



Keene Family YMCA School Age
Full Day Programs
2019-2020 School Year

Hours:

Before Care 6:30am-9:00am

Camp Day 9:00am-5:30pm

Half Day 12:00pm-6:00pm

Pricing:

Program Participants:

Before Care: \$5.00 per day

Full Day: \$30.00 per day

Early Release: \$5.00 per day

Members:

Before Care: \$5.00 per day

Full Day: \$35.00 per day

Early Release: \$25.00 per day

(Transportation is not provided)

Non-members:

Before Care: \$5.00 per day

Full Day: \$40.00 per day

Early Release: \$25.00 per day

(Transportation is not provided)

Activities during vacation camp days may include: science projects, building projects, crafts, swimming, outdoor play, rock wall climbing, gymnastics and gym games.

Please send your child with:

Sneakers

Swimsuit/Towel

Appropriate Outdoor Clothes

Water Bottle

Peanut/Tree Nut Free snacks and lunch

All Full Day and Early Release Programs are held at the Keene Family YMCA at 200 Summit Road Keene in the multi-purpose room.

Please complete the attached forms and return it to the childcare office. Payments are due in full two weeks prior. If payment is not received by the due date, the spot will be

forfeited and the **deposit will not be returned/transferred to another day.**

If you have any questions please contact the School Age/ Camp Director, Ashley Engelbrecht at aengelbrecht@keene-ymca.org or call 603-283-5241.



Keene Family YMCA Participant Emergency Form 2019-2020 Early Release/Full Day Program

Child's Name: _____ Birthdate: _____ Grade Entering: _____

Address: _____ Home Phone: _____

Parent or Guardian #1: _____ Birthdate: _____

Address: _____ Telephone: Home: _____ Cell: _____

Business Name: _____ Work Phone: _____ Email: _____

Parent or Guardian #2: _____ Birthdate: _____

Address: _____ Telephone: Home: _____ Cell: _____

Business Name: _____ Work phone: _____ Email: _____

Special instructions for reaching parent/guardian: _____

Emergency Contacts/ Alternate Pick Up Persons (to whom your child may be released to when parent or guardian cannot be reached or authorized to pick up in a non emergency situation.

Name #1: _____ Relationship: _____

Telephone: Home: _____ Work : _____ Cell Phone: _____

Name #2: _____ Relationship: _____

Telephone: Home: _____ Work: _____ Cell Phone: _____

Child's Primary Medical Care

Physician's Name: _____ Phone #: _____

Address: _____ In case of an emergency, hospital to take your child: _____

Special Conditions, Disabilities, Allergies, or Medical Information for Emergency Situations:

Parent/Legal Guardian Consent and Agreement for Emergencies

As parent/guardian, I give consent to have my child receive first aid by YMCA staff / EMT, and, if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. I agree to review and update this information whenever a change occurs.

Parent/Guardian Signature: _____ Date: _____



CHILD IDENTIFICATION & HEALTH & DEVELOPMENT HISTORY

The information on this form will be used to assist YMCA staff in providing the highest quality care for your child and creating a program that is as accommodating as possible for the children we serve.

Camper Name _____

Physical Description

Body Build: _____ Hair Color: _____ Eye Color: _____

Special identifying marks (birthmarks, scars, etc.):

Health & Development

Allergies:

Please list any allergies to food, medication, environment, etc and the severity of each on a scale from 1 (mild) to 5 (severe) _____

Note—Allergy Action plan must be included and signed by a doctor.

Has your child had or does your child have any of the following: (Circle answers)

Asthma? Yes No suspected, but undiagnosed

Serious illnesses? Yes No Please Explain: _____

Physical disabilities? Yes No Please Explain: _____

Developmental delays? Yes No Please Explain: _____

Mental disorders? Yes No Please Explain: _____

Speech impediment? Yes No Please Explain: _____

Is your child receiving services for any of the above listed? Yes No

Does your child have an IEP at school? Yes No (please provide a copy to the staff if yes)

More details _____

Please answer the following questions regarding medications: (Circle answer)

Does your child receive any regular medications? Yes No

Is your child allergic to any medications? Yes No

If yes, please describe: _____

Parent/Guardian Signature: _____ **Date:** _____



Keene Family YMCA Mini Camp Waiver 2019-2020

The following form contains waivers for particular activities and circumstances that may arise in camp. Please read the list carefully and initial all that you agree to allow and those that ask for you to acknowledge understanding.

