



**After School Care 2011 - 2012**

Return form and Fee to:  
Paula G. Manship YMCA  
8100 YMCA Plaza Drive Baton Rouge, LA 70810  
Phone 225-767-9622

Location: Paula G. Manship YMCA

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Facility Member \$50                      Program Member \$70

Today's Date \_\_\_\_\_

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Sex (Circle): M F

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

**After School Dates**

\*There is a \$15 Registration fee per child  
Program begins August 10, 2011 – May 23, 2012

**All Day Outs: @PGM YMCA**  
**the following dates:**

- Friday, October 14
- Monday, October 17
- November 21-23
- Thursday, December 22- January 6
- Monday, January 16
- Monday, February 20
- Wednesday, February 22
- Monday, April 2 – 5
- Monday, April 9
- Thursday and Friday, May 24 -25, 2012

**After School Care or All Day Outs will not be on**

- Monday September 5<sup>th</sup> Labor Day
- Thursday November 24<sup>th</sup> Thanksgiving
- Friday November 25<sup>th</sup> Thanksgiving
- Tuesday February 21<sup>st</sup> Fat Tuesday
- Friday April 6<sup>th</sup> Good Friday

**Afterschool Care Release Information**

**All School Age Child Care Required Releases**

**Emergency Care & Transportation Permission**

The YMCA of the Capital Area does not provide accident or medical insurance for program participants. I recognize that participation in YMCA sponsored activities may expose my child to risk of injury. I agree to hold the YMCA (and the school system offering the program if applicable) harmless from any claims that may occur through participation in any activity at the YMCA, or in its programs. In cases of emergency or accident and I am unable to be contacted, I hereby grant the YMCA director or his/her agent to secure proper medical treatment and transportation for my child to an appropriate facility for treatment.

**Fieldtrip & Transportation Permission**

My child may be transported by the YMCA in a passenger van or school bus to and from fieldtrips while he/she is enrolled in this program.

**Media Promotional Materials**

In further consideration of my child being allowed to participate in YMCA activities, I hereby grant permission for my child's name, voice, picture and basic personal information to be used in any YMCA marketing publication or related materials. I also grant permission for my child to appear on television as a participant in YMCA activities.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

**EMERGENCY INFORMATION**

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

People authorized to pick up my child are:

\_\_\_\_\_

Child's General Health: \_\_\_\_\_

Allergies \_\_\_\_\_

Childhood Diseases: \_\_\_\_\_

Specify any past or present significant illnesses \_\_\_\_\_

Prescribed Medications/drugs that the day camp staff will have to handle \_\_\_\_\_

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Parent's signature \_\_\_\_\_ Date \_\_\_\_\_