decided upon for the welfare of all. I also certify that the program participant (my child) has been screened medically and that there are no medical conditions or injuries that preclude his/her participation in this program. I give permission for my child to swim during this program under the supervision of YMCA staff and lifeguards. I give my permission for photos/videos to be taken and used for YMCA public relations purposes. I certify that all information provided above is accurate.

\* **Parent/Guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# YMCA DILLON DAY CAMP -2025

## CHILD INFORMATION SHEET

\* REQUIRED Information

\*Child's full name \_\_\_\_\_ \*Gender: M or F \*Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
\*Address \_\_\_\_\_ \*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_  
\*Mother: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
\*Home # \_\_\_\_\_ Cell or Work # \_\_\_\_\_  
\*Father: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
\*Home # \_\_\_\_\_ Cell or Work # \_\_\_\_\_  
Email Address \_\_\_\_\_

### Additional persons authorized to pick-up your child and/or contacted in the event of an emergency:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone1: \_\_\_\_\_ Phone2: \_\_\_\_\_  
Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone1: \_\_\_\_\_ Phone2: \_\_\_\_\_

\*Childs shirt size: Youth Sm M Lg XLg Adult Sm M Lg

**\*Is your child able to swim? YES or NO (please see swimming program notes)**

**\*Medication** must be in its original container with the child's name on the prescription.

**Please list medication and dosage instructions:** \_\_\_\_\_

**\* Does your child currently or recently have any allergies, illness, infections, communicable disease, ailments, or other condition?**

**\* Is your child in good health? YES or NO (circle one) please note any activity restrictions above.**

**\* Please provide a copy of your child's immunization record to the Early Childhood Director.**

\*Name of family physician \_\_\_\_\_ Phone \_\_\_\_\_

Please provide any other information you feel may put us in a better position to understand your child and his/her needs:

I certify that my child has permission and consent to participate in the above YMCA Program. I further stipulate and agree to protect, indemnify, save, and hold harmless said Cadillac Area YMCA employees and YMCA volunteers against any and all claims arising out of my child's participation in this YMCA Program. I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the participant named above. I certify that my child is normal and healthy and amenable to discipline. During the camp program, I expect him/her to observe all regulations decided upon for the welfare of all. I also certify that the program participant (my child) has been screened medically and that there are no medical conditions or injuries that preclude his/her participation in this program. I give the Cadillac Area YMCA permission to transport my child for offsite field trips as necessary. I give permission for my child to swim during this program under the supervision of YMCA staff and lifeguards. I give my permission for photos/ videos to be taken and used for YMCA public relations purposes. I certify that all information provided above is accurate.

\* **Parent/Guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# MEDICATION PERMISSION AND INSTRUCTIONS

## CHILD CARE HOMES AND CENTERS

Department of Licensing and Regulatory Affairs

Child Care Licensing Bureau

If you are giving or applying any medication to a child in care, the following must be completed by the parent for **each** medication. An interruption in medication will require a new permission form.

### TO BE COMPLETED BY PARENT

I give my permission for Cadillac Area YMCA to give or apply the medication  
(Caregiver, Facility)

**OFF! Deep Woods Insect Repellent**, to my child \_\_\_\_\_, as follows:  
(Specify, prescribed medication/over the counter product) (Child's Name)

### DIRECTIONS:

1. Date to Begin Giving Medication <b>6/16/2025</b>	2. Date to Stop Medication <b>9/1/2025</b>
3. Times Medication is to be Given <b>as needed</b>	4. Amount (dosage) of Medication Each Time Given <b>amount needed to cover exposed skin</b>
5. Storage of Medication <b>shelf</b>	
6. Other Directions, if Any <b>repeat as needed</b>	
Signature of Parent	Date

### TO BE COMPLETED BY THE CAREGIVER GIVING THE MEDICATION:

DATE	TIME	AMOUNT GIVEN	CAREGIVER'S NAME	CAREGIVER'S SIGNATURE

It is recommended this form be reviewed with the parent every 3 months if the medication is ongoing.

LARA is an equal opportunity employer/program.

**TO BE COMPLETED BY THE CAREGIVER GIVING MEDICATION:**[illegible]



We thank you for your commitment and the enrollment of \_\_\_\_\_ into  
(Child's Name)  
the Y's 2025 Dillon Day Camp program.

