



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# A GREAT WAY TO SPEND TIME OFF



## School's Out Vacation Camp for YMCA Preschool Students THE CENTER FOR YOUTH PROGRAMS

**FALL 2021**

Monday, October 11  
Thursday, November 11

**HOURS:** 7:00am-6:00pm  
**REGISTRATION FEE:** \$50/Day

**SPACE IS LIMITED—REGISTER NOW!**



School's Out Vacation Camp is held at the Center For Youth Programs on Liberty Street in Middletown. The program is only available to children currently enrolled in YMCA First Step Preschool for the 2021-2022 school year.

Activities include arts & crafts, music with Mr. Max, games and sports in the gym, and story time. When weather permits, we will play outside. Please make sure your child wears sneakers and dresses appropriately for the weather so they can participate in all activities.

### WHAT TO BRING:

Campers must bring breakfast, lunch, and plenty to drink with a refillable water bottle.

### REGISTER BY EMAIL:

Email the following forms to us at:

**[childcare@middletownymca.org](mailto: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 Sue Cummings: (P) 845 395 1025 (E) [scummings@middletownymca.org](mailto:scummings@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](http://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.

**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:

Mon, Oct 11  Thurs, Nov 11

TOTAL PAYMENT AMOUNT: \_\_\_\_\_ (\$50/Day)

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: \_\_\_\_\_

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**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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