HOLIDAY CAMPS

2020

Thanksgiving & Winter Holidays

$20 a day Members / $25 a day Non-Members

7 A.M. – 6 P.M.

Holiday Camp is available at the following locations:
Thanksgiving: Bellaire | Mountain View | Timber Ridge | Peebles | Cove Camp | Chisholm
Christmas: Bellaire | Mountain View | Timber Ridge | Peebles | Cove Camp | Chisholm

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

Location (Circle One):
The ASYMCA reserves the right to merge school sites.

Thanksgiving: Bellaire | Mountain View | Timber Ridge | Peebles | Cove Camp | Chisholm
Christmas: Bellaire | Mountain View | Timber Ridge | Peebles | Cove Camp | Chisholm

Days (Sold by the Day Only. Please circle desired days):
November: 23 | 24 | 25
December: 18 (Cove Only) | 21 | 22 | 23 | 28 | 29 | 30
January 4 | 5 (Killeen Only)

Cost: $20 ASYMCA Member Per Day / $25 Non-Member Per day
NO REFUNDS / NO TRANSFERS

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

Child 1: ___________________________ Date of Birth: ___________________________
Child 2: ___________________________ Date of Birth: ___________________________
Child 3: ___________________________ Date of Birth: ___________________________
Child 4: ___________________________ 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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Email: ____________________________________________________________________________
Address: ____________________________________________________________________________ City: ____________________________
State: __________________ Zip: __________________

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Emergency Pickup Name: __________________ Phone Number: __________________
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ASYMCA Emergency Information:

Child’s Name: _________________________________________________________________________

Sex: _______ DOB: ___________________ Age: _________

Address: ___________________________________________________________________________________

City: _______________ State: _______________ Zip: _________

Adult 1: __________________________________________________________________ Phone: ________________

Adult 2: __________________________________________________________________ Phone: ________________

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

Name: __________________________________________________________________ Phone: ________________

Name: __________________________________________________________________ Phone: ________________

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

Name: __________________________________________________________________ Phone: ________________

Name: __________________________________________________________________ Phone: ________________

DO NOT RELEASE MY CHILD TO THE FOLLOWING:

Name: __________________________________________________________________ Phone: ________________

Name: __________________________________________________________________ Phone: ________________

AUTHORIZED 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 locations:

ASYMCA Family Center
501 Clara Drive
Copperas Cove, TX 76522

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

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