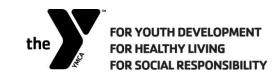
Snow Day Program 2019-2020 Registration Form



Date: __

Snow Day Program Policies:

- The snow day program is open only to children who <u>currently</u> 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. <u>Registration forms are NOT accepted at your Kids' Korner site.</u> 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. <u>It is the parent's responsibility to</u>
 <u>provide YMCA snow day program staff with the medication and complete paperwork each snow day.</u> 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 registration	ns.	
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 confirm	mation or waitlist no	otification to:	
Email Address:			
Please enroll my child in the Middlesex YMCA Snow Day Program located at the N			
activities. In case of a medical emergency, I give permission for my child to be trea that if my child will not be attending the snow day program it is my responsibility	-		·

<u>for the day.</u> 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: