



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

A GREAT WAY TO SPEND TIME OFF



School's Out Vacation Camp 2024 THE CENTER FOR YOUTH PROGRAMS

APRIL DATES HOURS: 7AM-6PM	REGISTRATION DEADLINE
April 23 - Passover	April 19, 2024
REGISTRATION FEE: \$55/DAY FOR CLUB KID & YMCA FAMILY MEMBERS	

Looking for a place for your kids to go during the school breaks this year?
School's Out Vacation Camp keeps kids active and engaged all day long.

Campers spend the majority of their day at The Center on Liberty Street but also have the option to **swim** at the YMCA of Middletown on Highland Avenue. When weather permits, campers play outside, so please be sure your child dresses accordingly and wears sneakers.

School's Out Vacation Camp at the Center For Youth Programs follows the Middletown School District's calendar. Non-Middletown district students are welcome but school breaks may vary by school district. Please check your child's school calendar prior to registering.

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

WHAT TO BRING:

- Breakfast & Lunch
- A reusable water bottle with plenty of water.
- Those who plan to swim must bring a bathing suit, towel, and shoes to wear on the pool deck.

FOR MORE INFORMATION CONTACT KRYSTAL CABLE:

(P) 845-395-1005 (C) 845-421-3647 (E) KCABLE@MIDDLETOWNYMCA.ORG

TO REGISTER ONLINE
SCAN HERE OR VISIT:

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



School's Out Vacation Camp at the YMCA of Middletown 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: _____ Grade: _____

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.

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.

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 at the YMCA of Middletown

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

April 23

TOTAL PAYMENT AMOUNT: _____ (\$55/Day for Club Kid & YMCA Family Members.)

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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