



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Auburn YMCA-WEIU
Summer 2022



KIDVENTURES!

PRESCHOOL SUMMER LEARNING PROGRAM

Ages 3-5

Introducing Kidventures! A summer day-camp combined with engaging hands-on learning activities where young children maintain and master school readiness skills, make friends, and have fun! The Auburn Y's Kidventures program provides children hours of creative (and sometimes messy!) experiences in a day-camp atmosphere lead by caring, trained staff. Age-appropriate literacy, math, and science activities are blended with music and arts experiences, socialization and playtime. Special presentations and field trips, weekly swim lessons, and healthy snacks keep everyone happy and smiling!

**Kidventures runs weekly from July 5-August 26, 2022.
Sign up now! Pay for 1 week or all 8 weeks!**

Full Day Program 9:00 a.m. - 2:00 p.m.		
	Y-Member	General Public
Monday-Friday	\$140/week	\$160/week
Field trips and weekly swim lesson are included in the fee.		

PLAY. LEARN. EXPLORE.

For more information contact Brenda Salico, Preschool Director (315-990-0779 or brendas@auburnymca.net) or contact the main desk (315-253-5304)

YMCA Kidventures 2022 Registration

Registration deadline is the Friday prior to the first day of Kidventures.

Child's Full Name _____ Birth Date _____

Child of Y-Member? Yes No Gender Male Female

Address _____ Phone _____

_____ Email _____

Parent Release Form

My child may leave the YMCA for short walks. Yes No

My child may be photographed for publicity and classroom use. Yes No

My child has permission to participate in swim lessons during Kidventures at the YMCA. Yes No

Parent/Guardian Signature _____

.....
Parent/Guardian #1 _____ Phone _____

Address _____ E-Mail _____

Employer _____ Phone _____

Parent/Guardian #2 _____ Phone _____

Address _____ E-Mail _____

Employer _____ Phone _____

In case of emergency, the following persons (after parents) will be notified:

Name _____ Phone _____ Relation _____

Name _____ Phone _____ Relation _____

.....
Has your child taken swimming lessons at the YMCA before? Yes No

Does your child enjoy the water? Yes No

Have any fears of water? Yes No

If yes, describe _____

Is there anything you feel we should know that would help us to make your child's time at our YMCA Preschool a more comfortable and valuable experience?

Select Weeks Registering For:

- | | | | |
|--|--|--|--|
| <input type="radio"/> Week 1: July 5-8 | <input type="radio"/> Week 2: July 11-15 | <input type="radio"/> Week 3: July 18-22 | <input type="radio"/> Week 4: July 25-29 |
| <input type="radio"/> Week 5: Aug 1-5 | <input type="radio"/> Week 6: Aug 8-12 | <input type="radio"/> Week 7: Aug 15-19 | <input type="radio"/> Week 8: Aug 22-26 |

Medical History

Child's physician _____ Phone _____

Does your child have any of the following illnesses:

- Recurrent ear infections
- Heart defect/disease
- Asthma/bronchitis
- Epilepsy/convulsions
- Diabetes
- Disability/handicap
- Allergies _____

Treatment _____

Describe any current physical, mental, psychological conditions requiring medication, treatment, or special restrictions or considerations regarding your child _____

I, _____, authorize the YMCA to obtain medical treatment for _____ in case of an emergency.
(Child)

Signature _____ Date _____

Caring Staff

The YMCA places a high priority on recruiting qualified, caring staff who will make your child's stay enjoyable and fun. Low camper to staff ratio ensures individual attention for all participants.



Vaccination Records

Child's Name _____ Date of Birth _____

Physical Exam

This section is to be filled out by your child's physician or healthcare provide. Please attach a copy of your child's current vaccination records and physical exam form.

Each day camper is required to have a health examination within 12 months of Kidventures attendance, as evidenced by a form signed by a licensed physician.

.....
Doctor's Statement:

I have examined the above named day camper within the past 12 months.
Additionally, the medical history and immunization records have been reviewed.

In my opinion this camper's health

does not prevent their full participation in an active day camp program.

does prevent their full participation in an active day camp program.

Explanation:

Recommendations/restrictions while at camp:

Licensed Physician's Signature _____

Address _____

Phone _____

Date of exam _____

Date form completed _____



Please call Brenda Salico, Preschool Director if you have any questions, 990-0779 or brendas@auburnymca.net.



