



# KIDVENTURES SUMMER FUN!!



For ages  
3-5\*

\*5 and entering  
Kindergarten in Fall 2023.  
(Not entering 1<sup>st</sup> Grade)

Introducing Kidventures! A summer day-camp combined with engaging hands-on learning activities to help children maintain and master school readiness skills, make friends, and have fun! The Auburn Y's Kidventures program provides children hours of fun in a day-camp atmosphere led by caring, trained staff. Age-appropriate crafts, learning opportunities, playtime, swim lessons and healthy snacks keep everyone happy and smiling!

**Kidventures runs Weekly from July 3-August 18, 2023  
Register Now! Space is Limited!**

8:30-9:00 Drop Off	9:00am-2:00pm Full Day Program	
	Y-Member	General Public
Monday-Friday	\$225/week	\$265/week
Weekly swim lessons are included in the fee!		



### Financial Assistance

Program Scholarship applications are available on our website: [www.auburnymca.org](http://www.auburnymca.org) or at the Service Desk

**Scholarship applications must be submitted PRIOR to registration. Please plan accordingly.**

**Scholarship Deadline for Kidventures 2023 is Monday June 19, 2023.**

### 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.

For more information contact Brenda Salico, Preschool Director: 315-990-0779 or [brendas@auburnymca.net](mailto:brendas@auburnymca.net)  
Visit our Web Site: [www.auburnymca.org](http://www.auburnymca.org) or contact the Member Services Desk: 315-253-5304

## Weekly Themes

<u>Week</u>	<u>Program Dates</u>	<u>Theme</u>
1	July 3 <sup>rd</sup> –July 7 <sup>th</sup> <span style="background-color: black; color: white; padding: 2px;">NO PROGRAM JULY 4<sup>TH</sup></span>	Red, White & Blue
2	July 10 <sup>th</sup> – July 14 <sup>th</sup>	Camp
3	July 17 <sup>th</sup> –July 21 <sup>st</sup>	Animals
4	July 24 <sup>th</sup> –July 28 <sup>th</sup>	Cooking
5	July 31 <sup>st</sup> – Aug 4 <sup>th</sup>	Theatre
6	Aug 7 <sup>th</sup> –Aug 12 <sup>th</sup>	Community Service
7	Aug 14 <sup>th</sup> –Aug 18 <sup>th</sup>	Water Fun

## Automatic Payment Schedule

Payment for first week of care is due at time of registration. Weekly payments are due **21-Days PRIOR** to the start of the week/s you registered for, and will be deducted Automatically from your account. If registering after the 21-Day "Due Date"; payment is due at registration.

<u>Auto Payment Date</u>	<u>Week</u>	<u>Program Dates</u>
Monday June 12 <sup>th</sup>	1	July 3 <sup>rd</sup> –July 7 <sup>th</sup>
Monday June 19 <sup>th</sup>	2	July 10 <sup>th</sup> – July 14 <sup>th</sup>
Monday June 26 <sup>th</sup>	3	July 17 <sup>th</sup> –July 21 <sup>st</sup>
Monday July 3 <sup>rd</sup>	4	July 24 <sup>th</sup> –July 28 <sup>th</sup>
Monday July 10 <sup>th</sup>	5	July 31 <sup>st</sup> – Aug 4 <sup>th</sup>
Monday July 17 <sup>th</sup>	6	Aug 7 <sup>th</sup> –Aug 12 <sup>th</sup>
Monday July 24 <sup>th</sup>	7	Aug 14 <sup>th</sup> –Aug 18 <sup>th</sup>

# YMCA Kidventures 2023 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.     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 Kidventures Summer Preschool program a more comfortable and valuable experience?  
 \_\_\_\_\_  
 \_\_\_\_\_

**Select Weeks Registering For:** Please Circle Choices

<input type="radio"/> <u>Week 1</u> : July 3-7 *Camp will <u>not</u> be held on July 4 <sup>th</sup>	<input type="radio"/> <u>Week 2</u> : July 10-14	<input type="radio"/> <u>Week 3</u> : July 17-21
<input type="radio"/> <u>Week 4</u> : July 24-29	<input type="radio"/> <u>Week 5</u> : July 31-Aug 4	<input type="radio"/> <u>Week 6</u> : Aug 7-11 <input type="radio"/> <u>Week 7</u> : Aug 14-18

## Medical History

Child's physician \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have any of the following?:

- Recurrent ear infections
- Heart defect/disease
- Asthma/bronchitis
- Epilepsy/convulsions
- Diabetes
- Disability/handicap
- Behavior Concerns
- 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 Provider.

**\*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

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

o 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: \_\_\_\_\_



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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"/> 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
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: <a href="https://nystateofhealth.ny.gov/">https://nystateofhealth.ny.gov/</a>	
AGREEMENTS: <ul style="list-style-type: none"> <li>• I consent to emergency medical treatment for my child.....<input type="checkbox"/> Yes   <input type="checkbox"/> No</li> <li>• 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</li> <li>• 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</li> <li>• 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</li> <li>• 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</li> <li>• 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</li> </ul>	
Signature/Parent or Person (s) Legally Responsible:	Date:

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To be filed by:  
Program Bookkeeper

## 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 Weekly 21-Days Prior to the start of each week. If registering after the 21-Day "Due Date"; payment is due at registration.

**\*\*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 (savings or checking) 21-Days Prior to the start of each week registered for, 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, etc.) 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 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: \_\_\_\_\_ Child/Children: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Automatic Payment Information

Bank Account Type (circle one):      Checking      Savings

Bank Name: \_\_\_\_\_

Account#: \_\_\_\_\_ Routing #: \_\_\_\_\_

I authorize the Auburn YMCA-WEIU to charge my Bank Account for my summer child care tuition on the due date/s listed on my receipt.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Financial Assistance

- I have applied for and been awarded a YMCA Program Scholarship. Scholarship Awarded: \_\_\_\_%

**Child Care Assistance Programs** Department of Social Services/Other Agency full/partial payments

- I receive Day Care assistance thru \_\_\_\_\_ County Department of Social Services.

Case Worker: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

- I receive Day Care assistance thru the \_\_\_\_\_ Agency/Group/Foundation etc.

Case Worker: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

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