



# Non-School Days Child Care 2011-2012 School Year

## Registration Dates

Y Members Begins July 27, 2011  
Non Y Members Begins August 1, 2011

## Contact Information

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## Fundays

Fundays is a licensed child care program offered on some Lincoln Public Schools non-school days for youth in Kindergarten through age 12.

### Session Dates

The Fundays program will operate on the following dates at the Fallbrook YMCA:

#### 2011

Monday, Aug 15, 2011  
Monday, Oct 3, 2011\*  
Monday, Oct 17, 2011  
Wednesday, Nov 23, 2011\*  
Friday, Dec 23, 2011  
Monday, Dec 26, 2011  
Tuesday, Dec 27, 2011  
Wednesday, Dec 28, 2011  
Thursday, Dec 29, 2011  
Friday, Dec 30, 2011

#### 2012

Monday, Jan 2, 2012  
Tuesday, Jan 3, 2012  
Wednesday, Jan 4, 2012  
Thursday, Jan 5, 2012  
Friday, Jan 6, 2012  
Monday, Jan 16, 2012  
Monday, Feb 20, 2011  
Monday, Mar 12, 2012  
Tuesday, Mar 13, 2012  
Wednesday, Mar 14, 2012  
Thursday, Mar 15, 2012  
Friday, Mar 16, 2012  
Friday, Apr 6, 2012  
Monday, Apr 9, 2012  
Friday, Apr 27, 2012\*

\*Denotes an Elementary Only Funday

### Time

7:15 am to 5:45 pm

### Fees

Y Family Member

\$22/Day

Y Youth Member/Non-Member

\$31/Day

### Activities

Activities include: arts & crafts, indoor & outdoor sports, music, nature, swimming, cookouts, field trips, drama and more.

### Swimming

Each day participants will have the opportunity to go swimming. Participants will need to bring a swimsuit each day.

### Field Trips & Special Event Activities

Each day, participants will have the opportunity to take part in a field trip or a special activity at the Y. Field trips and special event activities are included in the cost of the program, you do not need to send extra money with your child unless instructed otherwise. Many of the field trips and special event activities will take place during the hours of 9:00 am to 4:00 pm, please plan accordingly.

### Lunch & Snacks

Participants will need to bring a sack lunch each day. A nutritious snack is provided each morning and afternoon.



Fallbrook Y

## Registration Information

Registration is on a first come/first served basis. Please pre-register, space is limited. It is not required that you registered for all Fundays at one time, however, registration for one date does not assume registration for all dates.

Online registration is also available. If you choose this option please make sure your child has a current child information form and immunization records on file.

## Cancellations

Fundays program fees are non-refundable and non-transferable. If you would like to cancel your Fundays registration, please contact the Y.

## Payments

Full payment is due at the time of registration.

Title XX is accepted. Parent/Guardian must obtain authorization from caseworker and send it to the YMCA within a week of registration.

Program assistance is available, please visit [ymcalincoln.org](http://ymcalincoln.org) for an application. Please allow 2 weeks for processing.



# Y FUNDAYS CHILD INFORMATION FORM 2011-2012

**Fundays Registration:** Please complete one form for each child. If you currently have a Fundays Child Information Form for the 2011-2012 school year, you only need to fill out the Child Enrollment Information (the box) at this time.

|                          |                    |
|--------------------------|--------------------|
| <b>For Office Use:</b>   |                    |
| <input type="checkbox"/> | Registered         |
| <input type="checkbox"/> | Amount Paid- _____ |
| <input type="checkbox"/> | Entered By- _____  |

## Child Enrollment Information:

Child's First and Last Name: \_\_\_\_\_  Male  Female  
 Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Family Member  Youth/Non-Member

**Please Check the Branch:** Please note, paperwork must be on file at each of the branches where your child will be participating in programs.

Cooper  Fallbrook  Northeast  Pershing

## Please place a check mark in each box for the day(s) your child is attending

- |                                                 |                                                |                                                |                                                   |
|-------------------------------------------------|------------------------------------------------|------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Monday, Aug 15, 2011   | <input type="checkbox"/> Monday, Oct 3, 2011*  | <input type="checkbox"/> Monday, Oct 17, 2011  | <input type="checkbox"/> Wednesday, Nov 23, 2011* |
| <input type="checkbox"/> Friday, Dec 23, 2011   | <input type="checkbox"/> Monday, Dec 26, 2011  | <input type="checkbox"/> Tuesday, Dec 27, 2011 | <input type="checkbox"/> Wednesday, Dec 28, 2011  |
| <input type="checkbox"/> Thursday, Dec 29, 2011 | <input type="checkbox"/> Friday, Dec 30, 2011  | <input type="checkbox"/> Monday, Jan 2, 2012   | <input type="checkbox"/> Tuesday, Jan 3, 2012     |
| <input type="checkbox"/> Wednesday, Jan 4, 2012 | <input type="checkbox"/> Thursday, Jan 5, 2012 | <input type="checkbox"/> Friday, Jan 6, 2012   | <input type="checkbox"/> Monday, Jan 16, 2012     |
| <input type="checkbox"/> Monday, Feb 20, 2011   | <input type="checkbox"/> Monday, Mar 12, 2012  | <input type="checkbox"/> Tuesday, Mar 13, 2012 | <input type="checkbox"/> Wednesday, Mar 14, 2012  |
| <input type="checkbox"/> Thursday, Mar 15, 2012 | <input type="checkbox"/> Friday, Mar 16, 2012  | <input type="checkbox"/> Friday, Apr 6, 2012   | <input type="checkbox"/> Monday, Apr 9, 2012      |
| <input type="checkbox"/> Friday, Apr 27, 2012*  |                                                |                                                |                                                   |

