

## A GREAT WAY TO SPEND TIME OFF School's Out Program

Time: 7:30am – 4:30pm

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

Cost: Y-Member—\$50/day per child

General Public—\$60/day per child

**Program Dates:** 

- October 9th Columbus Day
- October 20<sup>th</sup> Staff Dev. Day
- November 10<sup>th</sup> Veterans Day
- November 22<sup>nd</sup> Day before Thanksgiving
- November 24th Day after Thanksgiving
- December 22<sup>nd</sup> Friday before Christmas
- December 26th 27th 28th & 29th Holiday Break
- January 2nd Holiday Break

- January 15<sup>th</sup> Martin Luther King Jr. Day
- February 19th, 20th, 21st, 22nd & 23rd Mid-Winter Recess

Kindergarten

**Through** 

Age 10

- March 29<sup>th</sup> Good Friday
- April 1st Day after Easter
- April 22<sup>nd</sup>, 23<sup>rd</sup>, 24<sup>th</sup>, 25<sup>th</sup> & 26<sup>th</sup> Spring Break
- May 24<sup>th</sup> Friday before Memorial Day
- June 19th Juneteenth

## Registration Opens 30 days prior to Program Date. Register for each day needed.

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. Program licensed by New York State.

## Each day your child will need to bring:

Swimsuit, towel, lunch, water bottle sneakers & socks for the gym and appropriate outside clothing.

For more information, contact Audra Jakaub, School Age Child Care Director, 315–990–0786 or Audra@auburnymca.net.



## 2023/2024 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 necess	ary per school year. This form	will be kept on file at the	YMCA for the school year then shredded.	
received 2 days before event.	NO refunds will be given f	or cancellations rec	ands will be issued for cancellations eived after the 48 hour deadline.  Insible 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 Birt	th:	
Daytime Phone:	Cell:		Email:	
Persons to contact in case of an en	nergency (other than pai	ents):		
Name:	Phone:	Rela	Relationship to child:	
Name:	Phone:	Relationship to child:		
1	Relationship		Relationship Relationship Relationship	
3		Relationship		
released to persons refusing to	produce identification.	Thank you for you	show photo ID. Children will not be runderstanding and cooperation.	
surgical treatment and transport resulting from illness or injury du  I give consent for my child/ren to  YES □ NO	act for me according to hi ation to an emergency can ring my child's attendanc take part in field trips or hs of my child/ren to be us	s/her judgment in a re facility. I agree to e at the School's Ou excursions away fro sed in YMCA-related	n emergency requiring medical or be responsible for all medical bills t program.  m the YMCA with proper supervision.  I promotional materials.   YES  NO	
needs to swim for 25-yards we their face in the water. Tread continually without a break. End Test. They are able to account passed the Deep End Test.	vith arms out of the water I water for 1 minute and flo Wrist Bands for Swimme cess all areas of the pool. t. These swimmers will ne the pool. Red Swimmers (	in a horizontal posit oat on back comforta rs: Green Swimmer Yellow Swimmers: T ed to remain in the s	d Tests will be conducted . Child ion and demonstrate that they can put ably. This all needs to be performed so those that have passed the Deep Those that are over 5 ft tall but have shallow end but will not have to wear a ose that are under 5 feet tall, will need	
Signature		Dat	۵	