



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



A GREAT WAY TO SPEND YOUR DAY

School's Out Vacation Camp THE CENTER FOR YOUTH PROGRAMS

Please check your child's school calendar
as days off vary from district to district.

Friday, May 26, 2017

School's Out Vacation Camp is held at our Center at Liberty Street in Middletown, just two blocks away from our association headquarters. Children who are currently enrolled in our YMCA First Step Preschool program through children aged 12 can attend. **Please be advised that we are no longer transporting participants from SOFY to the Center at Liberty Street. All participants must be dropped off at the Center after 7:00 a.m. and picked up from the Center by 6:00 p.m.**

To register, please complete the Authorized Release and Emergency Contacts form on this back of this page as well as the Vacation Camp Payment Agreement (if necessary) and drop it off at the YMCA of Middletown or Monroe, along with appropriate payment. Children are required to bring lunch and plenty to drink. An afternoon snack is provided.

Rates:

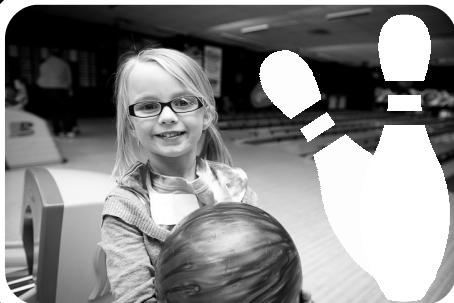
Club Kid/Preschool Members-\$43.00 YMCA Members-\$48.00 Program Members-\$58.00

Registration Deadlines:

The registration deadline for Vacation Camp is Wednesday, May 24th.

No registrations will be accepted after these deadlines.

All registrations are nonrefundable and nontransferable. No exceptions will be made.



We're going bowling at Quinnz Pinz! The increased registration fee covers the cost of bowling, shoes, a slice of pizza, and a drink. All children must wear or bring socks in order to bowl!

All participants must be dropped off at the Center at Liberty Street by 11:00 a.m. Any participant arriving after 11:00 a.m. must be brought to Quinnz Pinz and signed in by a parent/guardian.

Authorized Release and Emergency Contacts

Child's Name _____ Sex _____ Age _____ Grade _____

Parent/Guardian Name _____ Home Phone _____

Work Phone _____ Cell Phone _____

Which phone is best to reach you during program hours? _____

Our policy is to not release your child to any person you do not specify, including other family members. Please list all individuals that you authorize to pick up your child. These individuals will be contacted if there is an emergency. Please indicate yourself on the list. Any one picking up will be asked for ID.

Name _____ Relationship to Child _____

Daytime Phone _____ Cell Phone _____

Name _____ Relationship to Child _____

Daytime Phone _____ Cell Phone _____

Name _____ Relationship to Child _____

Daytime Phone _____ Cell Phone _____

Does your child have any physical limitations? If yes, please specify. _____

Does your child have any allergies? If yes, please specify. _____

Is your child in a special classroom setting? If yes, please specify. _____

Is your child currently under care for any emotional, physical, or socialization problems? If yes, please specify. _____

If your child is currently taking medication, please specify what and why. _____

Does your child wear glasses or contacts? _____

I hereby enroll my child in the YMCA Vacation Camp program. In signing this application, I certify that my child is healthy and is free of problems that could affect his/her ability to participate. I hereby grant the YMCA and their representatives full authority to take whatever actions they deem necessary regarding my child's health and safety. I fully release the YMCA from any liability in connection therewith. I understand that I am responsible for the cost of any and all medical expenses incurred during program time and that my medical insurance is primary. I understand that my child must comply with all rules and standards of the program. I agree that the YMCA has the right to enforce appropriate standards and that the YMCA may terminate my child's participation if these standards are not maintained. I further give my consent for my child to be photographed or videotaped, and do hereby release those images to be used by the YMCA in print or other media. I also give the YMCA permission to transport my child when necessary (where applicable). **I understand that all registrations are nonrefundable and nontransferable.**

Signature Parent/Guardian _____ Print _____

Relationship to Child _____ Date _____

If the Department of Social Services is providing payment for Vacation Camp, please complete the next page.

Vacation Camp Payment Agreement

Dear Parents/Caregivers,

Please be advised that we will have new guidelines in place for Vacation Camp beginning April 2017 for those participants receiving DSS benefits. Please understand that we have staff and supplies in place for the number of children that are registered for each day of Vacation Camp. When participants fail to attend, it results in overstaffing and an excess of supplies. Additionally, the Department of Social Services will not pay for any days that children do not attend.

Therefore, we must institute a new policy with regards to Vacation Camp days. Beginning with April 2017 Vacation Camp, if a child fails to attend a Vacation Camp day for which they are registered, the parent or caregiver will be responsible for providing the payment for the day that was missed. This payment must be received before the child can return to any following Vacation Camp days. If for any reason your child can not attend a Vacation Camp day, you must inform the YMCA before registration closes for that day. After registration closes, you will be responsible for payment for any missed day. Perpetual absences on Vacation Camp days will result in your child being unable to attend future Vacation Camp days. Please sign below that you have read and acknowledge this payment agreement. Failure to complete this form will result in an inability to register for Vacation Camp.

Signature Parent/Guardian _____

Print _____

Relationship to Child _____

Date _____