



# 2024 SUMMER LEARNING MILTON-FREEWATER WEEKS & THEMES

Please mark the weeks you want your child to attend.  
Registration will open to the public on 4/01.

**Child's Name:** \_\_\_\_\_

## **LITTLE EXPLORERS: Ages 3-4 (PreK)**

**MON-THU: Half Day (7:30-Noon) at \$75 per week / Full Day (7:30-5:30) at \$100 per week**

**LOCATION: Room #3** (cafeteria check in/out)

- Week 1:** 6/24-6/27 – **Sports Extravaganza**
- Week 2:** 7/1-7/4 – **Treasures of Umatilla County** (early close on 7/4)
- Week 3:** 7/8-7/11 – **Nature's Adventures 1**
- Week 4:** 7/15-7/18 – **Nature's Adventures 2**
- Week 5:** 7/22-7/25 – **Imagination Station**
- Week 6:** 7/29-8/1 – **Silly Willies**
- Week 7:** 8/5-8/8 – **Under the Sea**
- Week 8:** 8/12-8/15 – **The Great American Campout**

## **SCHOOL AGE: Entering K – 5<sup>TH</sup>**

**MON-THU: Full Day (7:30-5:30) at \$100 per week** (non-MFUSD)

**LOCATION: Cafeteria**

**FREE to enrolled students  
of the Milton-Freewater  
School District!**

- Week 1:** 6/24-6/27 – **Sports Extravaganza**
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- Week 7:** 8/5-8/8 – **Under the Sea**
- Week 8:** 8/12-8/15 – **The Great American Campout**

Please schedule around any vacation plans.

For questions, contact Kim Huling: 509.525.8863 x2000 | [khuling@wwymca.org](mailto:khuling@wwymca.org)



# 2024 SUMMER LEARNING MILTON-FREEWATER REGISTRATION

The Y seeks grant & donor funding to reduce costs for families.  
Final registration will occur once weekly costs are determined.

CHILD'S LAST NAME, FIRST INITIAL

START DATE

Select one:

**LITTLE EXPLORERS**  
PreK ½ Day | PreK Full Day

**SCHOOL AGE**  
Entering Grades K - 5<sup>TH</sup>

T-Shirt Size: \_\_\_\_\_

Shoe Size: \_\_\_\_\_

Please print clearly. Complete all blanks on this form. If there is a blank that is not applicable, write N/A in that blank. Incomplete forms cannot be accepted and we are unable to accept children into programs until all paperwork has been submitted. Print completed registration form, sign all applicable pages, and bring to the Walla Walla YMCA or our Freewater School office to complete registration. If you have any questions about completing this form, please contact the Y.

## 1 | CHILD'S INFORMATION

Full Legal Name

Preferred Name/Nickname

Home Address (physical and mailing, if different)

City

State

ZIP

Phone

School

Grade Entering

Age

Date of Birth

Other Schools/Programs Concurrently Attending

Gender

Email

## 2 | PARENTS/GUARDIANS

In an emergency, contacts will be called in the order listed below.

Parent/Guardian Name

Best Daytime Emergency Phone

DOB

Relationship to Child

Home Address

City

State ZIP

Personal Email and Alternate Contact Methods

Employer Name

Employer Phone

Employer Address

City

State ZIP

Parent/Guardian Name

Best Daytime Emergency Phone

DOB

Relationship to Child

Home Address

City

State ZIP

Personal Email and Alternate Contact Methods

Employer Name

Employer Phone

Employer Address

City

State ZIP

**3 | EMERGENCY MEDICAL CONTACTS** Please list two ADDITIONAL contacts in the event a parent/guardian cannot be reached.

Emergency Contact Name 1 \_\_\_\_\_ Best Daytime Emergency Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

ZIP \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Email and Alternate Phone(s) or Contact Methods \_\_\_\_\_

Emergency Contact Name 2 \_\_\_\_\_ Best Daytime Emergency Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

ZIP \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Email and Alternate Phone(s) or Contact Methods \_\_\_\_\_

**4 | AUTHORIZED PERSONS**

Please list who you authorize to pick up your child in the event you cannot (in addition to the Parents/Guardians and Emergency Contacts listed above). Max of eight persons total.

