



# LEARNING BUILDS BRIGHTER MINDS

## Kids Day Out | \$35/day

2020 - 2021 SCHOOL YEAR  
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, 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
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

**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 MORAINÉ YMCA at Thorson Elementary**  
W51N932 Keup Road, Cedarburg, WI 53012  
262.268.9622 | www.kmymca.org

Child's Name: **M** or **F** Age: \_\_\_\_\_

Parent Names: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Parent Phone (while child is in program): \_\_\_\_\_

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. 2020 - June 2021). **Parent must complete the Banking Authorization form (visit our website to download form) and the Health History and Emergency Care Plan (which will be emailed to the address above).**

#### For more information contact:

Joel Guidinger  
262-235-9640 or jguidinger@kmymca.org

STAFF USE ONLY  Payment Received  Completed Forms

Date & Time of Form Submission: \_\_\_\_\_



# DRESS UP DAYS

## KIDS DAY OUT SELECTIONS

Kids Day Out held at Thorson, serving the Cedarburg School District.

**Grades 5K – 6<sup>th</sup>**

The registration deadline is 10 days prior to date.

Please print child's name and check the dates that you are attending.

Child's Name: \_\_\_\_\_

**October 9**  
Halloween Party



**March 26**  
Team Jersey Day



**November 6**  
Pajama Day



**November 25**  
Neon Day



**January 22**  
Happy Hats Day



**February 19**  
St. Patrick's Day



### Spring Break Day Camp



**March 29**



**March 30**

**March 31**



**April 1**

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

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

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



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# 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 [schoolageff@kmymca.org](mailto:schoolageff@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 am eligible for:**

**Employee Discount**      YMCA Dept \_\_\_\_\_

**Sibling Discount**                      **WI Shares**                      **YMCA Financial Assistance**                      **Split Payment**  
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:*