Walking Trips: I give permission for my child to participate in spontaneous group walking field trips with YMCA staff during the program time without prior notice _____ (initial).

Swimming: I give my child permission to participate in swimming/water activities in the YMCA pool, area public beaches or outside fields under the supervision of YMCA staff and/or lifeguards. Water activities are scheduled each day. _____ (initial)

I understand that all swimmers under the age of 13 must take a swim test with a Keene Family YMCA lifeguard prior to pool entry. If the swimmer cannot pass the deep-water test or chooses not to take the test the child must wear a coast guard approved lifejacket, which the Y will provide. YMCA Staff will accompany all children into the pool. _____(initial)

Has your child passed the YMCA deep water test ____yes* ____no *green necklace required

Please describe your child's swimming ability and whether or not your child is afraid of the water.

Outside area: I give my child permission to participate in activities that take place within the YMCA facility property that may be outside the licensed childcare/camp area and or in an unfenced area (Y fields, pond, Y sidewalks, Camp fields,) _____ (initial).

Photography Waiver: I give the YMCA permission to photograph my child. I understand that these photographs may be used by the Y for marketing, publicity, and advocacy purposes to further the Y's non-profit mission and cause. Uses may include, but are not limited to, brochures, presentations, posters, articles, digital media, and online applications _____ (initial)

Title XX or Assistance Waiver: I give the YMCA permission to disclose my state case number or assistance case number for purposes that will benefit the quality of the YMCA summer camp program including, but not limited to, food assistance programs and funding programs. _____ (initial)

Personal Items Waiver: I understand that no personal items (such as toys and electronics) from home are allowed at any Keene Family YMCA Camp programs. The YMCA is not responsible for lost or stolen items. _____(initial)

Sunscreen and Bug Spray: I give permission for my child to apply sunscreen and/or bug spray by him/herself or with a YMCA staff. As the parent I will supply the bug spray and sunscreen for my child. _____ (initial)

Camper Name: _____

Parent Signature: _____ Date: _____



Keene Family YMCA Mini Camp WAIVER 2019-2020

CHILD CARE STATE LICENSING: (ALL CAMPER) The licensing authority for this program is the bureau of licensing and certification, child care licensing unit. Child care programs are required to post a copy of the statement of findings and corrective action plan for the most recent visit in a location which is accessible to parents, and must maintain copies of the statement of findings and corrective action plan for the preceding visit and make them available for parents to review upon request. Statements of findings and corrective action plans are also available on-or by calling the unit at 603-271-9025 or 1-800-852-3345, extension 9025. During visits to programs licensing staff speak with children regarding the care they receive at the program if in the judgment of the licensing staff the children's response would be valuable in determining compliance with licensing rules. Licensing staff are experienced in working with children and trained to speak with children in a manner that is respectful and non-leading. Children will remain with their class or group during these conversations with licensing staff, and at no time will a child be forced to speak with a licensing coordinator. If licensing staff believes your child may have specific information regarding an alleged event at the child care program, and determines that it is best to interview your child separately and not with their class or group, please indicate your preference among the following options:

I give permission for child care licensing staff to interview my child at the child care program separate from their class or group.

I wish to be notified prior to child care licensing staff interviewing my child at the child care program separate from their class or group.

I do not give permission for child care licensing staff to interview my child at the child care program separate from their class or group.

Parent Signature _____ Date _____

GYMNASTICS WAIVER:

I fully understand that the Keene Family YMCA staff are not physicians or medical practitioners of any kind. The staff of the YMCA recognize their obligation to make their students and their parents aware of the risks and hazards associated with the sport of gymnastics, tumbling, cheerleading, and dance. Students could suffer injuries, minor, serious or catastrophic in nature. Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and coaches' instructions. The YMCA, its coaches and other staff members will not accept responsibility for the injuries sustained by any student during the course of gymnastics, tumbling, cheerleading, and dance instruction, or open workouts, or in the course of any exhibition, competition, or clinic in which he or she may participate or while traveling to or from the event.

With the above in mind and being fully aware of the risks and possibility of injury involved, I consent to have my child participate in the programs offered by the YMCA. I, my executor or other representatives, waive and release all rights and claims for damages that I or my child may have against the YMCA and or its representatives whether paid or volunteer. It is always advisable to consult a physician prior to the undertaking of any physical exercise program.

