



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

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 2023/2024 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.

HOURS: 7AM-6PM REGISTRATION FEE: \$55/DAY PRESCHOOL VACATION CAMPS WILL ONLY BE HELD IF THERE IS A MINIMUM OF 6 CHILDREN.	
2023-2024 DATES	REGISTRATION DEADLINES
October 9-Indigenous Peoples' Day	October 2, 2023
November 10-Veterans Day	November 3, 2023
November 22-Teacher Conference Day	November 15, 2023
December 25-29 & January 1- Winter Recess	December 18, 2023
January 15-Martin Luther King Jr. Day	January 8, 2024
February 19 & 20-Presidents Day Weekend	February 13, 2024
March 25-28-Spring Recess	March 18, 2024
April 23-Passover	April 16, 2024
May 24 & 27-Memorial Day Weekend	May 17, 2024

### WHAT TO BRING:

♥ Breakfast & Lunch ★ A reusable water bottle with plenty of water

### FOR MORE INFORMATION CONTACT:

SUE CUMMINGS DAYCARE DIRECTOR  
(P) 845-395-1025 (E) SCUMMINGS@MIDDLETOWNYMCA.ORG

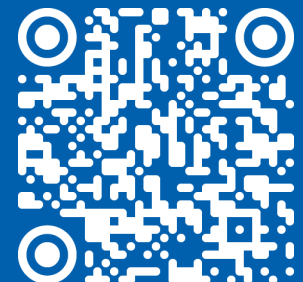
### TO REGISTER IN-PERSON:

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

- Authorized Release and Emergency Contacts Form
- Payment Authorization Form

### TO REGISTER ONLINE SCAN HERE OR VISIT:

[WWW.MIDDLETOWNYMCA.ORG/VACATION-CAMPS](http://WWW.MIDDLETOWNYMCA.ORG/VACATION-CAMPS)



YMCA OF MIDDLETOWN  
81 Highland Ave, 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)



# School's Out Vacation Camp for YMCA Preschool Authorized Release & Emergency Contacts

**YOU MUST COMPLETE THIS FORM AND PROVIDE A COPY OF YOUR CHILD'S MOST RECENT IMMUNIZATION RECORD.**

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Child resides with: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_ Cell: \_\_\_\_\_

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.

## **AUTHORIZED RELEASE AND EMERGENCY CONTACTS (ANY PICK UP PERSON WILL BE ASKED FOR ID)**

It is our policy not to release your child into the custody of any person you do not specify. This includes other family members. Please list all persons that you authorize to pick up your child. These persons will also be contacted if there is any emergency. Please include yourself.

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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 allergies? If yes, please specify. \_\_\_\_\_

Does your child have any physical limitations? 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 describe:

Does your child wear glasses or contacts? YES ☐ NO ☐

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

Please list any additional information you would like to disclose to us to help us better serve your child:

*I hereby enroll my child in the YMCA First Step Preschool. I have been advised of the policies regarding fees and the services provided by this program. I give consent for this child to take part in field trips under proper supervision. I agree that in case of accident or injury, the YMCA of Middletown is authorized to obtain emergency medical care in the event I or person(s) designated cannot be reached. I will provide the YMCA any special information necessary to assist in the proper care of my child.*

**PLEASE NOTE THERE ARE NO REFUNDS ON DEPOSITS AND BUS FEES.**

Parent's/Guardian's Name (Print): \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# School's Out Vacation Camp for YMCA Preschool Payment Authorization Form

## BILLING INFORMATION:

SELECT CARD TYPE: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Cardholder's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Credit/Debit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

**CHECK OFF ALL DATES YOUR CHILD WILL BE ATTENDING BELOW**  
**HOURS: 7AM-6PM REGISTRATION FEE: \$55/DAY**  
**PRESCHOOL VACATION CAMPS WILL ONLY BE HELD IF THERE IS A MINIMUM OF 6 CHILDREN.**

October 9		November 10		November 22		December 25		December 26		December 27	
December 28		December 29		January 1		January 15		February 19		February 20	
March 25		March 26		March 27		March 28		April 23		May 24	
May 27											

TOTAL PAYMENT AMOUNT: \_\_\_\_\_ (\$55/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.

**Note: We are no longer accepting DSS as a form of payment.**

I understand that all registrations are nonrefundable and nontransferable.

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Billing Party's Signature (if different): \_\_\_\_\_ Date: \_\_\_\_\_

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