



ARMED SERVICES YMCA

CHILD'S NAME: _____ AGE: _____

Armed Services YMCA Killeen Child Care 2025 Play Day Registration Packet

Armed Services YMCA Killeen
254.690.9622
killeen.asymca.org | fb.me/yourasymca

ASYMCA KILLEEN PLAY DAY 2025

Location (Check One):

The ASYMCA reserves the right to merge school sites.

Alice Douse ES | 700 Rebecca Lynn Lane, Killeen, TX 76542

Iduma ES | 4400 Foster Lane, Killeen, TX 76549

Saegert ES | 5600 Schorn Drive, Killeen, TX 76542

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

Days (Please circle desired days):

These dates are subject to change if selected by the school district as a Bad Weather Make Up Day.

Killeen ISD:

Aug 29 | Oct 20 | Nov 10 | Nov 11

Belton ISD:

Oct 9 | Oct 10 | Oct 13 | Oct 31 | Nov 10 | Nov 11

Copperas Cove ISD:

Sept 22 | Oct 10 | Oct 13 | Oct 31 | Nov 10 | Nov 11

**** Please bring a nut-free, no-heat packed lunch each Play Day ****

Members/Family Members always receive reduced pricing and priority registration, including priority online registration.

We do not authorize refunds.

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)

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: _____

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

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