

Keene Family YMCA
Full Day Forms 2016-2017
Keene Registration Form

Please complete one form per child:

Child's Name: _____ DOB: _____ Grade: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Parent or Guardian(s): _____

Parent or Guardian DOB: _____ Email: _____

I can be reached at: _____

Work Phone: _____

Emergency Contact Person: _____ Phone: _____

Emergency Contact Person: _____ Phone: _____

Any person who may **NOT** pick up my child: _____

NOTES: Allergies, health, behavior, medicines, etc: _____

The YMCA has my permission to administer first aid or contact 911 in case of an emergency with my child attending the YMCA program. My child may also be transported by the YMCA via bus/vans for daily field trips. I give my child permission to participate in walking field trips. I also give my child permission to swim at the Keene Family YMCA pool Monday-Friday. Swimming times will be posted each day. **(Some vacation days and half days will NOT include swimming).**

Parent's Signature: _____ Date: _____

Please check off the Keene Vacation days your child will be attending:

- | | |
|---|--|
| <input type="checkbox"/> October 6 th , 2016 Early Release | <input type="checkbox"/> February 22 nd , 2016 |
| <input type="checkbox"/> November 8 th , 2016 | <input type="checkbox"/> February 23 rd , 2016 |
| <input type="checkbox"/> November 23 rd , 2016 | <input type="checkbox"/> February 24 th , 2016 |
| <input type="checkbox"/> December 2 nd , 2016 | <input type="checkbox"/> March 23 rd , 2016 Early Release |
| <input type="checkbox"/> December 23 rd , 2016 Storm day | <input type="checkbox"/> March 24 th , 2016 |
| <input type="checkbox"/> December 27 th , 2016 | <input type="checkbox"/> April 17 th , 2016 |
| <input type="checkbox"/> December 28 th , 2016 | <input type="checkbox"/> April, 18 th , 2016 |
| <input type="checkbox"/> December 29 th , 2016 | <input type="checkbox"/> April 19 th , 2016 |
| <input type="checkbox"/> December 30 th , 2016 | <input type="checkbox"/> April 20 th , 2016 |
| <input type="checkbox"/> January 23 rd , 2016 | <input type="checkbox"/> April 21 th , 2016 |
| <input type="checkbox"/> February 20 th , 2016 | <input type="checkbox"/> May 26, 2016 Early Release |
| <input type="checkbox"/> February 21 st , 2016 | <input type="checkbox"/> June 13 th , 2016 |

A \$10.00 non-refundable or transferable deposit is due for each day registering. The remaining balance will be due 2 weeks prior to the day of care. If you register for a vacation day program, but do not attend, you are still required to pay for the registered dates. *For example, if you are registering for 11/23/16, \$10.00 is due at registration and the remaining \$25.00 is due 11/9/16.*

Number of vacation days attending: _____

\$_____ Total Amount Enclosed (\$10 **non-refundable** deposit due for each day)

All full day programs are held in the Multi-Purpose Room.

If you have any questions, please call Samantha at 603-283-5241 or email at shill@keene-ymca.org