

SPRING BREAK CAMP 2026



KISD | CCISD | BISD Spring Break • March 16 -20
6:00 AM - 6:00 PM



\$22 Members / \$26 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: Timber Ridge ES | Maude Moore ES | Mountain View ES

CCISD: Copperas Cove Child Care Center

BISD: Chisholm Trail ES

Participants MUST bring meals that do not require heating.

ASYMCA KILLEEN SPRING BREAK CAMP ENROLLMENT

KISD, CCISD, BISD: March 16 – 20, 2026

Location (Check One):

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

Killeen ISD (March 16 – 20):

- ☐ Maude Moore Wood ES (4-12 yrs)
☐ 6410 Morganite Ln, Killeen, TX 76542
Accepts CCS
- ☐ Timber Ridge ES (4-12 yrs)
☐ 5402 White Rock Dr, Killeen, TX 76542
Accepts CCS
- ☐ Mountain View ES (4-12)
☐ 500 Mountain Lion Rd, Harker Heights, TX 76548
Accept CCS

Belton ISD (March 16 – 20):

- ☐ Chisholm ES (4-12 yrs)
☐ 1082 S Wheat Rd, Belton, TX 76513
Accept CCS

Copperas Cove ISD (March 16 – 20):

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

Cost: March – 16-20 | \$22/day ASYMCA Member | \$26/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: _____

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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: _____

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.

____ (Initial) All childcare policies, procedures, Code of Conducts and medical information apply. If your child has medication at their dedicated school site, it is the responsibility of the parent to transfer it to the Camp site where the child is attending.

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