Authorized Person Name \_\_\_\_\_ Phone \_\_\_\_\_

Persons NOT Authorized for Pickup (appropriate legal paperwork must be on file with the YMCA for the custodial parent to list another parent):

## 5 | MEDICAL INFORMATION

Child's Doctor

Doctor Phone

Doctor Address

City

State

ZIP

Medical Insurance Provider

Policy Number

Date of most recent Physical Exam

Medical Facility Preference for Emergency Treatment

Please describe any history of developmental or health problems that could affect the child's participation in Y programs. If none, indicate N/A.

Does your child have any allergies and/or intolerances to food, medication, or other substances? List any symptoms and actions to be taken.

## 6 | ADDITIONAL INFORMATION

I  **[GIVE]**  **[DECLINE]** permission for my child to participate in food-related activities and special occasions wherein food is consumed.

My child  **[DOES]**  **[DOES NOT]** have a food allergy or dietary restriction and  **[MAY]**  **[MAY NOT]** participate in activities.

If my child **DOES** have a food allergy or dietary restriction and **MAY** participate in activities, they **MAY NOT** eat or handle the following items:

Please list any Schools and Child Care Centers your child has previously attended.

Parent/Guardian Signature

Date

## 7 | PARENT STATEMENT OF UNDERSTANDING

The following is important for the safety and protection of your child. Please read this information and sign below.

- I understand that my child will not be released to any person(s) not listed on the enrollment form.
- I understand that my child will not be released to any person(s) who seems to be under the influence of drugs or alcohol.
- I understand that I am not to leave my child at the YMCA or program site unless a YMCA staff member or volunteer is there to receive and supervise my child.
- I understand that it is my responsibility to sign my child in each morning and sign my child out before leaving for the day.
  - Sign-in/Sign-out sheets are available as you arrive at the program area. See other pick-up provisions in Parent Handbook.
- I understand that my child will not be allowed to leave the program with an unauthorized person.
  - Any person authorized to pick up my child must be listed on this form. Authorization by telephone will not be accepted.
- I understand that the YMCA is mandated to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that YMCA staff and volunteers are not allowed to babysit or transport children at any time outside the YMCA facilities and program.
  - If a violation of this policy is discovered, the YMCA will take immediate disciplinary action toward staff and volunteers.

I have read and understand the statements above regarding YMCA policies and procedures.

Date

I have received a copy of the YMCA Parent Handbook which includes the bus policy.

Date

I have provided a copy of either my child's physical or immunization records.

Date

## 8 | STATEMENT OF AUTHORIZATION

1. My child has permission to be transported by a YMCA vehicle and to participate in all YMCA program activities and related field trips.
2. My child has permission to participate in swimming activities.
3. In the case that your child becomes ill during the program, you will be contacted as soon as possible. If the parent or guardian is unable to be reached, the child's emergency contact will be notified. It is the responsibility of the parents or guardians to arrange for the child to be picked up from the center as soon as possible.
4. In the case that your child or anyone in the immediate household of the child develops a reportable communicable disease as defined by the State Board of Health, it is the responsibility of the parent to notify the YMCA within 24 hours or the next business day in order for the YMCA to take proper action, except in the case of life-threatening diseases which must be reported immediately.
5. My signature authorizes the management and staff of the Walla Walla YMCA to act for me according to their best judgment in the event of a medical emergency and/or routine medical care. I/we grant permission for emergency medical treatment and/or routine medical care by the YMCA staff, a rescue squad, or private physician and/or hospital or emergency health care facility staff, including transportation by ambulance, under the same circumstances as above, if needed. Any such action will be taken in the best interest of my child and will be reported to me/us as soon as possible. My signature waives and/or releases the Walla Walla YMCA from any and all liability and/or financial responsibility for any medical expenses incurred.
6. The parent/guardian authorizes the application of sunscreen for his or her child by YMCA staff.

