

2020 Schools Out Registration Form

The Newport County YMCA will be offering Child Care to families in need for Election Day, Veterans Day, and the day before Thanksgiving. **Registration closes 24 hours before the program starts.**

Days Offered:

November 3rd, 11th, 25th

Time Frame:

8:30am – 4:30pm

Please circle the days you wish to attend:

11/3 11/11 11/25

Rate Options	1 Day Rate	2 Day Rate	3 Day Rate
Member Rate	\$40	\$75	\$110
Non-Member Rate	\$50	\$85	\$120

GENERAL INFORMATION

Child Name: _____

Date of Birth: _____ Age of Child (1st day of Camp): _____ Gender(circle): **M F**

Are you a YMCA Member (circle): **Yes No** Address: _____

Town: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Parent/Guardian Name: _____ Employer: _____

Phone: _____ Email: _____

Parent/Guardian Name: _____ Employer: _____

Phone: _____ Email: _____

As well as the Parents/Guardians listed on the previous day, please list two ADDITIONAL people (relatives, friends, neighbors) who could be called during camp hours in the case of illness or emergency, if you cannot be reached. The individuals listed BELOW are the ONLY INDIVIDUALS AUTHORIZED TO PICK UP YOUR CHILD (AS WELL AS THE PARENTS). WE WILL NOT RELEASE YOUR CHILD TO

Emergency Contact Name: _____ Phone: _____

Email: _____ Address: _____

Emergency Contact Name: _____ Phone: _____

Email: _____ Address: _____

List of Allergies/Medical:

Behavioral/Emotional Needs:

Does your child need help in bathroom or locker room? Yes ___ No ___

WAIVER OF LIABILITY: Make sure you understand and read carefully before signing below. By signing below, you are accepting all terms and conditions of this application.

1. My child has permission to participate in all activities. I authorize emergency medical treatment and transportation if necessary.
2. I authorize the Newport County YMCA to photograph or videotape my child during the program, for possible use in public relations, promotions and fundraising.
3. I understand that my child is to abide by all rules and treat other children and staff with respect. Failure to comply with this standard may result in dismissal from camp.
4. My signature indicates that as the parent/guardian of the applicant, I hereby grant permission for my child to participate in this program at the Newport County YMCA and represent that my child is physically able to participate in activities. In consideration of the applicant's being allowed to participate in the camp, thereby release the Newport County YMCA, its employees, officers from all claims resulting from illness, injuries or other damage, which may be sustained by the child during attendance at the camp. I furthermore agree and promise that we will not hold the Newport County YMCA or any of the above parties responsible in this respect.
5. I will abide by all related fees (including late fees).

Parent/Guardian Signature: _____

Printed Name: _____

(By signing you acknowledge all terms and conditions.)

Date: _____