



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!



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

OSHKOSH COMMUNITY YMCA



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**SUPERVISED
SUPER FUN
DAYS OFF
2015-2016 KID'S DAY OUT**

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, sports, and occasional fieldtrips. 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*

2015:

**October 23, November 20
December 28, 29, 30**

2016:

**January 22, February 22
March 25, March 28-April 1**

*Possible 2016 Snow days/Make up school days: April 15, May 27, June 9-10

*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.



- 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)

Limited spots
available.
**REGISTER
EARLY!!**

**Kid's Club
2015-2016 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.

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 #

DATES NEEDED—PLEASE CHECK ALL DATES NEEDED

- | | | |
|--|--|---|
| <input type="checkbox"/> 2015 October 23 | <input type="checkbox"/> 2016 January 22 | <input type="checkbox"/> Possible Make-Up Snow Days April 15 2016 |
| <input type="checkbox"/> November 20 | <input type="checkbox"/> February 22 | <input type="checkbox"/> May 27 2016 |
| <input type="checkbox"/> December 28 | <input type="checkbox"/> March 25 | <input type="checkbox"/> June 9 2016 DT |
| <input type="checkbox"/> December 29 | <input type="checkbox"/> March 28 | <input type="checkbox"/> June 10 2016 DT |
| <input type="checkbox"/> December 30 | <input type="checkbox"/> March 29 | |
| | <input type="checkbox"/> March 30 | |
| | <input type="checkbox"/> March 31 | |
| | <input type="checkbox"/> April 1 | |

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



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: <input type="checkbox"/> No specific medical condition <input type="checkbox"/> Cerebral palsy/motor disorder <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy/seizure disorder <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Special Diet <input type="checkbox"/> Emotional Disorder <input type="checkbox"/> Gastrointestinal or feeding concerns including special diet/supplements <input type="checkbox"/> Other condition(s) requiring special care—specify. _____ <input type="checkbox"/> Food Allergies—Specify food(s). _____ <input type="checkbox"/> 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.	

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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** _____