

HOLIDAY CAMPS



ARMED SERVICES YMCA



Fall Break (KISD)

October 13, 14, 15, 16, 17

Thanksgiving Break

November 24, 25, 26, 28

Winter Break

December 22, 23, 26, 29, 30

January 2, 5

KISD only – January 6

\$23 a day Members

\$26 a day Non-Members

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\$40 registration fee

if not enrolled in

Before & After School Care

6:00 AM – 6:00 PM

Killeen ISD: Maude Moore ES | Timber Ridge ES | Mountain View ES

Copperas Cove ISD: ASYMCA Killeen Child Care Center

Belton ISD: TBD

Participants **MUST** bring no-heat, nut-free meals.

ASYMCA KILLEEN HOLIDAY CAMP ENROLLMENT

Child's Name: _____

Location (Check One):

The ASYMCA reserves the right to merge school sites.

Maude Moore Wood ES | 6410 Morganite Lane, Killeen, TX 76542

Mountain View ES | 500 Mountain Lion Road, Harker Heights, TX 76548

Timber Ridge ES | 5402 White Rock Drive, Killeen, TX 76542

ASYMCA Child Care Center | 501 Clara Drive, Copperas Cove, TX 76522

Days (Sold by the day only. Please circle desired days):

Fall Break (KISD):

October: 13 | 14 | 15 | 16 | 17

Thanksgiving Break:

November: 24 | 25 | 26 | 28

Winter Break:

December: 22 | 23 | 26 | 29 | 30

January: 2 | 5 | KISD only - January 6

Cost: \$23 per day Members / \$26 per day Non-Members

(\$40 registration fee if not enrolled in Before & After School Care)

NO REFUNDS / NO TRANSFERS

ASYMCA Killeen offers Financial Assistance to military and community families in need! Please go to our website

<https://killeen.asymca.org/> and select Financial Assistance under the Quick Links tab.

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

Cut-off time for drop off: 10:00 AM

Name of Parent/Guardian Completing Form:

Name: _____

Email: _____

Address: _____ City: _____

State: _____ Zip: _____

Parent 1 Phone | Cell: _____ Other: _____

Parent 2 Phone | 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: _____

Participant:

Child: _____ Date of Birth: _____

Please list any allergies: _____

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 Road
Harker Heights, TX 76548

254.690.9622 | killeen.asymca.org