Now Registering!

$85 Members / $95 Non-Members
Sold by the Week
$40 Registration Fee for children not currently enrolled in our Before & After School Child Care Program for the 2020-2021 School Year

Spring Break Camp is available at the following locations:
Bellaire | Peebles | Mountain View | Timber Ridge | Cove Camp | Chisholm

Hours of Operation: 7am-6pm

WE ARE FOLLOWING STATE, LOCAL, AND CDC GUIDELINES. Participants MUST bring meals that do not require heating.
ASYMCA KILLEEN
SPRING BREAK CAMP ENROLLMENT

Location (Circle One): Bellaire | Peebles | Mountain View | Timber Ridge | Cove Camp | Chisholm
The ASYMCA reserves the right to merge school sites.

Days (Sold by the Week): March 15 - 19

Cost: $85 ASYMCA Member / $95 Non-Member
NO REFUNDS / NO TRANSFERS
$40 Registration Fee for children not currently enrolled in our
Child Care Program for the 2020-2021 School Year

Operation Hours: 7am-6pm (late pickup fees apply if applicable)

Participant:
Child: _____________________________________________ Date of Birth: ________________

Please list any allergies: ________________________________________________________________
__________________________________________________________

Name of Parent/Guardian Completing Form:
Name: ________________________________________________________________
Email: ________________________________________________________________
Address: __________________________________________ City: __________________________
State: __________ Zip: _____________

Parent 1 Phone Number: Cell: ___________________ Other: _____________________
Parent 2 Phone Number: Cell: ___________________ Other: _____________________

I authorize the childcare operation to release my child to leave the child care designated location ONLY with the following person. Please list name/telephone number for each. Children will be released to a parent/guardian only or to a person designated below by the parent/guardian after verification of ID.

Emergency Pickup Name: ___________________ Phone Number: ___________________

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ASYMCA Emergency Information:

Child’s Name: ________________________________________________________________

Sex: ______ DOB: ___________________________ Age: __________

Address: __________________________________________________________________________________

City: ___________________________ State: _______________________ Zip: __________

Adult 1: ___________________________ Relationship: ___________________ Phone: ______________________________

Adult 2: ___________________________ Relationship: ___________________ Phone: ______________________________

RELEASE OF CHILD; I HEREBY AUTHORIZE THAT MY CHILD ONLY BE RELEASED TO:

Name: ___________________________ Relationship: ___________________ Phone: ______________________________

Name: ___________________________ Relationship: ___________________ Phone: ______________________________

IN CASE OF EMERGENCY AND I/WE CAN NOT BE REACHED PLEASE CONTACT THE FOLLOWING:

Name: ___________________________ Relationship: ___________________ Phone: ______________________________

Name: ___________________________ Relationship: ___________________ Phone: ______________________________

DO NOT RELEASE MY CHILD TO THE FOLLOWING:

Name: ___________________________ Relationship: ___________________ Phone: ______________________________

Name: ___________________________ Relationship: ___________________ Phone: ______________________________

AUTHORIZATION OF MEDICAL CARE:

In the event I cannot be contacted to make arrangements for emergency medical care at the time of illness/injury, I hereby authorize the Armed Services YMCA to take my child to the nearest hospital, clinic or medical center.

I understand that I am responsible for payment of any medical services received.

___________________________________________________________  ________________________________
Signature                                                             Date
Register in person at the following location:

ASYMCA Wellness Center
110 Mountain Lion Drive
Harker Heights, TX 76548

254-690-9622 | asymca.org/killeen-home