



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BE ADVENTUROUS THIS SUMMER

Summer Adventure YMCA SCHOOL AGE SERVICES Rutherford County Family YMCA

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: 5-12yrs (having completed Kindergarten)

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.

Rutherford Co. FAMILY YMCA 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: \$42 Registration fee per child (non-refundable) \$93 Weekly fee per child*

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

- Barfield Elementary** 350 Barfield Crescent Road, Murfreesboro (615)893-2850
- Rockvale Elementary** 6550 Highway 99, Rockvale (615)-517-2840
- LaVergne Lake Elementary** 201 David's Way, LaVergne (615)517-9573
- Cedar Grove Elementary** 354 Chaney Road, Smyrna (615)220-1316
- Lascassas Elementary** 6300 Lascassas Pike, Lascassas (615)426-0113

*Rutherford County Fun Company reserves the right to close summer locations that do not have 60 enrolled participants.

Select the weeks your child will be attending the Rutherford Co. YMCA Summer Adventure:

- Week 1** - May 29-June 1
*CLOSED on Monday, May 28th 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 4th for Independence Day
- Week 7** - July 9-13
- Week 8** - July 16-20
- Week 9** - July 23-27
- Week 10** - July 30-Aug 3

****Please note that Rutherford County schools resume on Friday, August 10, 2012.** The YMCA Fun Co. will resume child care on this date as well. **Fun Company will be closed Tuesday, August 7th-Thursday August 9th. Care will be offered for Monday, August 6th at all summer locations.**

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 \$25 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: _____