



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BE ADVENTUROUS THIS SUMMER

Summer Adventure YMCA SCHOOL AGE SERVICES Williamson County

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

Ages served: 5-12yrs*
(Must be entering kindergarten)

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

**Interested middle school summer camp?
Contact Meah Perez by e-mail below.*

MEAH PEREZ
P 615-373-9622
Brentwood Family YMCA
8207 Concord Road
Brentwood, TN 37027
mperez@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.

WILLIAMSON COUNTY SCHOOL AGE SERVICES REGISTRATION FORM

Registration, with 3-page Child Information Form and registration fee by check or money order, may be turned in to Williamson County Fun Company sites or Brentwood Family YMCA on Concord Road. We must have all items to reserve your child's spot. 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 receive a free t-shirt. 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) **\$90** Weekly fee per child

Please select one school site (space is limited at all school sites):

- | | | | | |
|---|--------------------|---------------|--------------|-------------------------|
| <input type="checkbox"/> EDMONDSON | 851 Edmondson Pike | Brentwood, TN | 615.533.1917 | Hours: 7 a.m.-6 p.m. |
| <input type="checkbox"/> GRASSLAND | 6803 Manley Lane | Brentwood, TN | 615.533.1931 | Hours: 7 a.m.-6 p.m. |
| <input type="checkbox"/> LIPSCOMB | 8011 Concord Road | Brentwood, TN | 615.533.1976 | Hours: 7 a.m.-6 p.m. |
| <input type="checkbox"/> WINSTEAD | 4080 Columbia Pike | Franklin, TN | 615.566.8666 | Hours: 6:30 a.m.-6 p.m. |

*Please review our cancellation policy and potential related fees noted below.

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

- Week 1** – May 29-June 1* **Week 5** – June 25-29 **Week 9** – July 23-27

*CLOSED on Monday, May 28th for Memorial Day

- Week 2** – June 4-8 **Week 6** – July 2-6*
*CLOSED on Wednesday, July 4th for Independence Day

- Week 3** – June 11-15 **Week 7** – July 9-13

- Week 4** – June 18-22 **Week 8** – July 16-20

Extended Week– July 30-Aug 3**

- Grassland**
 Lipscomb
**Lipscomb & Grassland only
Limited Availabilitv

SUMMER PARENT ORIENTATIONS DATES AT THE BRENTWOOD YMCA: (you only need to attend one date)

- I on 6:30pm on Thursday, May 17th II on 6:30pm on Thursday June 7th

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: _____