



# Vacation Day Application 2016/2017

Following the White Plains School Calendar, the FEE for Full Day programming will be **\$90.00** per day for non-members, **\$80.00** per day for YWCA members. NO same day registration.

Half Day program **\$75.00** per day for non-members, **\$65.00** for YWCA members.

Please remember to provide lunch/snack for your child during Half & Full day Vacation Camp program.

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_  
School Name: \_\_\_\_\_ Grade: \_\_\_\_\_ D.O.B \_\_\_\_\_

### I am registering my child for the following school Full Days:

10/3/16  10/6/16  10/12/16  11/8/16  12/27/16  12/28/16  12/29/16  12/30/16  2/21/17  
 2/22/17  2/23/17  2/24/17  4/10/17  4/11/17  4/12/17  4/13/17

### I am registering my child for the following school Half Days:

10/20/16\*Elementary only  10/24/16\*Elementary only  12/07/16  12/09/16  3/06/17\*Elementary only  
 3/13/17 \*Elementary only

#### Parent / Guardian # 1 Information

Name: \_\_\_\_\_  
Address \_\_\_\_\_  
City / State / Zip code: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Mobile #: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employment # \_\_\_\_\_  
Email address: \_\_\_\_\_

#### Parent / Guardian # 2 Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City / State / Zip code: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Mobile #: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employment # \_\_\_\_\_

#### Emergency Contact Information

Name: \_\_\_\_\_ Relationship to participant \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Mobile #: \_\_\_\_\_

#### Pick Up Authorization

The following individuals are authorized to pick up my child:

Name: \_\_\_\_\_ Relationship to participant \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Mobile #: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to participant \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Mobile #: \_\_\_\_\_

#### Payment Information

Name of card holder \_\_\_\_\_ Visa / MC / Discover / Amex  
Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ (please circle one)  
CVC code: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**\*\*Non-Members of Kids' Connection and/or the Breakfast Club Program must complete reverse side of this form and submit a recent medical and/or immunization card in case of an emergency.**



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Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

### VACATION DAY PROGRAM Photography / Video Policy

Photographs and videotapes of YWCA activities and programs are for the publicity and / or promotional publications for the YWCA. We reserve the right to use all photographs and videos for these purposes only. However, we respect your concerns and specific needs regarding privacy. If you do not wish your child to be photographed or taped for whatever reason, please indicate this by checking the appropriate box below:

- Yes, I consent to my child's photo being taken or used for the above described reasons.
- No, I do not consent for my child's photo to be taken or used for the above described reasons.

Participants Name: \_\_\_\_\_

Parent / Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Emergency Treatment Consent

In the event of an emergency, I \_\_\_\_\_ the parent of \_\_\_\_\_ give permission for immediate first aid to be administered by a qualified member of the YWCA staff or other authorized personnel. If the situation should require medical attention, the After School Director will attempt to contact parent / guardians, as soon as circumstances permit, or the listed emergency contact person. The After School Director or another staff member will call the designated physician and / or local emergency unit for treatment and / or transportation to a medical facility. A staff member will accompany the child to the hospital and stay with them until the parent / guardian arrives.

When a Vacation Day participant becomes ill / injured and does not require emergency care, he/she will be monitored by the medical staff. Parents will be notified and the child will be dismissed to parental care.

I have read and understood this policy of the YWCA of White Plains and Central Westchester.

Parent / Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Physician: \_\_\_\_\_

Address: \_\_\_\_\_ City / State / Zip \_\_\_\_\_

Telephone #: \_\_\_\_\_

Participant's Dentist: \_\_\_\_\_

Address: \_\_\_\_\_ City / State / Zip \_\_\_\_\_

Telephone #: \_\_\_\_\_

### HOLD HARMLESS

I (Guardian's Name) \_\_\_\_\_, represent and certify that I am at least 18 years of age, and am the legal Guardian of (Child's Name) \_\_\_\_\_. I hereby release and agree to hold harmless the YWCA White Plains & Central Westchester, its affiliates, insurers, attorneys, principals, directors, officers, agents, employees and volunteers (the "Released Parties") from any injury, loss, liability, damage or claims of any kind (together, "Claims"), including Claims resulting from the negligence of any Released Party that may arise out of or relate to my or my child(ren)'s participation in the YWCA Children's Learning Center, to the fullest extent allowed by law.

Furthermore, I understand that the person signing this contract will be held accountable for payments, balance dues or any outstanding balance on the participants' account pertaining to the Full-Day Child Care Program at the Children's Learning Center.

**By signing this release, I certify that I have read and agree to this release and I fully understand it and am not relying on statements or representations of any Released Party. Should I wish to exclude my child from any activity, I understand that I must notify the Program Director in writing.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_