Monday	Tuesday	Wednesday	Thursday	Friday
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YOUR WEEKLY PAYMENT WILL BE \$

- Monthly EFT Authorization:** Checking \_\_\_\_\_ Savings \_\_\_\_\_

Bank: \_\_\_\_\_

Act. # \_\_\_\_\_ Routing # \_\_\_\_\_

**Amount to be withdrew each week \$** \_\_\_\_\_

**CREDIT CARD PAYMENT:** Name on Card

Card Type: ☒ VISA ☐ MASTER CARD

Card #           Expiration Date  /

**Amount to be charged each week \$** \_\_\_\_\_

**Signature:** \_\_\_\_\_



## PARENT NOTIFICATION OF THE LICENSING NOTEBOOK

Child Care Organizations Act, 1973 Public Act 116

### Michigan Department of Licensing and Regulatory Affairs

All child care centers must maintain a licensing notebook which includes all licensing inspection reports, special investigation reports and all related corrective action plans (CAP). The notebook must include all reports issued and CAPs developed on and after May 27, 2010 until the license is closed.

- This center maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans.
- The notebook will be available to parents for review during regular business hours.
- Licensing inspection and special investigation reports from at least the past two years are available on the Bureau of Community and Health Systems website at **[www.michigan.gov/michildcare](http://www.michigan.gov/michildcare)**.

I have read the above statement issued by Cadillac Area YMCA Dillon Community Center .  
Name of Child Care Center

Child(ren)'s Name(s) \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

LARA is an equal opportunity employer/program.

# CHILD INFORMATION RECORD

## State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing Bureau

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

<b>For Provider Use Only:</b>		Date of Admission		Date of Discharge	
Name of Child (Last, First, Middle Initial)					Child's Date of Birth
Address (Number and Street, Building/Apartment Number)			City	State	Zip Code
Parent/Legal Guardian's Name		Primary Phone (     )	Parent/Legal Guardian's Name (Optional)		Primary Phone (     )
Home Address (if not child's address)		2 <sup>nd</sup> Phone (if applicable) (     )	Home Address (if not child's address)		2 <sup>nd</sup> Phone (if applicable) (     )
City	State	Zip Code	City	State	Zip Code
Email Address (optional)			Email Address (optional)		
Employer Name		Work Phone (     )	Employer Name		Work Phone (     )
Name of Child's Physician or Health Clinic			Physician's or Health Clinic's Phone Number (     )		
Hospital Preferred for Emergency Treatment (optional)					
Allergies, Special Needs and/or Special Instructions? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain: (Attach additional sheets, if necessary.)					

CCL-3731 (Rev. 3/17/2022) Previous editions 7-18 & 4-21 may be used

See Reverse Side

<b>Emergency Contact &amp; Release of Child:</b> List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)					
1.		(     )		(     )	
2.		(     )		(     )	
3.		(     )		(     )	
<b>Release of Child Only:</b> List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)					
1.		(     )		2. (     )	
3.		(     )		4. (     )	

<b>Parent/Legal Guardian Initials:</b>
_____ I give permission to _____ Cadillac Area YMCA _____, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical treatment for the above named minor child while in care.

<b>I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.</b>	
Signature of Parent or Guardian	Date Signed

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials
LARA is an equal opportunity employer/program.						AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation Citation.	

CCL-3731 (Rev. 3/17/2022) Previous editions 7-18 & 4-21 may be used



## Family/Child Care Food Agreement

The Cadillac Area YMCA will provide a nutritious monthly meal plan for all Early Childhood program participants. All meals served will follow the CACFP, HEPA and GSRP nutrition guidelines.

Please take note of the following ways nutritious meals and snacks will be provided to your child while in care at the Cadillac Area YMCA.

- The Cadillac Area YMCA will provide breakfast, am and pm snacks for all children enrolled year round.
- Lunch will be catered in by the public school systems food vendor Chartwells, September – June.
- Summer Food Program (SFP) offered by CACFP will be catered in by Chartwells, June – August.
- Special dietary requests due to a medical allergy will be accommodated by the Cadillac Area YMCA and/or Chartwells after the completion of CACFP REQUEST FOR SPECIAL MEALS and/or ACCOMMODATIONS form.
- Parents/Guardians will be responsible for supplementing the meals offered when there is a special dietary needs due to an intolerance. Intolerance still needs to be documented on CACFP REQUEST FOR SPECIAL MEALS and/or Accommodations form.
- **Parent's will ONLY be asked to provide a nut free packed lunch for their child on dates that lunch cannot be catered due to school closings/shut downs, holidays, spring break, etc. All other food/meals will be provided by the Cadillac Area YMCA.**
  - Parents will be notified of these dates via written notification, text, or phone call.
- The Cadillac Area YMCA will provide the following lunch if the parent does not.
  - Wow butter & SF jam sandwich on whole grain bread, fruit, vegetable and milk.

