



SCHOOLS OUT PROGRAM

Ages 5-10 years old

On school vacations, leave your child care worries to us! We have lots of structured, supervised activities to keep your youngster busy and happy. Programs include gym time, swimming, crafts, snacks, field trips and special events. The fun is led by caring professional YMCA child care staff.

This program is licensed by New York State.

- Monday Jan. 16th
- Monday Feb. 20th
- Tuesday Feb. 21st
- Wednesday Feb. 22nd
- Thursday Feb. 23rd
- Friday Feb. 24th
- Friday March. 17th
- Monday April 3rd
- Tuesday April 4th
- Wednesday April 5th
- Thursday April 6th
- Friday April 7th
- Monday June 19th

Each day your child will need to bring: a swimsuit, towel, lunch, water bottle sneakers and socks for the gym and appropriate outside clothing.

Program Dates:

Time: 7:30am – 4:30pm

Place: Auburn YMCA-WEIU, 27 William St., Auburn



2022/2023 Auburn YMCA-WEIU School's Out Registration Form

1. Child's Name _____ Date of Birth: _____ Male / Female Age: _____
 2. Child's Name _____ Date of Birth: _____ Male / Female Age: _____
 3. Child's Name _____ Date of Birth: _____ Male / Female Age: _____

Only one completed registration form necessary per school year. This form will be kept on file at the YMCA for the school year then shredded.

Cancellation Policy: Cancellations are due 48 hours before program. Full refunds will be issued for cancellations received 2 days before event. **NO** refunds will be given for cancellations received after the 48 hour deadline. **DSS recipients, if you do not cancel 48 hours prior, you will be responsible for all fess and will be billed.**

Address _____ City/Zip _____

Home Phone _____

Mother's/Guardian's Name _____ Date of Birth: _____

Daytime Phone: _____ Cell: _____ Email: _____

Father's/Guardian's Name _____ Date of Birth: _____

Daytime Phone: _____ Cell: _____ Email: _____

Persons to contact in case of an emergency (other than parents):

Name: _____ Phone: _____ Relationship to child: _____

Name: _____ Phone: _____ Relationship to child: _____

Please list any Medical or Behavioral concerns you may have:

Persons authorized to pick up your child/ren (other than parents):

1. _____ Relationship _____

2. _____ Relationship _____

3. _____ Relationship _____

Please note that ALL pick up persons (including PARENTS) will be required to show photo ID. Children will not be released to persons refusing to produce identification. Thank you for your understanding and cooperation.

- In the event of an emergency, I understand that the Program Director will make the effort to contact the parent/guardian. I authorize him/her to act for me according to his/her judgment in an emergency requiring medical or surgical treatment and transportation to an emergency care facility. I agree to be responsible for all medical bills resulting from illness or injury during my child's attendance at the School's Out program.
- I give consent for my child/ren to take part in field trips or excursions away from the YMCA with proper supervision. YES NO
- I give consent for any photographs of my child/ren to be used in YMCA-related promotional materials. YES NO
- My Child has permission to participate in free swim at the Auburn Y. YES NO

Proper swim attire is required, no cut offs, gym shorts or t-shirts. **Deep End Tests** will be conducted . Child needs to swim for 25 yards with arms out of the water in a horizontal position and demonstrate that they can put their face in the water. Tread water for 1 minute and float on back comfortably. This all needs to be performed continually without a break. **Wrist Bands for Swimmers:** **Green Swimmers:** Those that have passed the Deep End Test. They are able to access all areas of the pool. **Yellow Swimmers:** Those that are over 5 ft tall but have not passed the Deep End Test. These swimmers will need to remain in the shallow end but will not have to wear a lifejacket or have an adult in the pool. **Red Swimmers (Non-Swimmers):** Those that are under 5 feet tall, will need to remain in the shallow end and wear a lifejacket.

Signature _____

Noted on Screen for 22/23 Year Initials _____

New York State
Office of Children and Family Services



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: / /	Gender:
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
Primary Contact:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OK to Text	<input type="checkbox"/> OK to Text
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OK to Text	<input type="checkbox"/> OK to Text
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OK to Text	<input type="checkbox"/> OK to Text
	<input type="checkbox"/> No		
For Program use only...Date of Enrollment		For Program use only...Date of Disenrollment	

Child's Full Name:	Date of Birth
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Check Boxes below to indicate if your child has any special needs/services: None

Early Intervention/Special Education Occupational Therapy Speech/Language Physical Therapy

Allergies (Please List): _____

Other: _____

Please provide information here AND discuss with your child care provider: _____

Child health care information is available by calling toll-free 1-800-698-4543 or the NYS Health Marketplace website: <https://nystateof>

AGREEMENTS:

- I consent to emergency medical treatment for my child..... Yes 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..... Yes No
- I understand the program may need additional permissions for situations such as transportation, medication, release of information and field trips..... Yes No
- I provided information on my child's special needs to the program to assist in caring for my child..... Yes No
- I understand the program must give parents, at the time of enrollment of a child, a written policy

Signature/Parent or Person (s) Legally Responsible:	Date:
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