

SCHOOL'S OUT



"When school is out - the Y is in!" YMCA staff lead board & table games in the center, active group games in the gym, fun and adventure in the kids' gym, and swimming sessions in the pools. Participants relax to a movie over the lunch hour, work on craft projects and get outside when the weather allows.
Program now includes breakfast and lunch!

School's Out is open to all elementary aged youth. Programmed hours are from 9:00am to 4:00pm with non-programmed extended care hours are from 7:30am to 9:00am and 4:00pm to 5:15pm. Extended hours are offered at no additional cost and we ask that families use this time on a limited basis.
Any pick-ups after 5:15 pm are subject to a \$5.00 added fee per 15 minutes late.

Cost is \$25 / day for members and \$31 / day for non-members. A \$5 non-refundable deposit is required for all registration dates and is deducted from the daily fee on the program date. Registration is limited to 26 youth on a first come basis.

On-line registration and additional copies of this form are available at www.kandiyomca.org
You may schedule payments to be auto-debited on the day preceding the School's Out date.

Youth will need to bring:
Swimsuit and Towel
Appropriate clothing for an active day
Tennis Shoes
Afternoon Snack

2017/18 Non School Days include:
October 19 -20, November 22, December 26 - 29
January 22, February 16 & 19
March 26 - 30, April 2

School's Out Registration

Name of Child _____ Male / Female _____ Date of Birth _____ Grade _____
Parent / Guardian _____ Address _____ City _____ Zip _____
Home Phone _____ Daytime Phone _____ E-mail _____
Emergency Contact _____ Emergency Phone _____

Please Circle all dates that you plan to attend: Oct. 18 Oct. 19 Oct. 20 Nov. 22 Dec. 26 Dec. 27 Dec. 28
Dec. 29 Jan. 22 Feb. 16 Feb. 19 Mar. 26 Mar. 27 Mar. 28 Mar. 29 Mar. 30 Apr. 2

____ I have attached a check/cash for the \$5 non-refundable deposit for each selected date.
____ I would like the deposit(s) and remaining balance auto-debited from my existing YMCA membership account on the date of each session.

As a legal guardian of my child,
I do hereby consent and authorize the Kandiyohi County Area Family YMCA School's Out staff to take any and all action, including use of medical services and hospital facilities as they deem appropriate in the event that my child should become ill or otherwise injured under the care of the School's Out Program. In addition, I authorize the YMCA to use pictures of my child for promotional purposes.

Signature _____ Date _____ Staff Initials _____

Camper Information Form  On Back

This form contains emergency information and must be completed for each child before they participate in School's Out. It only needs to be completed once during the 2017/ 18 school year.

Camper Information Form

PLEASE PRINT

Camper's Last Name: _____ Camper's First Name: _____
Date of Birth: _____ Age: _____ Male / Female _____ Grade in 2017/2018: _____
Address: _____ City: _____ Zip: _____

Home Phone: _____

Mother's Full Name _____ Mother's Day Time Phone _____

Father's Full Name _____ Father's Day Time Phone _____

Unable to locate parents (emergency) please call:

Name _____ Phone _____

Name _____ Phone _____

Please Let the YMCA know if you or your child has special needs requiring any accommodations:

Excluding Parents Other Person(s) Authorized to pick up child(ren):

Name: _____ Phone _____

Name: _____ Phone _____

Child's Physician _____ Phone _____

Physical conditions requiring attention: allergies, i.e. Penicillin, asthma, hay fever or insect stings; hearing, speech, epilepsy, heart, vision, diabetes, or any other conditions: _____

Insurance Co. _____ Policy # _____

Cancellation Policy

We understand that everyone has busy lives, therefore we will be more than willing to make refunds. Please remember these guidelines when making changes. Cancellations made 7 days prior to the start date of the lesson will receive the registration fee minus a \$5 processing fee. If cancellations are made less than 7 days prior to the scheduled start date No refunds will be given. If the program is cancelled due to low enrollment the full registration fee will be refunded.

Complete and return to:
Kandiyohi County Area Family YMCA
P.O. Box 757 • Willmar, Minnesota 56201
Fax: 320-222-7197
E-Mail: deanm@kandiymca.org
Must be received before your child may attend
School's Out

