



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

A GREAT WAY TO SPEND TIME OFF

School's Out Vacation Camp THE CENTER FOR YOUTH PROGRAMS



Friday, May 28th & Friday, June 18th

SPACE IS EXTREMELY LIMITED

Vacation Camp Hours: 7:00am-6:00pm
Vacation Camp Fees: \$45/Day



School's Out Vacation Camp is held at the Center For Youth Programs on Liberty Street in Middletown.

Children will spend the majority of their day at The Center on Liberty Street but they will also have the option to **swim** at the YMCA of Middletown on Highland Avenue. When weather permits, we will play outside. Please make sure your child wears sneakers so they can participate in all of the activities.

WHAT TO BRING:

Breakfast, lunch, and an afternoon snack will be provided. Your child must bring plenty to drink or a refillable water bottle. Those who choose to swim must bring a bathing suit, towel, and shoes to wear on the pool deck.



REGISTER BY EMAIL:

Email the following forms to us at:

childcare@middletownymca.org

- Authorized Release and Emergency Contacts Form
- Payment Authorization Form
- DSS Payment Agreement (if applicable)

REGISTER IN-PERSON:

Return the following forms along with full payment to the YMCA of Middletown.

- Authorized Release and Emergency Contacts Form
- Payment Authorization Form
- DSS Payment Agreement (if applicable)

For more information contact Krystal Cable-Scholz: (P) 845 395 1005 (C) 845 741 8636 (E) kcable@middletownymca.org

YMCA OF MIDDLETOWN
81 Highland Avenue
Middletown, NY 10940
(P) 845 344 9622

THE CENTER FOR YOUTH PROGRAMS
6 Liberty Street
Middletown, NY 10940
(P) 845 341 9622

www.middletownymca.org

Authorized Release and Emergency Contacts

Child's Name _____ Gender ____ Age ____ Grade ____

Parent/Guardian Name _____ Home Phone _____

Work Phone _____ Cell Phone _____

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

I will be dropping my child off at _____ am. I will be picking my child up at _____ pm.

SWIMMING:

_____ My child will participate in swimming and I give consent for the YMCA to transport my child to the YMCA of Middletown's pool located at 81 Highland Avenue on the dates selected above.

_____ My child will not participate in swimming.

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? _____ Yes / _____ No

If yes, please specify. _____

Does your child have any allergies? _____ Yes / _____ No

If yes, please specify. _____

Is your child in a special classroom setting? _____ Yes / _____ No

If yes, please specify. _____

Is your child currently under care for any emotional, physical, or socialization problems? _____ Yes / _____ No

If yes, please explain. _____

Is your child is currently taking medication? _____ Yes / _____ No

If yes, please specify what and why. _____

Does your child wear glasses or contacts? _____ Yes / _____ No

Parent's/Guardian's Name (PRINT): _____

Date: _____

Parent's/Guardian's Signature: _____

Date: _____



School's Out Vacation Camp at the YMCA of Middletown

Payment Authorization Form

BILLING INFORMATION

SELECT CARD TYPE: Visa MasterCard American Express Discover

NAME ON CREDIT CARD _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

CREDIT CARD # _____ EXP. DATE(MO/DA/YR) _____ SECURITY CODE _____

DATES CHILD IS ATTENDING:

Friday, May 28th-\$45 Friday, June 18th-\$45

TOTAL PAYMENT AMOUNT: _____

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 hereby authorize the YMCA of Middletown to charge my credit card for the amount specified above for the School's Out Vacation Camp program. If payment is returned, I give permission for the YMCA to automatically redraft the payment on the next business day. A \$25.00 fee will be charged for any returned payments due to insufficient funds. At no time can this fee be waived.

I understand that all registrations are nonrefundable and nontransferable.

Parent's/Guardian's Signature: _____

Date: _____

Child's Name: _____

Date: _____

Billing Party Signature (If different): _____

Date: _____

YMCA OF MIDDLETOWN
81 Highland Avenue
Middletown, NY 10940
(P) 845 344 9622

SOUTH ORANGE FAMILY YMCA
45 Gilbert Street Extension
Monroe, NY 10950
(P) 845 782 9622



School's Out Vacation Camp DSS Payment Agreement

Note: This form is only to be signed by those families receiving DSS benefits.

Please be advised that we have strict guidelines in place for Vacation Camp 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 policy with regards to Vacation Camp days. 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 Vacation Camp. 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.
This agreement must be signed in order for your child to attend School's Out Vacation Camp.

Child's Name _____

Parent's/Guardian's Name (PRINT) _____

Signature of Parent/Guardian _____

Date _____

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