

Snow Day Program 2019-2020 Registration Form



Snow Day Program Policies:

- The snow day program is open only to children who **currently** attend the Kids' Korner before and after school program and children must be registered to attend the snow day program. The cost per day is \$55.00 per child.
- The snow day program is held at the Middlesex YMCA (99 Union Street, Middletown) and typically runs **7:30am-5:30pm**, but the YMCA reserves the right to cancel based on weather conditions and the opening of the YMCA.
- Registration is simple! Just complete the form below and return it to the YMCA. **Registration forms are NOT accepted at your Kids' Korner site.** They can be faxed in (860-343-6273), mailed (Middlesex YMCA, 99 Union Street, Middletown, CT 06457) to the attention of Ceara Ladue or processed at the front desk of the YMCA.
- Registrations are taken on a first-come, first-serve basis and space is limited. This program fills up quickly and has a lengthy wait list.
- Once your child's registration form has been received at the YMCA, you will receive a confirmation email stating if you are enrolled or if you are on the waitlist along with the program policies and procedures. No deposit is required; you will be billed per snow day on your Kids' Korner bill.
- Children enrolled in the program should bring a bagged lunch, bathing suit, towel, and any special books they would like for the day.
- Medication can only be administered with completed paperwork signed by a physician. **It is the parent's responsibility to provide YMCA snow day program staff with the medication and complete paperwork each snow day.** Medication must be in the original container and YMCA staff cannot give the first dose.
- If your child requires medication at their Kids' Korner program, they will need the medication provided at the snow day program as well.
- If you have any questions, please contact Ceara Ladue at (860) 343-6247 or cladue@midymca.org.

We will not be responsible for lost or delayed mail-in registrations.

Kids' Korner Program Site: _____

Child's Name: _____ Gender _____ Age _____ Grade _____

Address: _____ Home # _____

Parent/Guardian 1: _____ Cell/Work # _____

Parent/Guardian 2: _____ Cell/Work # _____

Alternate Contact Person: _____ Day Phone # _____

Medical/Behavior Concerns: _____

Will your child require prescription medications during the snow day programs? _____ Yes _____ No

Please provide an email you would like to receive your Snow Day Program confirmation or waitlist notification to:

Email Address: _____

Please enroll my child in the Middlesex YMCA Snow Day Program located at the YMCA. I give permission for my child to participate in all activities. In case of a medical emergency, I give permission for my child to be treated and transported by medical personnel. **I understand that if my child will not be attending the snow day program it is my responsibility to call in the absence by 8:00 am or I will be charged for the day.** I understand that I am responsible for providing YMCA Snow Day Program staff with any prescription medications and doctor's authorizations each snow day. If medication is not provided, the YMCA reserves the right to refuse care for the day.

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____ Date: _____