



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



A GREAT WAY TO SPEND YOUR DAY

School's Out Vacation Camp GEORGE L. COOKE ELEMENTARY

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

Wednesday, December 26th
Thursday, December 27th
Friday, December 28th

School's Out Vacation Camp will be held at George L. Cooke Elementary. Children who are currently enrolled in Kindergarten-5th grade can attend. Vacation camp is open from 7:30 am to 6:00 pm. Children may be dropped off anytime during program hours.

Children are required to bring lunch and plenty to drink. An afternoon snack is provided. To register, complete both sides of this form and email it to: Melinda Gwiozdowski at mgwiozdowski@middletownymca.org.

This program is FREE of charge. Each child must bring a lunch every day.

Registration Deadline: Friday, December 21st

No registrations will be accepted after these deadline. All registrations are nontransferable. No exceptions will be made.

Please check the date(s) your child will be attending: ___ **Dec. 26th** ___ **Dec. 27th** ___ **Dec. 28th**

Child's Name _____ Sex: M / F Age _____

Birth Date _____ Current Grade _____ Address _____

City _____ Zip _____ Parent/Guardian Name _____

Email _____ Home Phone _____

Work Phone _____ Cell Phone _____

I will be dropping my child off at _____am. I will be picking my child up at _____pm.

Please email both sides of this form to Melinda Gwiozdowski at mgwiozdowski@middletownymca.org.
Space is limited to first 15 children.

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 _____