



We build strong kids, strong families, strong communities.

YMCA HANGTIME ENROLLMENT RECORD

Spring Break

Please fill out one form per child and return the entire form.

The Carondelet Family YMCA is providing full day childcare during spring break (March 17-21 & March 24-28). All hang time days are subject to a minimum paid registration of twelve (12) children. This program is available to school age children, ages 5*-12. Come hang out with us!

DATE: March 17-21, 2008 & March 24-28, 2008

LOCATION: Carondelet Family YMCA, 600 Loughborough
(314) 353-4960

HOURS: 7:00 AM-6:00 PM
ALL children must be picked up by 6:00 PM

WEEKLY COST:	Member	Non-Member
SACC participants	\$15.00	\$30.00
Non SACC participants	\$25.00	\$35.00

WHAT TO BRING: *Swimming suit, towel, a sack lunch, and a GREAT attitude. Refrigeration is not available for lunches.*

ACTIVITIES: On site arts and crafts, sports, swimming, and games.

TO REGISTER: Complete this form and RETURN IT, with a check or money order, at least seven (7) days prior to the first day of Hang Time, to the Carondelet Family YMCA. There is limited space, so register early. There are no refunds available on this program. No children will be accepted without payment and a signed, completed registration form. There is an additional \$10.00 late charge if you register after the deadline. Fees must be included with registration.

REGISTRATION MINIMUM: A MINIMUM OF 12 CHILDREN MUST BE ENROLLED BY MARCH 7th (for the week of March 17-21) & MARCH 14TH (for the week of March 24-28).

IMMUNIZATIONS: If your child does not already attend our School Age Child Care program, parents must submit current immunization forms for the child (ren) with this form.

NOTE: Since our staff might not know all parents, you may be asked to show picture ID before leaving with your child.

CONTACT: Diane Erb, Physical Director, at (314) 353-4960 ext. 24 or via e-mail at derb@ymcastlouis.org

*Age 5 must be enrolled in full day kindergarten

PLEASE FILL OUT THE BACK SIDE OF THIS FLYER

HANGTIME REGISTRATION FORM

Please fill out a separate registration form for each child.

Has your child been diagnosed with: (please check)

If checked, please note your registration will be forwarded to the YMCA Support Services Department for further registration processing, and requires 2 weeks advanced notice for processing.

Please select the days your child will be attending:

Monday 3/17 Tuesday 3/18 Wednesday 3/19 Thursday 3/20 Friday 3/21

Monday 3/24 Tuesday 3/25 Wednesday 3/26 Thursday 3/27 Friday 3/28

If these things don't apply to you, please write N/A where it says other.

ADD ADHD DD PDD Cerebral Palsy
 ODD OCD MR Hansberger's Autism
 Bipolar Disorder Chronic Health Problems Fragile X
 Rett's Syndrome Down's Syndrome Tourette's
 (asthma, diabetes, severe allergies) other

Does your child have an IEP or Behavior Management Plan? Yes No

Must submit current IEP with your enrollment form.

School your child regularly attends: _____

Child's name: _____ Age: _____ Birthday: _____ Sex: M F

Address: _____ City: _____ State: _____ Zip: _____

Home Phone Number: () _____

Mother's/Guardian's name: _____ Work number: () _____

Alternate number: () _____

Father's/Guardian's name: _____ Work number: () _____

Alternate number: () _____

Other Persons Authorized to Pick Up the Child

1. Name: _____ Relationship: _____
Phone number: () _____

2. Name: _____ Relationship: _____
Phone number: () _____

Emergency Medical Care Authorization

Doctor: _____ Address: _____

Phone number: () _____

Dentist: _____ Address: _____

Phone number: () _____

I understand that I will be notified at once in case of accident or illness of my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. For emergency medical treatment, I understand that my child will be transported to the closest hospital via ambulance.

Parent's Signature: _____ Date: _____

A \$1.00 PER MINUTE LATE FEE WILL BE ASSESSED FOR LATE PICKUP (After 6:00 p.m.)

