



# YMCA KIDS CLUB

The YMCA will be hosting a KIDS CLUB at 136 West Main St., for children ages 5-12, **April 10<sup>th</sup> – April 14<sup>th</sup>**.

- Drop off at YMCA as early as 8 a.m., with pick-up by 5:30 p.m. **(PICK UP BY 3 PM ON FRIDAY APRIL, 14<sup>TH</sup>)**
- **Bring a bagged lunch every day (NO PEANUT OR TREE NUT PRODUCTS)**
- Children **MUST** be signed in & out by an approved parent or guardian, with proper identification.
- ALL CHILDREN must have a valid PHYSICAL signed by a physician and on file at our facility.
- ALL prescription medications must be given directly to staff in the original label container, with doctor's orders and care plan.
- Registration and payment (in full) must be received by **Friday, April 7<sup>th</sup> at 3 pm.**
- Space is limited and days may be cancelled due to low enrollment.

### 1. CAMPER INFORMATION

Childs Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_  
 Sex (m/f) \_\_\_\_\_ Childs School \_\_\_\_\_

### 2. HOUSEHOLD/FAMILY INFORMATION

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_  
 Home Phone \_\_\_\_\_ WorkPhone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_  
 Home Phone \_\_\_\_\_ WorkPhone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

### 3. Please indicate which days child(ren) will attend:

<u>DATE</u>	<u>AGES</u>	<u>Non-Member</u>	<u>Member</u>
<input type="radio"/> Monday, April 10 <sup>th</sup>	5-12	\$41	\$31
<input type="radio"/> Tuesday, April 11 <sup>th</sup>	5-12	\$41	\$31
<input type="radio"/> Wednesday, April 12 <sup>th</sup>	5-12	\$41	\$31
<input type="radio"/> Thursday, April 13 <sup>th</sup>	5-12	\$41	\$31
<input type="radio"/> Friday, April 14 <sup>th</sup>	5-12	\$41	\$31
<b>(PICKUP BY 3PM FRIDAY, APRIL 14<sup>TH</sup>)</b>		<b>Total Cost: _____</b>	

4. My signature below signifies that I agree with all information in this document. My permission is granted to the YMCA to take/use photographs, slides, moving pictures or video tapes of the person named on this application. I give my child permission to participate in all vacation camp activities. Permission is granted for the participant listed above to participate in vacation camp, understanding that leadership will be provided. I authorize YMCA officials to secure medical/emergency attention and treatment for the youth listed above. The undersigned voluntarily agrees to hold the YMCA harmless for injuries or accidents resulting in bodily injury or property damage during my child's participation in the above program. I further waive, release, absolve, and indemnify the Greater Waterbury YMCA, its Directors, Volunteers, or Employees for injuries or accidents occurring while participating in this program.

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_