Kidventures Automatic Payment Agreement

Payment is due at time of registration. If signing up for multiple weeks, all future payments will be **automatically deducted** from your Bank Account or Credit Card on a weekly basis.

****If not signing up for automatic payments entire registration fee is due up front.****

Automatic Payment Agreement

1. I understand that this program charge will remain in effect until the end of the program, or until I take action to stop it.
2. The designated draft amount on my receipt will be deducted from my bank account or charged to my credit card on the Friday 2 Weeks prior to the start of the program, thru the duration of the program.
3. I agree to give the YMCA a 15-day advance written notice if I wish to terminate or make any changes to my bank information (i.e. change of banks, accounts, or change in membership category). I understand that I should check my account to verify that the withdrawal has not occurred after date listed on the termination form.
4. Should any draft not be honored by my bank/credit card for any reason, I realize that I am still responsible for that payment plus a service charge applied by the YMCA. This is in addition to any service fee my bank may have.

I have read understand and agree to the terms of this agreement.

Print Name: _____ Date: _____

Signature: _____

Automatic Payment Information

Bank Account Type: Checking Savings Credit Card: Visa MasterCard Discover AmericanEx
Bank Name: _____ Name on Card: _____
Account#: _____ Credit Card #: _____
Routing #: _____ Expiration Date: ____/____ Security Code: _____

I authorize the Auburn YMCA-WEIU to charge the above Account or Credit Card for my childcare tuition on the due date/s listed on my receipt.

Signature: _____ Date: _____

Financial Assistance

Program Scholarship applications are available on our website: www.auburnymca.org or at the Service Desk

Scholarship applications must be submitted PRIOR to registration.

Scholarships cannot be applied after registration has been completed. Please plan accordingly.

Child Care Assistance Programs

The YMCA accepts payments from the Department of Social Services. Award letter from caseworker required at time of registration, unless already on file with program bookkeeper.

New York State
Office of Children and Family Services
DAY CARE ENROLLMENT

Photo of Child optional	Program Name: Auburn YMCA-WEIU	Address: 27 William Street, Auburn NY 13021	Phone Number: 315-253-5304
	Child's Full Name: Preferred Name/Nickname:		Date of Birth: / /
	Child's Home Address:		
	Name of Person Enrolling Child:		Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative <input type="checkbox"/> Other _____
Phone Number (s) Of Person Enrolling Child: <input type="checkbox"/> OK to Text ()		Address of Person Enrolling Child (if different than child).	
Email Address:			
Emergency Contact Names/Addresses	Authorized to Pick up Child	Primary Phone Number:	Other Phone Number/Email
Emergency Info:	Primary Contact:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OK to Text
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OK to Text
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OK to Text
For Program use only...Date of Enrollment		For Program use only...Date of Disenrollment	

Child's Full Name:	Date of Birth:
Check Boxes below to indicate if your child has any special needs/services: <input type="checkbox"/> None <input type="checkbox"/> Early Intervention/Special Education <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech/Language <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Allergies (Please List): _____ <input type="checkbox"/> Other: _____ Please provide information here AND discuss with your child care provider: _____	
Child's Primary Care Physician's Name/Group: _____ Phone: () _____	
Preferred Hospital: _____ Phone: () _____	
Child's Dental Care: _____ Phone () _____	
Child health care information is available by calling toll-free 1-800-698-4543 or the NYS Health Marketplace website: https://nystateofhealth.ny.gov/	
AGREEMENTS: • I consent to emergency medical treatment for my child..... <input type="checkbox"/> Yes <input type="checkbox"/> No • I consent for my child to take part in neighborhood trips (i.e. library, park and playground) away from the program under proper supervision..... <input type="checkbox"/> Yes <input type="checkbox"/> No • I understand the program may need additional permissions for situations such as transportation, medication, release of information and field trips..... <input type="checkbox"/> Yes <input type="checkbox"/> No • I provided information on my child's special needs to the program to assist in caring for my child..... <input type="checkbox"/> Yes <input type="checkbox"/> No • I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation..... <input type="checkbox"/> Yes <input type="checkbox"/> No • I agree to review and update this information whenever a change occurs and at least once every year..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature/Parent or Person (s) Legally Responsible:	Date: