

# YMCA Spring Break Child Care



YMCA OF CLAY COUNTY  
225 E. Kruzan  
Brazil, IN 47834

## 2009 Spring Break Care EXPECTATIONS SURVEY

Please take a few moments to complete this survey. The information from this survey will be used to help administer our spring break care and to make any necessary changes and improvements. Your help and input is greatly appreciated.

Please list the 3 most important things you want your child to do while attending the YMCA Spring Break Care Program.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

How did you hear about the YMCA Spring Break Care Program?

\_\_\_\_\_

Please list any special talents you would be interested in sharing with the Spring Break Care Program this year.

\_\_\_\_\_

What other types of programs would you like to see the YMCA offer for your child?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Additional Comments/Suggestions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Location:*  
**YMCA of Clay County**

*Days:*  
**March 23rd to 27th**

*Hours:*  
**6:00am—6:00pm**

**YMCA of Clay County**  
**We build strong kids,  
strong families,  
strong communities.**

# PROGRAM INFO

**WHO:** School Age Children (K-6th grade)  
**WHAT:** YMCA child care during Clay Community Schools Spring Break!  
**WHEN:** From 6:00am—6:00pm on the following dates :  
 March 23rd, 24th, 25th, 26th, 27th  
**WHERE:** YMCA of Clay County Community Room  
**FEE:** Daily Fee of \$18.00 or \$3.00 per hour for partial days

**WHY:** Gives parents an opportunity to go to work, while knowing their children are safe, well supervised and having **FUN!!!** We will provide the children with a lot of activities, crafts and games while giving them a chance to be with friends.

**ADDITIONAL INFORMATION:**

Children **MUST** be dropped off at the YMCA with a lunch. There will be an additional \$3 charge for children who do not bring a lunch and eat while at the YMCA. Breakfast will be served to kids arriving before 8am. We will provide a snack for the children in the afternoon.

**REGISTRATION AND PAYMENT:**

Complete registration form and return to the YMCA. Payment is required when you drop off your child and should be paid at the Membership Services desk prior to signing your child in with the Child Care staff.

**HEALTH & SAFETY:**

Health and safety is the first concern of the YMCA. Every precaution is taken to ensure the well-being of each child. First-aid supplies are available at all times. If your child has special needs, please communicate with the staff prior to the child's arrival for care.

**FOR MORE INFORMATION :**

Call Deb Plummer at the YMCA (812) 442-6761 or by e-mail at childcare@claycountyyymca.org

# YMCA SPRING BREAK CHILD CARE

1st Child's Name \_\_\_\_\_ Birth Date / / Grade \_\_\_\_\_ Sex \_\_\_\_\_  
 2nd Child's Name \_\_\_\_\_ Birth Date / / Grade \_\_\_\_\_ Sex \_\_\_\_\_  
 3rd Child's Name \_\_\_\_\_ Birth Date / / Grade \_\_\_\_\_ Sex \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ School \_\_\_\_\_  
 Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
 Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**My child(ren) need care on the following days: (Circle all that apply) 23rd 24th 25th 26th 27th**

**AUTHORIZED PICK UP AND EMERGENCY CONTACT INFORMATION**

Please list the name(s) of those authorized to pick up your child/children or make an emergency decision in the event you cannot be reached. Our staff is instructed to never release a child/children to anyone not listed on this form. Please inform us of any custody issues and provide copies of pertinent legal documents.

NAME & RELATIONSHIP	HOME PHONE	WORK PHONE	CELL PHONE
1.			
2.			
3.			
4.			

**HEALTH HISTORY**

Please complete. If you have multiple children on the registration please include child's name with any check or explanation.

Health/Accident Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
 Have or subject to (check if yes):  
 \_\_\_\_\_ Asthma \_\_\_\_\_ Fainting spells \_\_\_\_\_ Convulsions  
 \_\_\_\_\_ Heart Trouble \_\_\_\_\_ Diabetes \_\_\_\_\_ Bleeding Disorders  
 \_\_\_\_\_ Allergies \_\_\_\_\_ Special Diet \_\_\_\_\_ Medications  
 Explain checks: \_\_\_\_\_  
 Have difficulty with (Check if yes): \_\_\_\_\_ Eyes \_\_\_\_\_ Ears  
 \_\_\_\_\_ Lungs \_\_\_\_\_ Hyperactivity \_\_\_\_\_ Behavior/Attitude  
 Any condition now requiring regular medication? \_\_\_\_\_ Name of Medication \_\_\_\_\_  
 Any restriction of activity for medical reasons? \_\_\_\_\_ Explain: \_\_\_\_\_

**PARENT AUTHORIZATION**

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, or to order injection for my child. I understand that I am responsible for all medical expenses incurred by my child, and will not hold the YMCA of Clay County liable. I also give permission for my child's picture to be used in YMCA program related brochures, flyers or posters.

Signature of parent/guardian \_\_\_\_\_

Date \_\_\_\_\_

Date registered \_\_\_\_\_ Please give parent 2 receipts for payment: One for them and one for Child Care Staff.