\*Denotes an Elementary Only Funday

## Family Information:

**Parental Status:**  Single  Married  Widowed  Divorced  Separated  Re-married  
 Custodial & Legal Guardian is:  Both Mother & Father  Mother  Father  Other \_\_\_\_\_  
 Child resides with:  Both Mother & Father  Mother  Father  Other \_\_\_\_\_

## Mother/Legal Guardian Information:

First & Last Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

## Father/Legal Guardian Information:

First & Last Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

## Emergency Contacts and Information:

### Emergency Contacts in Case a Parent/Guardian cannot be reached:

|                              |                              |
|------------------------------|------------------------------|
| Name: _____                  | Name: _____                  |
| Relationship to Child: _____ | Relationship to Child: _____ |
| Home/Cell Phone: _____       | Home/Cell Phone: _____       |
| Work Phone: _____            | Work Phone: _____            |

### Authorized Escorts Other than Parent/Guardian or Emergency Contacts: (NA if not applicable)

|             |              |
|-------------|--------------|
| Name: _____ | Phone: _____ |
| Name: _____ | Phone: _____ |

## Medical Contacts:

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Hospital Preference: \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Program Ends \_\_\_\_\_

**Health History:** Please check all that apply & complete the information below.

- Asthma       Seizures       Allergies (specify below)       Diabetes       Heart Problems (specify below)
- Physical Limitations or Concerns (specify below)

Additional medical information or special requests can be described below. Please attach an additional sheet if necessary.

1. Does your child have any behaviors or communication difficulties or a history of negative behavioral problems, that you are aware of that may require special assistance from staff?       No       Yes  
 If "yes" please describe and list any tips that you may have that work best for your child in preventing or handling the negative behavior. Please attach an additional sheet if necessary.

2. Does your child have a fear of something that she/ her may come in contact with during the program that the staff should be aware of? (i.e. fear of heights, storms, dogs, animals, the water)

**Immunization History:**

Nebraska State Department of Health and Human Services requires that every child's immunization history be on file. THIS RECORD MUST BE COMPLETED BEFORE YOUR CHILD MAY ATTEND DAY CAMP. Please attach a photocopy of your child's up-to-date immunization history.

Children must be immunized for the following: Measles, Mumps, Rubella, Polio, Diphtheria, Pertussis, Tetanus, Varicella (Chicken Pox), Haemophilus influenza type B and Invasive pneumococcal disease. If your child has had Varicella (Chicken Pox) you must provide written documentation that states the month and year of infection.

- Immunization Records Attached       On file with the YMCA in a Program: \_\_\_\_\_

**Late Pick-Up Agreement:**

I understand that my child will need to be picked up from the site by the time the site closes. If I cannot be there by the closing time I understand I must contact the Site Supervisor or Program director so they can inform the Program Staff. I understand that if I do not call, the YMCA may follow the LPS procedure and call the police to transport my child. Parent or Guardian Initials: \_\_\_\_\_

**Important Reminder:**

Please retain a copy of the Program Brochure, which includes important and specific information regarding the program, including program hours, dates and fees.

**Permission Form:** Please read carefully and select yes or no accordingly.

- Yes  No I give staff permission to transport my child for the purpose of program activities.
- Yes  No I give my permission for my child to participate in all swimming activities scheduled by YMCA staff. I understand that certified lifeguards would supervise all swimming activities.
- Yes  No I will allow my child to swim in the deep end of the pool. I understand that all participants must pass a swim test each week to swim in the deep, even if I give permission.
- Yes  No I understand that injuries may be sustained while participating in any YMCA activity. If medical attention is required, I give permission for such medical care. I also understand that the YMCA does not carry health and accident insurance, and that I will be primarily responsible where bills are incurred.

**\*\* Please note,** The YMCA of Lincoln, Nebraska may on occasion take photographs and/or video of its members or program participants for use in print materials or by electronic methods. Your entry into YMCA facilities, participation in YMCA programs or participation in YMCA events grants permission for the YMCA of Lincoln, Nebraska to use these photographs and/or video in its marketing and public relations efforts.

As the parent/guardian, I will work as a partner with staff to ensure my child is successful in the program. I understand that my child may be dismissed for failure to follow rules, failure to follow general operating procedures of the program. The information I have listed is correct to the best of my knowledge and I will notify the program staff of any changes to the information in a timely manner.

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

| Cooper              | Downtown          | Fallbrook         | Northeast           | Youth Sports               | Camp Kitaki               |
|---------------------|-------------------|-------------------|---------------------|----------------------------|---------------------------|
| 6767 S. 14th Street | 1039 P Street     | 700 Penrose Drive | 2601 N. 70th Street | 570 Fallbrook Blvd., # 210 | 570 Fallbrook Blvd., #210 |
| Lincoln, NE 68512   | Lincoln, NE 68508 | Lincoln, NE 68521 | Lincoln, NE 68507   | Lincoln, NE 68521          | Lincoln, NE 68521         |
| (402) 323-6400      | (402) 434-9230    | (402) 323-6444    | (402) 434-9262      | (402) 434-9217             | (402) 434-9225            |