

SPRING BREAK CAMP 2025



BISD Spring Break • March 10 -14
KISD & CCISD Spring Break • March 17 -21
6:00 AM - 6:00 PM



\$22 Members / \$27 Non-Members (sold by day)

Early registration ends Sunday, March 9 at 4 PM

Late registration: \$27 Members / \$32 Non-Members (sold by day)

\$25 registration fee for children not enrolled in Before & After School Care

Spring Break Camp is available at the following locations:

KISD: KISD Play Day & Camp Site | Cedar Valley ES

CCISD: Copperas Cove Child Care Center

BISD: Sparta ES

Participants MUST bring meals that do not require heating.

ASYMCA KILLEEN SPRING BREAK CAMP ENROLLMENT

BISD: March 10 - 14, 2025 | KISD & CCISD: March 17 - 21, 2025

Location (Check One):

The ASYMCA reserves the right to merge or change camp sites.

Killeen ISD (March 17 - 21):

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> KISD Play Day & Camp Site (5-12 yrs) <input type="checkbox"/> 2200 Trimmer Rd, Killeen, TX 76541 Accepts CCS | <input type="checkbox"/> Cedar Valley ES (4-12 yrs) <input type="checkbox"/> 4801 Chantz Dr, Killeen, TX 76542 Accepts CCS |
|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|

Copperas Cove ISD (March 17 - 21):

- Copperas Cove Child Care Center (4-12 yrs)
 501 Clara Dr, Copperas Cove, TX 76522
Does not accept CCS

Belton ISD (March 10 - 14):

- Sparta Elementary School (4-12 yrs)
 1800 Sparta Rd, Belton, TX 76513
Accepts CCS

Cost: Jan 13 - Mar 9 | \$22/day ASYMCA Member | \$27/day Non-Member
Mar 10 - Mar 21 | \$27/day ASYMCA Member | \$32/day Non-Member

NO REFUNDS / NO TRANSFERS

Operation Hours: 6am-6pm (late pickup fees apply if applicable) Cut-off time for drop-off: 10am

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| 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 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: _____ |
| Emergency Pickup Name: _____ | Phone Number: _____ |
| 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: _____

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

____ (Initial) The ASYMCA reserves the right to merge or change camp sites.

ACKNOWLEDGEMENT OF REFUND/CANCELLATION POLICY:

There are no refunds or cancellations after 4 PM Sunday, March 9. If your child is sick, a doctor's note must be submitted within 24 hours of the date of absence in order to be considered for a partial refund.

If there is an approved cancellation prior to 4 PM Sunday, March 9, a \$25 per child cancellation fee will be charged and payee will receive the remainder of the amount paid for camp.

____ (Initial)

Armed Services YMCA Killeen

110 Mountain Lion Road
Harker Heights, TX 76548
254.690.9622

killeen.asymca.org | fb.me/yourasymca



ARMED SERVICES YMCA