



**Armed Services YMCA Killeen
2021 Summer Day Camps
Registration
Forms**



ARMED SERVICES YMCA

SUMMER 2021 CAMP SELECTION

Date: _____

Child's Name: _____

Day Camp Locations

Indicate Desired Location

_____ **Iduma Elementary**
4400 Foster Ln, Killeen

_____ **Peebles Elementary**
1800 N. WS Young Dr., Killeen

_____ **Copperas Cove Camp**
1240 Ave. B Building B, Copperas Cove

_____ **Mtn. View Elementary**
500 Mtn. Lion Rd., Harker Heights

_____ **Chisolm Trail Elementary**
1082 South Wheat Rd., Belton

_____ **Timber Ridge Elementary**
5402 White Rock Rd., Killeen

Day Camp Weeks

Circle Desired Weeks

Week 1 (June 1-4)

Week 2 (June 7-11)

Week 3 (June 14-18)

Week 4 (June 21-25)

Week 5 (Jun. 28- Jul. 2)

Week 6 (July 5-9)

Week 7 (July 12-16)

Week 8 (July 19-23)

Week 9 (July 26-30)

Week 10 (Aug. 2-6)

Week 11 (Aug. 9-13)

Specialty Camps

9:00 A.M. – 11:00 A.M.

Week 1 (June 1-5)

Chef Camp (Ages 5-8)

Week 2 (June 7-11)

Soccer Camp (Ages 7-9)

Phins Camp (Ages 6-14)
This camp runs from 1PM-3PM

Week 3 (June 14-18)

Chef Camp (Ages 9-12)

Week 4 (June 21-25)

Soccer Camp (Ages 10-12)

Week 5 (June 28-Jul. 2)

No Specialty Camps

Week 6 (July 5-9)

No Specialty Camps

Week 7 (July 12-16)

Chef Camp (Ages 5-8)

Basketball Camp (Ages 5-6)

Phins Camp (Ages 6-14)
This camp runs from 1PM-3PM

Week 8 (July 19-23)

Cake Wars Camp (Ages 9-12)

Basketball Camp (Ages 7-9)

Week 9 (July 26-30)

Chef Camp (Ages 9-12)

Basketball Camp (Ages 10-12)

Week 10 (Aug. 2-6)

No Specialty Camps

Week 11 (Aug. 9-13)

Phins Camp (Ages 6-14)

Circle Desired
Camps and Weeks



SUMMER CAMP 2021

Registration Forms

Registration Information

Name: _____	Age: _____	DOB: _____	Gender: _____
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Parent/ Guardian Information

Address: _____	City: _____	Zip: _____
Parent: _____	Employer: _____	Phone: _____
Email: _____	If military, please indicate pay grade / rank: _____	Employer Phone: _____
Parent: _____	Employer: _____	Phone: _____
Email: _____	If military, please indicate pay grade / rank: _____	Employer Phone: _____

Authorization For Emergency Care

grade/rank/unit: _____

In the event that I cannot be reached to make arrangements for emergency medical care at the time of illness or injury of my child (ren), I hereby authorize the Armed Services YMCA to take my child(ren) to the nearest available hospital / medical center. I understand that I am responsible for any medical services received.

Signature: _____ grade/rank/unit: _____

Special Care Information

Please list any comments, problems, or concerns, about your child(ren) that you feel we should know: i.e., allergies, medications, medical conditions, dietary restrictions, or special needs:

Authorized Adults To Pickup Child(ren)

Name: _____ Relationship: _____ Phone: _____

Address: _____

Name: _____ Relationship: _____ Phone: _____

Address: _____

Do not release my child to:

Name: _____ Relationship: _____

*In cases of divorce, legal separation or restraining orders, provide copy to the Associate Executive Director of Childcare



WRITTEN OPERATIONAL POLICY AGREEMENT

SUMMER CAMP 2021

NOTICE TO PARENTS:

IT IS IMPORTANT TO READ THE FOLLOWING AGREEMENT THOROUGHLY PRIOR TO SIGNING.

In accordance with the TEXAS STATE MINIMUM STANDARD RULES, the following information will be submitted to you in writing as the childcare parent or guardian. In order to complete enrollment, the bottom portion of this form must be signed, dated, and returned to the ASYMCA staff. You may request a copy.

