

# South Montgomery County YMCA IN-SERVICE CAMP OWEN 2006-2007

Revised 7/26/06

## IN—SERVICE DAYS & HOLIDAYS:

Care is available for CISD In-Service days and some holidays. Transportation is available from the South Montgomery County YMCA to the Conroe YMCA (Camp Owen) for these days.

**Fee:** Facility Members /Full Time After-School Students - \$30.00; Program Member/Drop-In Students - \$35.00

**In-Service Camp Available:** 11/22, 12/18-12/22, 12/26-12/29/2006 & 1/2, 1/3, 1/15, 2/19, 3/12-3/16/2007

**Care will not be available on Early Release Days:** 10/13, 12/15/2006 & 3/9/2007

## To register and enroll your child in the After School program the following is required:

1. A Facility or Program Membership with the YMCA. (Program Membership is \$15 annually per family)
2. Complete registration form and enrolled packet and return to the Child development Center at the Shadowbend YMCA.
3. The YMCA strives to turn no one away for inability to pay. Limited financial assistance is available, based on available resources, to those that qualify. Please request an Open Doors application at the YMCA Child Care Development Center.

**Child's Name:** \_\_\_\_\_  Male  Female Birth Date: \_\_\_\_\_ Age : \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Admission Date: \_\_\_\_\_ Withdrawl Date: \_\_\_\_\_ Ethnicity:  Caucasian  African American  Hispanic  Asian  Other

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Check One:  5 Days/Week  Drop-In

## NAME OF PARENT OR LEGAL GUARDIAN

**Name:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Relation to Child:** \_\_\_\_\_ **Relation to Child:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City/Zip:** \_\_\_\_\_ **City/Zip:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **Home Phone #:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_ **Place of Employment:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City/Zip:** \_\_\_\_\_ **City/Zip:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Office Phone #:** \_\_\_\_\_ **Office Phone #:** \_\_\_\_\_

**Cellular #:** \_\_\_\_\_ **Other #:** \_\_\_\_\_ **Cellular #:** \_\_\_\_\_ **Other #:** \_\_\_\_\_

Authorized to pick up child:  Yes  No\* Authorized to pick up child:  Yes  No\*

\*When a **parent** is NOT authorized to pick up we **must** have a copy of court documentation.

**In the case of divorce or legal separation are you:**  managing conservator  possessory conservator  legal guardian? (Check one)

**Please provide copies of court documentation.**

## IN-SERVICE, OWEN CONDUCT POLICIES

**You and your child must be completely familiar with these policies. The multi-site director, upon notification to the parent, may suspend or terminate all activities and participation in the program for the following misconduct.**

### While Participating in the Program

1. Leaving YMCA premises without permission, or going into posted areas.
2. Using foul language or being rude and discourteous to staff.
3. Defacing YMCA or school property or field trip facilities.
4. Engaging in fighting as the only means to solve problems.
5. Bring or using illegal substances.

6. Stealing or defacing another child's property.
7. Intentionally injuring another child or staff.
8. Refusing to remain with the group during outings.
9. Refusing to follow check in and out procedures.
10. Refusing to follow basic rules of safety.



### While Being Transported

1. Fighting, using foul language or abusive behavior.
2. Not remaining seated at all times.
3. Not keeping the seat belt fastened while in transport.
4. Having any body parts out of the windows.
5. Throwing anything out of the windows.
6. Defacing the vehicle.
7. Being rude or discourteous to driver.

**YAFTERSCHOOL**  
We hold strong kids, strong families, strong communities.

**For more information please call:** Sharon Wortham, Child Care Director, 281-681-6716,  
Jessica Symens, Asst. Child Care Director, 281-681-6737 or Teresa Arana, Multi-Site Director, 281-681-6730  
**South Montgomery County YMCA**, 6145 Shadowbend Place, The Woodlands, TX 77381 (281)367-9622 Fax (281)367-3659  
www.southcounty-ymca.org or www.ymcahouston.org

**ADULTS AUTHORIZED TO PICK UP CHILD AND/OR TO BE CONTACTED IN CASE OF EMERGENCY:**

*If under age 18, separate form must be completed..*

**Name:** \_\_\_\_\_ **Relation to child:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Office #:** \_\_\_\_\_ **Cell/Pager #:** \_\_\_\_\_ **Home #:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relation to child:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Office #:** \_\_\_\_\_ **Cell/Pager #:** \_\_\_\_\_ **Home #:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relation to child:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Office #:** \_\_\_\_\_ **Cell/Pager #:** \_\_\_\_\_ **Home #:** \_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:**

My child has a **regular physician**. Below is the information for my physician, clinic/hosp. preferences.