Assess your child's swimming abilities: (select one)

**NON-SWIMMER**  
NO SWIM EXPERIENCE

**BEGINNER**  
LIMITED INSTRUCTION

**INTERMEDIATE**  
AVERAGE SWIM ABILITY

**ADVANCED**  
SKILLED SWIMMER

Please note any known adverse reactions to any sunscreen brands/active ingredients:

By signing, I am authorizing all of the above.

Date

For office use only:

DATE VIEWED

VIEWED BY

DATE

DATE OF BIRTH

DATE CHILD ENTERED CARE

DATE CHILD WITHDREW FROM CARE

## 9 | BEHAVIOR AGREEMENT

At the YMCA we take the happiness of your children very seriously. We want every day here to become a happy memory for them. Therefore, we work hard at creating an environment that will allow this to happen. Along with our efforts, we need the children to help us create that environment by following some simple, but effective rules. Below is our Behavior Agreement, please read over it with your child and be sure they understand what it is and why they are signing it. This will help us help them have a wonderful experience with the YMCA this summer. Thank you!

- I will listen to the staff and follow their directions.
- I will respect other people's belongings by not touching/using their stuff without permission.
- I will not hit or fight other people.
- I will not yell while inside the campsite building and will use my inside voice when speaking.
- I will use appropriate language. Which does not include swear words or negative remarks. (i.e. "Shut up," "Stupid," "Dumb," etc...)
- Before leaving the room, I will ask a staff member for permission.
- I will respect other's feelings by having a positive attitude when talking to them and not talking to others.



Not abiding by these rules can result in suspension from the program. All incidents will be handled on a 3-incident system, except hitting/fighting. Hitting/fighting will be an immediate 1-day suspension from the program.

Parent/Guardian Signature

Date

Child Signature

Date

## 10 | PAYMENT AUTHORIZATION

Please fill out details for your desired method of payment.

### CREDIT CARD

My preferred draft day is the \_\_\_\_\_ Day of the Month. I acknowledge that the charges drafted on this day will be for all service provided in that given month. I authorize the YMCA to charge my credit card for camp payments. I understand that I must provide written notice of cancellation.

If at any time there is to be a change, deletion, or cancellation of my child's camp enrollment, it is to be submitted in writing to the YMCA branch where camp was purchased two weeks prior to the date of my credit card draft in order to discontinue the debit.

Select one:    AMEX    MASTERCARD    VISA    DISCOVER

NAME AS IT APPEARS ON CARD

CREDIT CARD NUMBER

EXP DATE

BILLING ADDRESS OF CARDHOLDER

CITY

STATE

ZIP

### BANK DRAFT

My preferred draft day is the \_\_\_\_\_ Day of the Month. I acknowledge that the charges drafted on this day will be for all services provided in that given month I authorize my bank to honor pre-authorized drafts drawn by the YMCA on my account for camp payments. I understand that my EFT drafts will occur automatically until I provide written notice to the YMCA two weeks prior to the date of my bank draft payment. When the bank honors the draft by charging my account, such drafts constitute my receipt for the payment. Should any draft not be honored by said bank when received by them, it is understood that the payment is to be made by me in the amount of said payment, plus a service charge.

If at any time there is to be a change, deletion, or cancellation of my child's camp enrollment, it is to be submitted in writing to the YMCA branch where camp was purchased two weeks prior to the date of my draft in order to discontinue the debit. A voided check is required with all electronic funds transfer (EFT) applications.

NAME OF BANK

ACCOUNT NUMBER

TRANSIT/ROUTING NUMBER

Please Print Name

Signature of Card/Account Holder

Date