1. I understand that the all-day summer camp hours are 7:00 A.M. until 6:00 P.M. For safety reasons we will not accept drop-offs after 10:30 A.M.
2. I understand that any person who will be picking up or dropping of my child(ren) must be at least 16 years of age with a picture ID. Children will not be allowed to walk home alone.
3. I understand that no child(ren) shall be excluded from our childcare program regardless of race, color, religion, or national origin.
4. I understand that my enrollment packet must be filled out completely and updated as needed and that it will be on file at each day camp location.
5. I understand that in case of an emergency, the proper procedures will be taken to ensure my child(ren)'s health/safety as to notify the parents or guardian. If they cannot be reached, we will call the next person on the emergency contact list. I understand that I must notify the ASYMCA immediately in case of home or business/phone number change, or additions/deletions of who can pick up my child(ren).
6. I understand that I will be notified immediately should my child(ren) become ill or injured. I understand that the ASYMCA staff will notify me of any communicable diseases occurring at the facility. If your child(ren) diagnosed with a communicable disease by a health-care professional, your child(ren) must have medical documentation indicating your child(ren) is(are) no longer contagious, before returning to the ASYMCA program. If your child has been running a fever, your child(ren) should not attend the ASYMCA program. Your child(ren) should be fever-free for at least 24-hours before returning to the ASYMCA program. Children with any form of head lice or body lice will not be allowed at any childcare site until the child(ren) has received successful treatment of said lice.
7. I understand that if my child(ren) has allergies that require special instructions, I must provide the ASYMCA with documentation from the child(ren)'s health-care professional.
8. I understand that the ASYMCA staff will notify me of any special or disciplinary problems or needs of my child(ren).
9. I understand that my child(ren) shall receive a morning and afternoon snack and drink.
10. I understand that parents or guardians may not drop off or pick up their child(ren) at a field trip location. I understand that parents or guardians are not allowed on field trips.

11. I understand that no animals are allowed at the ASYMCA childcare sites.
12. I understand that the operational policies are available for review for parents.
13. I understand that parents/guardians can review the licensing rules and reports that available at the childcare site.
14. I understand that if I have any questions or problems with licensing rules, I may contact my local Texas Department of Protective and Regulatory Services licensing representative at their local number and address: 254.526.9011 - 405 East Elms Road, Killeen, Texas 76542, or go to their website at www.dfps.state.tx.us/ or call 800.252.5400.
15. I understand that if there is a change in policy that I must be notified and provided a copy of such change.
16. I understand that no programs will be offered on the holidays observed by the ASYMCA.
17. I understand that for safety and accountability purposes I need to inform the ASYMCA main office at 254.690.9622 or the ASYMCA Camp Site if my child(ren) is(are) to be absent or late.
18. I understand that if inclement weather causes the ASYMCA program to not open on time, or close early, I must make immediate arrangements to pick up my child(ren).
19. I understand that childcare fees must be paid by Thursday by the close of business for the subsequent week's camp.
20. I understand that all payments must be paid in-person at Harker Heights Wellness Center.
21. I understand that all dishonored checks/ACH/credit card payments will be handled by the Armed Services YMCA. A return charge of \$35.00 must be paid in order to continue childcare services. I understand that the ASYMCA may restrict my use of checks/ACH as payment due to returned checks.
22. I understand there are NO REFUNDS for Summer Day Camp or Specialty Camp. A request for transfer may be submitted via email only to awiggins@asymca.org. A \$25 transfer fee per child will be assessed if approved. The transfer request must be submitted, via email, at least 2 weeks prior to the desired new start date in order to be considered.
23. I understand that there are no daily, hourly, or prorated rates.
24. I understand that I must pick up my child(ren) by 6:00 P.M. If I do not pick up my child(ren) by 6:00 P.M, then I must pay a late pick-up charge of \$1 per minute per child(ren).
25. I understand that my child(ren) is(are) not allowed to bring any toys or electronic devices to the program (phones, tablets, dolls, game boy, etc). The ASYMCA will not be responsible for toys brought to the program that are lost or stolen.
26. I understand the ASYMCA has an EMERGENCY PROCEDURE PLAN on file at the campsite in case of an emergency. I may review the procedure at any time at the campsite.

27. I understand that any and all custody agreements must be on file at the ASYMCA Main Office. Please be aware that the ASYMCA will not be party to any violations of custody agreements. Any disagreements involving custody must be resolved between the parties concerned or the courts.

28. I hereby give the ASYMCA, its legal representatives, successors, and assigns, or those for whom it is acting, and all persons and corporations acting with its permission or upon its authority the absolute right and permission to take, copyright, use, and publish photographs in any and all media, of or concerning my child(ren), in whole, in part, or in composite, for purposes of ASYMCA art, advertising, education, or promotion, or for any other purpose consistent with the ASYMCA mission.

29. I understand that the ASYMCA summer camp program environment places special emphasis on caring, respect, honesty, and responsibility. The staff of the ASYMCA will not tolerate inappropriate behavior, language, or actions from parents or children enrolled in the program.

Signature of Parent or Guardian

Date

Antionette Wiggins
Associate Executive Director of Childcare