

HOLIDAY CAMPS



2024 Fall Break October 14 - October 18

\$19 a day Members / \$22 a day Non-Members

6:30 A.M. - 6:00 P.M.

Fall Break Holiday Camp is available at the following
locations:

- KISD Playday & Camp Site
- ASYMCA Program Center (4 year olds only)

Participants MUST bring meals that do not require heating.



Sign up at our Wellness Center | 110 Mountain Lion Road, Harker Heights, TX 76548



ARMED SERVICES YMCA

ASYMCA KILLEEN FALL CAMP SELECTION

Date: _____

Child's Name: _____

All-Day Camps | 6:30 AM - 6:00 PM

Indicate Desired
Dates

- | | |
|--|---|
| <input type="checkbox"/> Monday, Oct 14 | <input type="checkbox"/> Thursday, Oct 17 |
| <input type="checkbox"/> Tuesday, Oct 15 | <input type="checkbox"/> Friday, Oct 18 |
| <input type="checkbox"/> Wednesday, Oct 16 | |

The ASYMCA reserves the right to merge camp sites.

Day Camp Locations

Indicate Desired
Location

_____ **KISD Playday & Camp Site (5-12 yrs)**
2200 W Trimmier Rd., Killeen

4-Year-Old Camp Locations

_____ **ASYMCA Killeen Program Center***
100 E. Beeline Ln., Harker Heights

*The ASYMCA Killeen Program Center does not accept CCS

Cost: \$19 a day Members / \$22 a day Non-Members

A late fee of \$1 per minute, per child will be assessed for pick-ups after 6 PM

Operation Hours: 6:30 AM - 6:00 PM (late pickup fees may be assessed if applicable)

NO REFUNDS / NO TRANSFERS

ASYMCA KILLEEN FALL CAMP ENROLLMENT

Child Name: _____ 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 contact the person below in the event of an emergency and I cannot be reached. I also authorize the 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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Emergency Pickup Name: _____ Phone Number: _____

ASYMCA Emergency Information:

Child's Name: _____

Sex: _____ DOB: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Adult 1: _____ Relationship: _____ Phone: _____

Adult 2: _____ 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

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

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

DO NOT RELEASE MY CHILD TO THE FOLLOWING:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

- I understand that no child shall be excluded from our programs regardless of race, color, creed, or national origin.
- I understand that the Armed Services YMCA's programs place special emphasis on caring, respect, honesty, and responsibility. The staff of the Armed Services YMCA (ASYMCA) will not tolerate inappropriate behavior, language, or actions from parents or children enrolled in the program.
- I understand that any person who will be picking up or dropping off my child must be at least 16 years of age with a picture ID. No child will be allowed to leave the center alone (i.e., walking home). I understand that I must sign my child in/out each day on the appropriate form.
- I understand that my enrollment packet must be filled out completely and updated periodically and that they will be on file at the child care site.
- I understand that in case of an emergency that the proper procedures will be taken to ensure my child's health/safety and to notify the parents or guardian. If they cannot be reached, we will call the next person on the authorized list. I understand that I must notify the Armed Services YMCA immediately in case of home or business address/phone number change, or additions/deletions of who can pick up my child.
- I understand that the discipline policy guidelines will be strictly enforced. I understand that the Armed Services YMCA staff will notify me of any special/disciplinary problems or needs of my child.
- I understand that my child shall receive a morning and afternoon snack and drink within all-day care, but that no snacks will be provided if they are enrolled in a specialty camp.
- I understand that I must pack a no-heat lunch for all-day care.
- I understand that the operational policies are available for review by parents.
- I understand that as a parent, I may drop in any time and observe my child in care.
- I understand that my "parent participation" in the program will be appreciated (i.e., parties).
- I understand that parents can review the licensing rules and reports that are available at the child care site.
- I understand that if I have any questions or problems with licensing rules, I may contact the Texas Health & Human Services licensing representative. The local contact information is 254.526.9011 | 401 East Elms Road, Killeen, Texas 76542 | www.HHS.Texas.gov.
- I understand that if there is a change in policy, I must be notified and provided a copy of such change.
- I understand that the Armed Services YMCA is adhering to CDC and State of Texas guidelines regarding to COVID-19 safety precautions. I understand my child cannot be transferred to a different site/program.
- I understand that for safety and accountability purposes, I need to inform the Armed Services YMCA main office at 254.690.9622 if my child is to be absent or late. I understand that the Armed Services YMCA uses cell phones at the school sites for a line of communication.
- I understand that I must keep receipts for my records. Should duplicate information be requested; I understand that there will be a \$5.00 charge for this service. Income tax statements for service provided from January 1, 2024, through December 31, 2024 will be available through the Online Portal.

- **I understand that there are no refunds or transfers for holiday camps.**
- I understand that there is a late pick-up fee of \$1 per minute, per child after the designated end time of the ASYMCA program.
- I understand that no pets are allowed at Armed Services YMCA sites.
- I understand that my child is not allowed to bring any toys to the program (e.g. dolls, handheld electronics, games, etc.) The Armed Services YMCA will not be responsible for toys brought to the program.
- I understand that my child is not allowed to bring phones and/or other electronic devices to the Armed Services YMCA program.
- I understand that the Armed Services YMCA has an Emergency Procedure Plan on file at the school in case of an emergency. I may review the procedure at any time at the school site.
- All "Custody Agreements" must be on file at the Armed Services YMCA Main Office. Please be aware that the Armed Services YMCA will not be party to any violations of custody agreements. Any disagreements involving custody must be resolved between the parties concerned or the courts.
- I hereby give the Armed Services YMCA, 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, in whole, in part, or in composite, for purposes of Armed Services YMCA art, advertising, education, or promotion, or any other purpose consistent with the Armed Services YMCA mission.
- I understand that for the safety of my children they will only be released to those who are listed inside the registration packet. If they are not listed as a primary or an emergency contact they will not be allowed to pick up my child.

By signing below, I signify my agreement to comply with the above policies.

Signature

Date