BUILDING WAIVER:

I HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the recipient, its employees, agents, personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to person or property or resulting in death of the recipient, whether caused by the negligence of the releases or otherwise while the recipient or its employees, clients, agents, or representatives are in, upon, or about the premises including use of any facilities or equipment therein.

I HEREBY AGREE TO INDEMNIFY, DEFEND, SAVE, AND HOLD HARMLESS the releases and each of them from any loss, liability, damage, or cost they may incur arising from the recipient's operations at the YMCA premises, including but not limited to use of YMCA's equipment or facilities, regardless of whether such harm is caused by the sole or partial fault of the releases.

I ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE that may be incurred arising from the recipient's operations at the YMCA premises, including but not limited to use of YMCA's equipment or facilities, regardless of whether such harm is due to the sole or partial fault of the releases.

I expressly agree that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of New Hampshire and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE READ AND VOLUNTARILY SIGN THE USE OF PREMISES AGREEMENT AND THE INCORPORATED RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agree that no oral representations, statements, or inducement inconsistent with the foregoing written agreement have been made.

Parent Signature: _____ Date: _____



SACC Registration Forms 2019-2020 Early Release/Full Day Programs

Child's Full Name: _____

Please take note that we are closed and do not run programs on the following dates:

- November 11th, 2019
- November 28th & 29th, 2019
- December 25th, 2019
- Also, **December 24th & 31st** will be **half day** programs that run from 6:30am – 1:00pm
- January 1st, 2020
- January 20th, 2020
- May 25th, 2019

Please check off the Vacation days your child will be attending and circle BC if you need Before Care which runs from 6:30am-9am on full day.

- | | | | |
|---|----|--|----|
| <input type="checkbox"/> October 4th, 2019 – Early Release | | <input type="checkbox"/> February 27th, 2020 | BC |
| <input type="checkbox"/> November 5th, 2019 | BC | <input type="checkbox"/> February 28th, 2020 | BC |
| <input type="checkbox"/> November 27th, 2019 | BC | <input type="checkbox"/> March 26th, 2020—Early Release | |
| <input type="checkbox"/> December 6th, 2019 | BC | <input type="checkbox"/> March 27th, 2020 | BC |
| <input type="checkbox"/> December 23rd, 2019 | BC | <input type="checkbox"/> April 20th, 2020 | BC |
| <input type="checkbox"/> December 24th, 2019 -Prorate 1/2 day | BC | <input type="checkbox"/> April 21st, 2020 | BC |
| <input type="checkbox"/> December 26th, 2019 | BC | <input type="checkbox"/> April 22nd, 2020 | BC |
| <input type="checkbox"/> December 27th, 2019 | BC | <input type="checkbox"/> April 23rd, 2020 | BC |
| <input type="checkbox"/> December 30th, 2019 | BC | <input type="checkbox"/> April 24th, 2020 | BC |
| <input type="checkbox"/> December 31st, 2019 –Prorate 1/2 day | BC | <input type="checkbox"/> May 22nd, 2020—Early Release | |
| <input type="checkbox"/> January 24th, 2020—Early Release | | <input type="checkbox"/> **Please check here if you are interested in the Snow Day Program (child care available on SAU 29 declared snow days)** | |
| <input type="checkbox"/> January 27th, 2020 | BC | | |
| <input type="checkbox"/> February 24th, 2020 | BC | | |
| <input type="checkbox"/> February 25 th , 2020 | BC | | |
| <input type="checkbox"/> February 26 th , 2020 | BC | | |

Pricing Information:

Early Release Days- This program runs from 12pm dismissal to 6pm and is held in the Multi-purpose room. In-house families pay \$5.00 with transportation included. Members and non-members must pay \$25.00 for the day and provide transportation to the Keene Family YMCA.

Full Days- Before Care runs from 6:30am-9am all participants pay \$5.00 additional per day. The full day program runs from 9am-5:30pm, in house participants pay \$30.00 a day, members pay \$35.00 a day, and non-members pay \$40.00 a day. This program is held in the multi-purpose room.

Prorate Half Days- December 24th & 31st we will offer a half day program that runs from 6:30am-1:00pm. In-house participants pay \$25, Members pay \$30, non-members pay \$35 per day.

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 11/27/19, \$10.00 is due at registration and the remaining \$25.00 is due 11/13/19.*

Number of vacation days attending: _____ Number of Before Care days needed: _____

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

If you have any questions please contact the School Age Director, Ashley at 603-283-5241 or email at aengelbrecht@keene-ymca.org