

On days when school is not in session our full day Kids Day Out program invites children to try new experiences, 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. 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

5:00pm - 6:00pm Free Time and Pick Up

## Fees & How to Register

Payment will be bank 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.

KETTLE MORAINE YMCA at Thorson Elementary\* W51N932 Keup Rd. Cedarburg, WI 53012 262-235-9639 | kmymca.org

Child's	Name: MorF						
Parent	Names:						
Parent's Signature:							
Parent Phone (while child is in program):							
Parent <sup>6</sup>	's Email (Required):						
☐ My chi	noose one of the three options below: ild is in the School Age Program. (No Health History ergency Care Plan needed)						
school ye	ild has attended a Kids Day Out during this academic ear and I have already completed the Health History o Health History or Emergency Care Plan needed)						
2020). P form (vis History a	Ild is new this academic school year (Sept. 2019 - June Parent must complete the Banking Authorization it our website to download form) and the Health and Emergency Care Plan (which will be emailed to ress above).						

Please see the back side of this form for Kid's Day Out dates and themes!

STAFF USE ONLY Payment Received Completed Forms

For more information contact:

Date & Time of Form Submission:

janderson@kmymca.org

Jack Anderson

262-235-9639



# **KIDS DAY OUT SELECTIONS**

Kids Day Out held at Thorson, serving the Cedarburg School District. **Grades 4K – 6**<sup>th</sup>

The registration deadline is 10 days prior to date.

Please check the dates that you are attending.

☐ October 4

Halloween Party



□ November 1

Team Jersey Day



□ **November 27**Silly Sock Day



### **Winter Day Camp**

- ☐ December 23
- □ December 26
- □ December 27
- □ December 30
- □ December 31



JOIN US FOR A SNEAK PEEK OF OUR SUMMER DAY CAMP!

Experience field trips, swimming, dress up days, and so much more!

☐ **January 20**Happy Hats Day



## ☐ February 21

Galactic Adventure



☐ March 20



#### **Spring Break Day Camp**



- ☐ March 23
- □ March 24



- ☐ March 25
- □ March 26



☐ March 27

JOIN US FOR A SNEAK PEEK OF OUR SUMMER DAY CAMP!

Experience field trips, swimming, dress up days, and so much more!

□ April 10

Superhero Day /



Please see the back side of this form for registration details!



# **KETTLE MORAINE YMCA**

# **West Washington Branch - Automatic Payment**

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

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М	iease	cneck	т.	or the	3	ODTIONS	below:

(Banking information required for all Wisconsin Shares families.)

	Voided check attach	ed						
	Checking or	Savings Account Number						
	Bank Name							
	Routing Number							
	Credit or Debit Card	Number						
	Name (as it appe	ars on card)						
	Exp Date	3 Digit Security Code						
I receiv	ve one or more of the	following:						
	<b>Employee Discount</b>	YMCA Dept						
	Multiple Family Disc	ount						
	Children's Names							
Parent N	lame(s)							
City		Zip Code	Phone					
Email Ad	ddress							
enrolled. By drawn to the charge be a credit/debit or terminat	y signing this agreement, or elec ne Kettle Moraine YMCA and signo rejected by my financial institutio t card declines. I am aware that i	to automatically charge my account for child care tuit cronically submitting, I agree that each charge shall be depersonally by me. I understand that I am financially n for any reason, I agree to be responsible for that past my account carries a balance due for current child cast fts is to remain in effect until revoked by me in writing the draft date.	e the same as if it were a check or charge y responsible for all payments. Should any yment plus \$25 for bank account NSF or for are charges, my child's care may be suspended					
		Date						
handwritten si		equivalent to my handwritten signature. Whenever I execute an elect repudiate the meaning of my electronic signature or claim that my elesting signature on this form.)						
Child(ren	) Name(s)							
Additions	al Info:							