



We build strong kids, strong families, strong communities.

REGISTERING FOR SCHOOL DAYS OUT

1. Complete registration form
2. Return form and Payment to the Wilmerding YMCA 48 hours in advance of date care will be held – this is the deadline. (ex. Sept. 27 for care Sept. 29) Registrations will not be accepted after the deadline
3. On the day of care have your child scan his/her membership card at the front desk
4. Pack a lunch and snack
5. Pack a swimsuit and towel for swimming
6. Hours of operation will be 7:00 AM – 6:00 PM
7. If you have not properly registered your child at the Wilmerding YMCA, your child will be denied care on the School Days Out. This is due to state licensing requirements and staff to child ratios.
8. We will not hold care if less than 7 children have registered by the deadline



We build strong kids, strong families, strong communities.

Wilmerding YMCA "School Days Out"

Please complete a form for each child registering for the program.

Date of "School Day Out" _____

My child attends the YMCA before or after school program YES ___ NO ___

Name of Child: _____ School: _____ Grade: _____

Address: _____

Mother's Name: _____ Home#: _____ Work#: _____

Father's Name: _____ Home#: _____ Work#: _____

Child's Doctors Name: _____ Phone: _____

Health Insurance Provider: _____

Will your child require medication? _____ (If yes, you must have a medication log filled out and signed)

Is your child taking any medication at this time? _____ If yes, what? _____

Allergies: _____

Special Needs: _____

Hospital Preference: _____

IN THE EVENT THAT PARENTS CANNOT BE REACHED, PLEASE CONTACT:

Name _____ Daytime # _____ Relationship _____

Name _____ Daytime # _____ Relationship _____

PERSON AUTHORIZED TO PICK-UP MY CHILD: (Minimum of two people)

Name _____ Daytime # _____ Relationship _____

Name _____ Daytime # _____ Relationship _____

Name _____ Daytime # _____ Relationship _____

Please remember to send your child with a **bag lunch** and Swimming suit/towel each day and weather appropriate clothing. **PLEASE HAVE SNEAKERS ON YOUR CHILD**

YOU HAVE MY PERMISSION TO TAKE WHATEVER ACTION IS DEEMED NECESSARY FOR THE HEALTH AND WELFARE OF MY CHILD AND TO PARTICIPATE IN ALL PLANNED TRIPS AND ACTIVITIES.

Signature of parent/guardian: _____

*COMPLETE FORM AND RETURN TO THE YMCA WITH \$25.00 PAYMENT
Wilmerding YMCA, I Memorial Field Wilmerding, PA 15148, 412-823-9000*

Thank you.