



2019-2020 GENEVA LAKES FAMILY YMCA YMCA SCHOOL'S OUT FUN DAYS AGES 4-12

The Geneva Lakes Family YMCA offers safe, quality care at the Y for your child when their school is closed. Join us for fun games, sports, swimming, arts and crafts and so much more! Please bring a water bottle, two snacks, a bag lunch, swimsuit and towel.

SAMPLE SCHEDULE (subject to change)

7-9 am	Arrival & Choice Activities
9-9:30 am	Bathrooms & Snack
9:30-11:30 am	Large Group Activity
11:30-12:15 pm	Lunch
12:15-1:30 pm	Arts & Crafts
1:30-2:30 pm	Swimming
2:30-3:30 pm	Bathrooms & Snack
3:30-4:30 pm	Group Activity
4:30-6 pm	Choice Activities & Departure



UPCOMING DATES (subject to change)

- | | | |
|--------------------------------------|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> October 25 | <input type="checkbox"/> January 2 | <input type="checkbox"/> March 26 |
| <input type="checkbox"/> November 27 | <input type="checkbox"/> January 3 | <input type="checkbox"/> March 27 |
| <input type="checkbox"/> December 13 | <input type="checkbox"/> February 21 | <input type="checkbox"/> April 10 |
| <input type="checkbox"/> December 23 | <input type="checkbox"/> March 23 | <input type="checkbox"/> April 13 |
| <input type="checkbox"/> December 26 | <input type="checkbox"/> March 24 | <input type="checkbox"/> May 1 |
| <input type="checkbox"/> December 27 | <input type="checkbox"/> March 25 | |
| <input type="checkbox"/> December 30 | | |

REGISTRATIONS

Registrations must be received **NO LATER** than 5 business days prior to program date(s) chosen. Registration Form must be dropped off at the Geneva Lakes Family YMCA or emailed to the Youth & Family Director at jami.golz@glymca.org.

***Payments for all registered School's Out Fun Days will be taken at time of confirmation.**

PAYMENT & FEES

Geneva Lakes Family YMCA School's Out Fun Days:
Members: \$30/per day | Community: \$40/per day

FOR ADDITIONAL INFORMATION

Contact: Jami Golz, Youth & Family Director
Email: jami.golz@glymca.org
Phone: 262.248.6211 x26

Geneva Lakes Family YMCA
203 S. Wells Street
Lake Geneva, WI 53147
262.248.6211 | GenevaLakesYMCA.org

*A minimum number of 10 participants per scheduled date is required in order for each School's Out Fun Day to run.

**GENEVA LAKES FAMILY YMCA | SCHOOL'S OUT FUN DAYS
2018/2019 Registration, Health History & Emergency Care Plan**

Child Information

Child's First Name _____ Middle Initial ____ Last Name _____ Gender _____ Birth Date ____/____/____
Age _____ School Child Attends _____ Child resides with Mother Father Both

Parent/Guardian Information

1. Parent/Guardian First Name _____ Middle Initial ____ Last Name _____ Gender _____ Birth Date ____/____/____

Home Address, City, State, Zip _____

Home Phone Number: _____ E-mail _____

Where can we reach you while your child is at YMCA School's Out Fun Days? Work: _____ Cell: _____

Daytime Address: _____

2. Parent/Guardian First Name _____ Middle Initial ____ Last Name _____ Gender _____ Birth Date ____/____/____

Home Address, City, State, Zip _____

Home Phone Number: _____ E-mail _____

Where can we reach you while your child is at YMCA School's Out Fun Days? Work: _____ Cell: _____

Daytime Address: _____

Emergency Contacts/Others Authorized to Pick Up—Must put one other person other than parent or guardian

1. First Name _____ Last Name _____ Relationship to child _____

Home Address, City, State, Zip _____

Phone Numbers: Home _____ Work _____ Cell _____

2. First Name _____ Last Name _____ Relationship to child _____

Home Address, City, State, Zip _____

Phone Numbers: Home _____ Work _____ Cell _____

**Medical and Behavior Questions to help us provide the best care possible.
(ALL lines MUST be filled out. If something does not apply, please use N/A)**

1. Has your child had any of the following? If so, please explain:

Asthma Autism Diabetes ADD/ADHD Epilepsy/Seizures Cerebral Palsy/Motor Disorder Cognitively or Learning Disabled

Dietary Restrictions _____

Food/Milk Allergies _____

Gastrointestinal or feeding concerns, including special diet and supplement _____

Status of vision, hearing and speech _____

Other conditions requiring special care _____

2. Triggers that may cause any of the above problems (specify) _____

3. Signs or symptoms to watch for _____

4. Steps the child care provider should follow _____

5. Identify any staff whom you gave specialized training/instructions _____

6. When to call parents regarding symptoms or failure to respond to treatment _____

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

8. Additional information that may be helpful to us _____

9. Physician information

Physician Name _____ Phone _____

Address _____

10. Is your child currently taking any medications? _____ Yes _____ No

If yes, what kind and why _____

If your child will be taking medication while at School's Out Fun Days, you will be required to fill out an Authorization to Administer Medication form before attending. Please contact Jami Golz at 262.248.6211 x26 or jami.golz@glymca.org for more information.