



KIDVENTURES SUMMER FUN!!



**For ages
3-5**

***5 and entering
Kindergarten in Fall 2024
(Not entering 1st 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 lead by caring, trained staff. Age-appropriate crafts, learning opportunities, play-time, swim lessons and healthy meals keep everyone happy and smiling!

**Kidventures runs Weekly from July 1-August 23, 2024
Register Now! Space is Limited!**

6:45am-5:00pm Full Day Program		
	Y-Member	General Public
Monday-Friday	\$250/week	\$325/week
We provide a healthy breakfast, lunch and snack daily! Weekly swim lessons are included in the fee!		

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. Please plan accordingly.

Scholarship Deadline for Kidventures 2024 is Monday, June 17, 2024.

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

Weekly Themes

<u>Week</u>	<u>Program Dates</u>	<u>Theme</u>
1	July 1–July 5	Spirit Week
2	July 8– July 12	Talent Show
3	July 15–July 19	Animals
4	July 22–July 26	Cooking
5	July 29 – Aug 2	Art Show
6	Aug 5 – Aug 9	Safety Week
7	Aug 12–Aug 16	Messy Science Fun
8	Aug 19 – Aug 23	Water Fun

NO PROGRAM
JULY 4TH

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 10	1	July 1–July 5
Monday, June 17	2	July 8– July 12
Monday, June 24	3	July 15–July 19
Monday, July 1	4	July 22–July 26
Monday, July 8	5	July 29 – Aug 2
Monday, July 15	6	Aug 5 – Aug 9
Monday, July 22	7	Aug 12–Aug 16
Monday, July 29	8	Aug 19 – Aug 23

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 _____ (child's name) _____ 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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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: _____

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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