



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

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



Lonnell Matthews
P 615-573-7701
1021 Russell St.
Nashville, TN 37206
lmattthews@ymcamidtn.org

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

Una Ages 5-12 2018 Murfreesboro Rd 615.360.2315

Location TBD Donelson Area

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 3rd @ 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 28th for Memorial Day

Week 5 - June 25-29

Week 9 - July 23-27

Week 2 - June 4-8

Week 6 - July 2-6 *CLOSED on Wednesday, July 4th for Independence Day

Interim Care - July 30-31** @ Andrew Jackson School

Week 3 - June 11-15

Week 7 - July 9-13

*Limited 40 spaces, first come first serve @ \$25 per child per day **(no financial assistance available for interim care)**

Week 4 - June 18-22

Week 8 - July 16-20

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: _____