



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# BE ADVENTUROUS THIS SUMMER

## Summer Adventure YMCA SCHOOL AGE SERVICES Donelson District

Join us this summer for a variety of classic summer adventures. Enjoy theme based activities, crafts, science, sports, field trips, friendships, and so much more!

**Ages served:** 4-12yrs

6:30a – 6:00p

*YMCA Summer Adventure is licensed by the  
Tennessee Department of Human Services.*



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**Our Mission:** A worldwide charitable fellowship united by a common loyalty to Jesus Christ for the purpose of helping people grow in spirit, mind and body.

# YMCA SUMMER ADVENTURE REGISTRATION FORM

**Please Print Family Information:**

Child Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

MALE  FEMALE Age on May 29th, 2012 \_\_\_\_\_ Grade in the fall of 2012 \_\_\_\_\_

Educational Program:  Regular Education  Special Education\*  Inclusion\*  Resource\*

\*You will be contacted to discuss any special assistance your child may require prior to starting.

T-Shirt size preference:  YS  YM  YL  AS  AM  AL  AXL

\* Children who **pre-register by April 13th** will receive t-shirt size selected above

Parent Primary Email for Camp Updates: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

**Registration Fees and Options:** \$50 Registration fee per child (non-refundable) \$98 Weekly fee per child\*

**Please select one school site:** \*Please review our cancellation policy and potential related fees noted below.

- McGavock** Ages 5-10 275 McGavock Pk 615.883.9707
- Dupont Hadley** Ages 5-12 1901 Old Hickory Blvd 615.847.1255
- Una** Ages 5-12 2018 Murfreesboro Rd 615.360.2315
- JE Moss (\*Non-travel Site)** Ages 4-10 4701 Bowfield Dr. 615.333.5200 ext 277

\*The non-travel site will cost **\$80 per week**. This location **will not** travel to field trip destinations.

**(Limited financial assistance available at each location...FA spots are first come, first serve)**

**SUMMER PARENT ORIENTATION DATE:**

6:00 pm May 3<sup>rd</sup> @ your registered site for summer

**Select the weeks your child will be attending the YMCA Summer Adventure:**

- Week 1** – May 29-June 1 \*CLOSED on Monday, May 28<sup>th</sup> for Memorial Day
- Week 2** – June 4-8
- Week 3** – June 11-15
- Week 4** – June 18-22
- Week 5** – June 25-29
- Week 6** – July 2-6 \*CLOSED on Wednesday, July 4<sup>th</sup> for Independence Day
- Week 7** – July 9-13
- Week 8** – July 16-20
- Week 9** - July 23-27
- Interim Care** – July 30-31\*\* @ Andrew Jackson School  
\*Limited 40 spaces, first come first serve @ \$25 per child per day **(no financial assistance available for interim care)**

**Parental Consent Form** (please initial)

\_\_\_\_ I wish to apply for financial assistance from the YMCA

\*Attach paperwork to this application

\_\_\_\_ I participate with DHS Child Care Certificate Program

\*Please attach the current certificate

**Permission Statement** (please initial)

\_\_\_\_ I give permission for my child to participate in all activities planned and conducted by the YMCA summer programs, including bus transportation to and from field trips.

\_\_\_\_ I understand that the YMCA provides the required DHS medical insurance and that this requirement does not imply or admit guilt or liability of the YMCA.

\_\_\_\_ I understand that in the event the insurance company denies a claim, the parent/guardian is responsible for payment of medical care.

\_\_\_\_ I understand it is my responsibility to submit a current DHS certificate.

\_\_\_\_ I understand that financial assistance is limited and I must apply for assistance for the summer program regardless of my current status. I am responsible for full amounts until assistance has been approved. The YMCA is unable to make assistance retroactive.

\_\_\_\_ I understand that I am responsible for payment of all weeks reserved.

\_\_\_\_ I understand that I have **until Friday, May 4, 2012 to make written changes** (including cancellation of weeks) to my child's attendance without financial penalty.

\_\_\_\_ I understand that **after Friday, May 4, 2012** I will be required to pay a **cancellation fee of \$45 per child, per week** for cancellation/non attendance of reserved weeks.

\_\_\_\_ I have read and agree to the cancellation policy noted above.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Office Use Only:** Registration fee pd \$ \_\_\_\_\_ Ck# \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Confirmation Sent \_\_\_\_/\_\_\_\_/\_\_\_\_ by \_\_\_\_\_  
Fee information: Weekly Fee: \$ \_\_\_\_\_ Financial Assistance % \_\_\_\_\_ DHS \_\_\_\_\_ Staff % \_\_\_\_\_ Weekly Fee due \$ \_\_\_\_\_  
Sent to Ops \_\_\_\_/\_\_\_\_/\_\_\_\_ by \_\_\_\_\_ Entered into Spreadsheet on \_\_\_\_/\_\_\_\_/\_\_\_\_ by \_\_\_\_\_ Other: \_\_\_\_\_