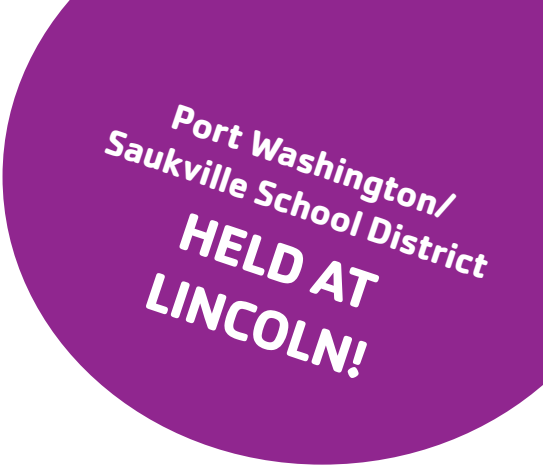




FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



TIME TO EXPLORE

Kids Day Out

2018 - 2019 SCHOOL YEAR

4K (4-YEARS-OLD) - 6TH GRADE (13-YEARS-OLD) 6:00AM - 6:00PM

On days when school is not in session our full day Kids Day Out program invites children to try new experiences, giving children opportunities to explore new activities and build relationships. We provide a trusting environment where you and your child will feel welcomed. Snacks are provided. Participants should bring a swimsuit, towel and a bag lunch daily, unless otherwise noted. Minimum enrollment of 8 children per program date to provide care. Some days field trips will be offered at no additional cost. Children will be divided into groups by grade levels.

KIDS DAY OUT SAMPLE SCHEDULE

6:00am - 9:00am	Arrival, Morning Snack & Free Play
9:00am - 10:30am	Large Group Activity
10:30am - 12:00pm	Open Gym Time
12:00pm - 12:30pm	Lunch
12:30pm - 1:30pm	Rest, Reading and Relaxation
1:30pm - 3:30pm	Open Swim (when available)
3:30pm - 5:00pm	Crafts
5:00pm - 6:00pm	Free Time and Pick Up

FEES & HOW TO REGISTER

\$32/day

Payment will be drafted the week of the program. Drop off this completed form at the Y Welcome Desk no later than 10 days prior to date enrolled or a \$10 late fee will be applied if space is available. We need to have at least 8 children enrolled by the deadline to run the program. If the program is running, no refunds will be issued if your child is registered and does not attend. **Photo ID is required in order to pick up your child from Kids Day Out.**

KIDS DAY OUT SELECTIONS

The registration deadline is 10 days prior to date.

Please check dates attending:

- | | | |
|---------------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> October 9 | <input type="checkbox"/> December 31 | <input type="checkbox"/> April 16 |
| <input type="checkbox"/> November 2* | <input type="checkbox"/> January 25 | <input type="checkbox"/> April 17 |
| <input type="checkbox"/> November 20* | <input type="checkbox"/> February 15 | <input type="checkbox"/> April 18 |
| <input type="checkbox"/> November 21 | <input type="checkbox"/> February 28* | <input type="checkbox"/> April 19 |
| <input type="checkbox"/> November 23 | <input type="checkbox"/> March 1 | <input type="checkbox"/> May 24* |
| <input type="checkbox"/> December 26 | <input type="checkbox"/> March 29* | <input type="checkbox"/> June 7* |
| <input type="checkbox"/> December 27 | <input type="checkbox"/> April 12* | *Early Release |
| <input type="checkbox"/> December 28 | <input type="checkbox"/> April 15 | |

KETTLE MORAINÉ YMCA at Lincoln

1325 N. Theis Lane, Port Washington, WI 5307 | 262-235-9640 | www.kmymca.org

Parent Names: _____

Parent Phone (while child is in program): _____

Child's Name: _____

Parent's Signature: _____

Parent's Email (Required): _____

Please choose one of the three options below:

My child is in the School Age Program. (No Health History or Emergency Care Plan needed)

Site Enrolled: _____

My child has attended a Kids Day Out during this academic school year and I have already completed the Health History form. (No Health History or Emergency Care Plan needed)

My child is new this academic school year (Sept. 2018 - June 2019). Parent must complete the Banking Authorization form (located on the back of this page) and the Health History and Emergency Care Plan (which will be emailed to the address above).

For more information contact:

Joel Guidinger, School Age Director-Northern Ozaukee/
Port Washington-Saukville
262-235-9640 or jguidinger@kmymca.org

STAFF USE ONLY Payment Received Completed Forms

Date & Time of Form Submission: _____



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KETTLE MORaine YMCA

Feith Family Ozaukee Branch - Automatic Payment

Please return completed form to your YMCA Welcome Desk to the attention of the billing department or via email to colson@kmymca.org.

Please check 1 of the 3 options below:

(Banking information required for all Wisconsin Shares families.)

Voided check attached

Checking or **Savings Account Number** _____

Bank Name _____

Routing Number _____

Credit or Debit Card Number _____

Name (as it appears on card) _____

Exp Date _____ **3 Digit Security Code** _____

I receive one or more of the following:

Employee Discount YMCA Dept _____

Multiple Children Discount

Children's Names _____

Parent Name(s) _____

Address _____

City _____ Zip Code _____ Phone _____

Email Address _____

I hereby authorize the Kettle Moraine YMCA to automatically charge my account for child care tuition and program fees in which my child is enrolled. By signing this agreement, or electronically submitting, I agree that each charge shall be the same as if it were a check or charge drawn to the Kettle Moraine YMCA and signed personally by me. I understand that I am financially responsible for all payments. Should any charge be rejected by my financial institution for any reason, I agree to be responsible for that payment plus \$25 for bank account NSF or for credit/debit card declines. I am aware that if my account carries a balance due for current child care charges, my child's care may be suspended or terminated. The authority to continue drafts is to remain in effect until revoked by me in writing. Banking changes or child care revocation requires 2 weeks written notice in advance of the draft date.

Signature _____ Date _____

(I agree that my electronic signature is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding. I agree to apply this signature to all fields where I agreed to use my electronic signature on this form.)

Child(ren) Name(s) _____

Additional Info: