



Before/After School Childcare

2011-2012

Contact Information

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Adventure Club

Adventure Club is a licensed childcare program offered through the Northeast Y for children attending Kindergarten through 5th grade at Kahoa, Pyrtle and Zeman Elementary Schools. This program is a fun convenient way for children to spend the hours before and after school. Children are supervised by positive adult role models who focus on developing the Y character values of Honesty, Caring, Respect and Responsibility.

Session & Registration Dates

Adventure Club follows the Lincoln Public Schools Elementary Calendar.

August 16, 2011 through May 24, 2012

Registration Dates

Y Members Begins April 4
Non Y Members Begins April 18

Time

Kahoa: Before School 7:15am-8:50am	After School 3:38pm-5:45pm
Pyrtle: Before School 7:15am-8:50am	After School 3:38pm-5:45pm
Zeman: Before School Care is not available	After School 2:53pm-5:45pm

Childcare is NOT available on "snow days" when LPS cancels school due to weather.

Fees

Non-refundable Registration Fee	\$35
AM Only: Y Family Member	\$95/Month
AM Only: Y Youth Member/Non-Member	\$130/Month
PM Only: Y Family Member	\$145/Month
PM Only: Y Youth Member/Non-Member	\$176/Month
Both: Y Family Member	\$172/Month
Both: Y Youth Member/Non-Member	\$210/Month

Activities

We strive to provide a safe, fun and happy environment for elementary school children by providing a wide variety of age-appropriate activities to promote self-confidence, cooperation and teambuilding skills.

Activities include: arts & crafts, indoor & outdoor active play, games, music, nature, drama, simple cooking projects and more.

Snacks

A nutritious snack is provided each afternoon.

Non-School Days

The monthly Adventure Club program fees do not include care for non-school days. Childcare on many of the non-school days is available at the Northeast Y through our Fundays program.



Northeast Y

Registration Information

Registration is on a first come/first served basis. A \$35 non-refundable registration fee is due at the time of registration.

Cancellations

Written notice is needed for any change or cancellation at least 2 weeks prior to the end of the month.

Payments

The Lincoln YMCA requires that monthly program fees be paid via automatic draft of a bank account or credit card.

Title XX is accepted. Parents/Guardians are required to pay the non-refundable \$35 registration fee at the time of registration. Parents/Guardians must obtain an authorization and send it to the Northeast Y within one week of registration.

Your membership status at the time of registration determines the fee for the program. If your membership status changes, you must contact the Y program Director to amend your fees.

Program assistance is available, please visit ymcalincoln.org for an application. Please allow 2 weeks for processing.





REGISTRATION & CHILD INFORMATION FORM

Adventure Club Registration: Please complete one form for each child.

Child Enrollment Information:

Child's First and Last Name: _____

Male Female Age: _____ Grade: _____ Date of Birth: _____

Please place a check mark next to the school and time of day your child is attending:

Kahoa AM Only		Pyrtle AM Only		N/A	
Kahoa PM Only		Pyrtle PM Only		Zeman PM Only	
Kahoa Both		Pyrtle Both		N/A	

Family Information:

Parental Status: Single Married Widowed Divorced Separated Re-married
Custodial & Legal Guardian is: Both Mother & Father Mother Father Other _____

Mother/Legal Guardian Information:

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

Father/Legal Guardian Information:

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

Emergency Contacts and Information

Emergency Contacts in Case of Emergency and Parent/Guardian cannot be reached:

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

Child Information:

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: _____

Child Information Continued:

Health History: please check all that apply

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

Additional medical information or special requests: _____

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 enclose 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.

Permission Form:

- 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 give permission for the YMCA to arrange for emergency treatment and to contact our family health care provider if parent/guardian cannot be reached and it is necessary to preserve the health of my child until such time when I/we can be present. I understand that no guarantees have been made to me as to the effect of such treatment on my child’s condition. If necessary, the program will arrange for emergency transportation to the nearest emergency medical facility.

**** 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.

By signing below I give permission for my child to participate in program activities. I understand that the YMCA does not carry health and accident insurance for my child/youth, and that I as guardian will be primarily responsible in case of injury where bills are incurred. 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 Lincoln, NE 68512 (402) 323-6400	1039 P Street Lincoln, NE 68508 (402) 434-9230	700 Penrose Drive Lincoln, NE 68521 (402) 323-6444	2601 N. 70th Street Lincoln, NE 68507 (402) 434-9262	570 Fallbrook Blvd., # 210 Lincoln, NE 68521 (402) 434-9217	570 Fallbrook Blvd., #210 Lincoln, NE 68521 (402) 434-9225