CHILD'S NAME:_____AGE:_____

Armed Services YMCA Killeen

Child Care 2026 Play Day Registration Packet

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

ASYMCA KILLEEN
PLAY DAY 2026

Location (Check One):
The ASYMCA reserves the right to merge school sites.

☐ Willow Springs ES | 2501 W Stan Schlueter Loop, Killeen, TX 76549
Participants must be at least four years of age and potty trained. Accepts CCS.

☐ Cedar Valley ES | 4801 Chantz Dr, Killeen, TX 76542
Participants must be at least four years of age and potty trained. Accepts CCS.

☐ Hay Branch ES | 6101 Westcliff Rd, Killeen, TX 76543
Participants must be at least four years of age and potty trained. Accepts CCS.

☐ Hollie Parson ES | 1120 Risen Star Ln, Copperas Cove, TX 76522
Participants must be at least four years of age and potty trained. Accepts CCS.

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
Oct. 19

Copperas Cove ISD
Sept. 21 Oct. 9 Oct. 12 Oct 30

Cost: $0 per day/per child if already enrolled in ASYMCA Before & After School Care
$30 per day/per child | $50 one-time registration fee per child for those not enrolled ASYMCA Before & After School Care

**** 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 reserves the right to change Play Day locations based on the request of each school district.

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: 9:00 AM

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: _____

_____

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 Play Day site where the child is attending. _____ (Initial Here)

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**