I have read the above statement issued by the Cadillac Area YMCA.

Child(ren)'s Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

*Rule 400.8330 (2) A written agreement shall be kept on file at the center if the parent has agreed to provide formula, milk, or food. The center shall provide an adequate amount of formula, milk, or food if the parent does not.*

**Disability Definition:** The Americans with Disabilities Act Amendment Act defines a "disability," in part, as a physical or mental impairment that substantially limits a major life activity or major bodily function of an individual. (For additional information on the definition of disability, please refer to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act Amendments Act of 2008). More Information regarding the ADAAA, which expanded the definition of disability, see the Comparison of ADA and ADAAA sheet (<http://www.law.georgetown.edu/archiveada/documents/ComparisonofADAandADAAA.pdf>).

**Nondiscrimination Statement:** In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) ([http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html)) online, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: 202-690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.

**Participant Enrollment Form****Instructions:**

1. List full name of participant enrolled in care
2. Circle the typical days each participant is in care
3. List times each participant is in care
4. Circle the meals and snacks each participant typically receives while in care
5. Select the ethnicity of each participant using the following codes: H = Hispanic or Latino, N = Not Hispanic or Latino\*
6. Select one or more racial designations of each participant using the following codes: A/I = American Indian or Alaskan Native, A = Asian, B = Black or African American, H/PI = Native Hawaiian or Pacific Islander, W = White\*
7. Sign and date the form and return to your care center

Participant's First and Last Name	Typical Days in Care (circle all that apply)	List Times in Care	Meals/Snacks Received (circle all that apply)	Ethnicity	Race
	Mon Tues Wed Thu Fri Sat Sun		Breakfast AM Snack Lunch PM Snack Supper Evening Snack		
	Mon Tues Wed Thu Fri Sat Sun		Breakfast AM Snack Lunch PM Snack Supper Evening Snack		
	Mon Tues Wed Thu Fri Sat Sun		Breakfast AM Snack Lunch PM Snack Supper Evening Snack		
	Mon Tues Wed Thu Fri Sat Sun		Breakfast AM Snack Lunch PM Snack Supper Evening Snack		

\* This information is voluntary. This will assist us in assuring the Child and Adult Care Food Program is administered in a nondiscriminatory manner.

\_\_\_\_\_  
Adult/Parent/Guardian's Address

\_\_\_\_\_  
Adult/Parent/Guardian's Phone Number

\_\_\_\_\_  
Signature of Adult/Parent/Guardian

\_\_\_\_\_  
Date Signed

**This institution is an equal opportunity provider.**

### **Non-Discrimination Statement**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) ([http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html)) online, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: 202-690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.

	Monday	Tuesday	Wednesday	Thursday	Friday
7:00-9:00 AM	Free Play - Board games, crafts, etc.	Free Play - Board games, crafts, etc.	Free Play - Board games, crafts, etc.	Free Play - Board games, crafts, etc.	Free Play - Board games, crafts, etc.
8:00-8:30 AM	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
9:00 AM	Outside	low movement games - playground, etc.	low movement games - playground, etc.	Cooking w/Kids	low movement games - playground, etc.
9:30 AM					
10:00	Snack	Snack	Snack (Field Trip)	Snack	Snack
10:30	Curriculum Activities STEAM	Arts & Crafts	Curriculum Activities STEAM	Arts & Crafts	Arts & Crafts STEAM
11:00 AM					
11:30 AM	Lunch	Lunch	Lunch	Lunch	Lunch
12:00 PM					
12-1230 PM	Free Activity/Quiet Time	Free Activity/Quiet Time	Free Activity/Quiet Time (Field Trip)	Free Activity/Quiet Time	Free Activity/Quiet Time
100 PM		Prepare to Swim		Prepare to Swim	
1-130	Physical Activity - games or sports in gym or outdoors	Swimming	Physical Activity - games or sports in gym or outdoors (Field Trip)	Swimming	Physical Activity - games or sports in gym or outdoors
1:30 PM	Library				Arts & Crafts STEAM
2:00 PM					
2:30 PM					
3:00 PM	Snack	Snack	Snack	Snack	Snack
3:30 PM	Free Activity - Board games, playground, etc.	Free Activity - Board games, playground, etc.	Free Activity - Board games, playground, etc.	Free Activity - Board games, playground, etc.	Free Activity - Board games, playground, etc.
4:00 - 6:00pm	Free Play - Board games, crafts, etc.	Free Play - Board games, crafts, etc.	Free Play - Board games, crafts, etc.	Free Play - Board games, crafts, etc.	Free Play - Board games, crafts, etc.