Oshkosh Community YMCA
3303 West 20th Avenue, Oshkosh, WI 54904

NON-PROFIT
ORGANIZATION
U.S. POSTAGE
PAID
OSHKOSH, WI
PERMIT NO. 145

Check out the other exciting programs the Y has to offer.
Call and ask for an Activities Guide today!

United Way

SUPERVISED SUPER FUN DAYS OFF

2017-2018 KID'S DAY OUT

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

A supervised environment in which kids can participate in a variety of recreational and educational activities on days off school.

OSHKOSH COMMUNITY YMCA

KID'S DAY OUT

A FULL-DAY PROGRAM FOR KIDS K-12 YEARS, ON DAYS "SCHOOL'S OUT."

Kid's Day Out is a full day, school age child care program offered on "school out" days in accordance with the Oshkosh Area School District student calendar. Children ages Kindergarten to 12 years of age will participate in arts and crafts, Family Prime Time, games, swimming, ice skating and sports. Feel safe knowing your children are enjoying their "day out" in a fun, supervised environment. Morning and afternoon snack will be provided by the YMCA.

LOCATION **20TH AVE YMCA only • 3303 W. 20th Avenue**

HOURS **6:30 AM-6:00 PM**

DATES*

2017:

October 27
December 26-29

2018:

January 22
February 16
Mar 26-30

*Possible 2017 Snow days/Make up school days: May 25; June 8 (Downtown)
*If school is cancelled due to weather there will be a make up school day (and No KDO). Refunds will be made for families who have registered/paid.
*If there are no make up days due to weather we will have KDO

AGE **K-12 years**

FEE **$40/Day YMCA Member**
$45/Day Activity Member

Kid's Day Out does not offer a sibling discount.

Limited spots available.
REGISTER EARLY!!

- Participants must be signed in AND out by an adult.
- Participants should bring a swimming suit and towel daily. (swimming is not required, but encouraged)
- Do not send personal belongings with your child (cellphones, electronic devices, money, etc).
- Participants should come to the program dressed for the weather (we will go outside). Socks are required to use the Family Prime Time indoor climber.
- Participants must bring a sack lunch with beverage. Refrigeration and microwaves will not be available. Please keep this in mind when packing your child's lunch. (use insulated lunch bags with ice packs)
- Participants will need a completed health history form, emergency card and immunization record before their first day of attendance

Kid's Club
2017-2018 Kid's Day Out
Registration Form Age: K-12

CHILD(REN) INFORMATION

Child's Name (Last, First)	Sex	Home Address (Street, City, State)	Zip Code	Telephone #	DOB
1.					
2.					

PARENT OR GUARDIAN INFORMATION

(All parents/guardians are permitted to visit during center hours and are allowed to pick up child(ren) unless prohibited or restricted by a court order. Attach court order, if any.)

Father/ Guardian	**Name (Last, First)**	**Home Address (Street, City, State) Email**	**Zip Code**	**Telephone #**
	Place of Employment or where reachable	**Address (Street, City, State, Zip)**	**Work Phone #**	**Cell Phone #**
Mother / Guardian	**Name (Last, First)**	**Home Address (Street, City, State) Email**	**Zip Code**	**Telephone #**
	Place of Employment or where reachable	**Address (Street, City, State, Zip)**	**Work Phone #**	**Cell Phone #**

PERSON(S) OTHER THAN PARENTS AUTHORIZED TO PICK-UP CHILD(REN)

Provide information requested for each person. If no one, write "NONE."

Relationship to Child	**Name (Last, First)**	**Home Address (Street, City, State)**	**Zip Code**	**Telephone #**
	Place of Employment or where reachable	**Address (Street, City, State, Zip)**	**Work Phone #**	**Cell Phone #**
Relationship to Child	**Name (Last, First)**	**Home Address (Street, City, State)**	**Zip Code**	**Telephone #**
	Place of Employment or where reachable	**Address (Street, City, State, Zip)**	**Work Phone #**	**Cell Phone #**

EMERGENCY CONTACT

Provide information for the person to contact when parents/guardians cannot be reached. ☐ **YES** ☐ **NO** **This person is authorized to pick up the child.**

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DATES NEEDED—PLEASE CHECK ALL DATES NEEDED

2017
- ☐ October 27
- ☐ December 26
- ☐ December 27
- ☐ December 28
- ☐ December 29

2018
- ☐ January 22
- ☐ February 16
- ☐ March 26
- ☐ March 27
- ☐ March 28
- ☐ March 29
- ☐ March 30

Possible Make-Up Snow Days
- ☐ May 25 2017
- ☐ June 8 2017 DT

Member $40/Day/Child
Non $45/Day/Child
Total Days of Care Needed _____
Amount Enclosed $ _____
Signature _____

Mail To: YMCA Kid's Club, 324 Washington Avenue, Oshkosh, WI 54901 **For Information call:** (920) 236-3380 ext. 388
Registrations will also be taken at both YMCA Front Desk locations. Make checks payable to the Oshkosh YMCA.

►

Health History

Child's Name

Child's physician or medical facility (name, address, phone number)

1. Check any special medical condition that your child may have:

☐ No specific medical condition ☐ Cerebral palsy/motor disorder

☐ Asthma ☐ Diabetes ☐ Epilepsy/seizure disorder

☐ ADD/ADHD ☐ Special Diet ☐ Emotional Disorder

☐ Gastrointestinal or feeding concerns including special diet/supplements

☐ Other condition(s) requiring special care—specify._____

☐ Food Allergies—Specify food(s)._____

☐ Non-food Allergies—Specify._____

2. Triggers that may cause problems—Specify.

3. Signs or symptoms to watch for—Specify.

4. Steps the child care provider should follow. If medications are necessary, a copy of the CFS-59, Authorization to Administer Medication, should be attached. Indicate any child care staff who have received specialized training/ instructions to help treat symptoms.

A.
B.
C.

5. When to call parents regarding symptoms or failure to respond to treatment.

6. When to consider that the condition requires emergency medical care or reassessment.

7. Additional information that may be helpful to the child care provider.

Immunization History

Type of Vaccine	First Dose Mo/day/yr	Second Dose Mo/day/yr	Third Dose Mo/day/yr	Fourth Dose Mo/day/yr	Fifth Dose Mo/day/yr
DTP/DT/Td DIPHTHERIA-TETANUS-PERTUSSIS					
POLIO					
HAEMOPHILUS INFLUENZA b (HIB)					
HEPATITIS B					
MEASLES, MUMPS, RUEBELLA (MMR)					
VARICELLA (Chicken Pox)					

☐ For religious reasons, this child should not be immunized.

☐ For personal conviction reasons, this child should not be immunized.

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Parent Consent/Authorization (Please initial each line & provide signature at bottom of page stating you have read and understand each item.)

_____I understand that a copy of this program's policies and a summary of the Wisconsin Rules for Licensed Child Care Centers are available upon request.

_____I authorize the YMCA to take my child on all fieldtrips, whether by bus transportation or by walking during program hours.

_____I ☐ give or ☐ do not give permission for promotional photographs to be taken of my child. (Please check the appropriate box)

_____I hereby give consent for emergency medical care or treatment to be used only if I cannot be reached immediately.

_____I have been informed of the number of pets in the center and their degree of contact with the enrolled children. **(WE DO NOT HAVE ANY PETS)**

Parent Signature_____ **Date**_____