Name of Child's Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Clinic/Hospital Preference: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

My child does not have a regular physician. **We use any doctor on duty at the clinic/hospital listed above.**

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to the nearest emergency facility for treatment deemed necessary by the medical attendant.

**SPECIAL PROBLEMS / NEEDS**

**The YMCA believes that each child in our care is a unique individual with special needs. Help us to provide the best care for your child by providing us as much information as possible. We strongly encourage you to meet with the director and visit the program prior to enrolling your child.**

Please give information about special problems and needs including: allergies, existing illness, previous serious illness, and injuries, disabilities, hospitalizations in past 12 months, long-term, continuous use medication, etc. Please write in N/A if none apply to your child.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please explain if there are certain situations that may cause your child difficulty. How can we best work with you and/or your child's school to help your child in these situations? Does your child have any limitations or require any special provisions? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Other Comments: \_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ EACH STATEMENT BELOW, THEN SIGN AND DATE BELOW**

- My signature below acknowledges my receipt of and my agreement to follow all policies in the Parent Handbook which includes **YMCA operational and parent policies.**  **Yes**  **No**
- My signature below gives my consent for my child to be transported and supervised by facility's staff in case of an emergency, on field trips, to and from home and to and from school if applicable.  **Yes**  **No**
- My signature below gives my consent for my child to participate in water activities such as splashing pools, swimming pools, and other bodies of water provided by the facility.  **Yes**  **No**
- My signature below gives my consent for my child to be photographed and/or video taped participating in the program.  **Yes**  **No**
- My signature below gives my consent for my child to play on the **school playground which may not meet all Child Care Licensing safety standards.**  **Yes**  **No**
- My child attends the following school and his/her immunization record is on file at the school and all immunizations, tuberculosis test, vision & hearing screening records are current. They meet the requirements of the Texas Department of Health.  **Yes**  **No**

*I understand that neither the YMCA nor any of its paid or volunteer workers can be held responsible in the event of accidents or accidental death. I understand that all precautions will be taken to ensure the safety and health of my child.*

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Method of Payment:  Cash  Credit Card  Check Ck# \_\_\_\_\_

Membership Type:  Facility  Program Member # \_\_\_\_\_ Amount Paid: Registration Fee \_\_\_\_\_ Program Fee \_\_\_\_\_



## South Montgomery County YMCA IN-SERVICE OWEN CAMP

**Pre-registration is required due to seating capacity on the bus.** Payments must be made no later than the day before the scheduled In-service date, in order for your child to attend. If your child/children attend the After School Program your child/children account **must be** current and up to date before registration.

**Fee:** Facility Members/Full Time After-School Students -\$30.00

Program Members/Drop-In Students - \$35.00

Space is limited to 60 students and there must be a minimum of 25 children in attendance on a daily basis to operate the program.

**In order to make this experience smooth for you we recommend that your child/children:**

- Be at the YMCA between 7am-8:30am. The bus leaves at 8:30am
- Bring extra water. The children go on hikes and get very thirsty.
- Bring a Sack Lunch and a morning snack.** Afternoon snacks will be provided.
- Do Not bring radios, CD players, or game boys. These sometimes disappear. We are not responsible for lost or stolen items.
- Bring a good attitude. It helps make the day more pleasant for everyone.
- Bring a change of clothes. Sometimes accidents happen.

*\*For any lost or stolen items please contact the Conroe YMCA at (936)441-9622.*

Please be prepared for some of the activities your child **may** be involved in weather permitting, listed below:

- ❖ swimming
- ❖ hiking
- ❖ archery
- ❖ arts and crafts
- ❖ canoeing
- ❖ bb guns
- ❖ horseback riding
- ❖ challenge course

**For more information please contact:**

Sharon Wortham, Child Care Director, 281-681-6716

Jessica Symens, Asst. Child Care Director, 281-681-6737

Teresa Arana, Multi-Site Director, 281-681-6730

Delisa Carver, Child Care Director at Conroe Family YMCA, 936-441-9622

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**YMCA Mission:** To put Judeo-Christian principles into practice through programs that build healthy spirit, mind and body for all.  
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