

## Adamstown YMCA Before & After School:

**Locations:** Adamstown YMCA      Denver Elementary  
 71 East Main Street      South 4th Street  
 Adamstown, PA 19501      Denver, PA 17517

**Age:** Kindergarten – 5<sup>th</sup> grade (2010/2011 school year)

**Dates:** August 30, 2010– June 10<sup>th</sup> \* Tentative Last Day of the 2009/2010 School Year

**Days:** Monday – Friday

**Times:** Before: 7:00 AM – Start of School  
 After: School Dismissal – 6:00 PM

**Registration:** \$25 per family

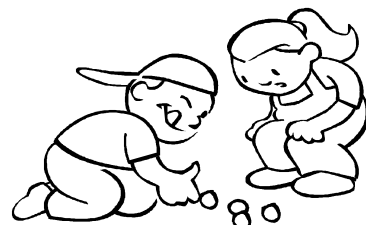
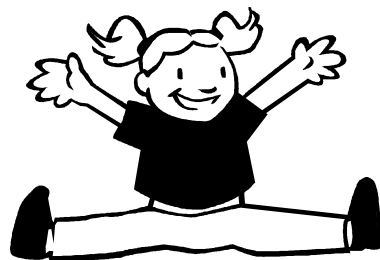
		<u>Daily</u>	<u>Weekly</u>
<b>Fees:</b>	Before:	\$9.00	\$45.00
	After:	\$9.00	\$45.00

**Payments will be due the Friday before participation.** Payment cards must be filled out with the submission of payment. A \$10.00 late fee will be assessed for late payments. Once a payment card is turned in, there will be no refunds or credits given for days your child does not attend.

**Closed:** Childcare will be provided at the Adamstown YMCA on scheduled school closing days (i.e. – In-Service Days) and on early dismissals due to inclement weather. **Parents from Denver must bring children to the YMCA on these days.**

Register at the Adamstown YMCA (71 East Main Street, Adamstown) during regular facility hours.

Mail Registration forms with first week payment to Attn: Before & After School, PO Box 472, Adamstown, PA 19501. Make checks payable to: Adamstown YMCA



**CARING • HONESTY • RESPECT • RESPONSIBILITY**

## Before & After School 10/11 Registration Form



Registration Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Does your child have an IEP? Yes No

School Child Attends:  Denver  Adamstown

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Special Health Needs/Special Requests: \_\_\_\_\_

Allergies: \_\_\_\_\_

### Emergency Contact and Authorized Pick-Up:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Address: \_\_\_\_\_

**Permission for Transportation:** I do \_\_\_ do not \_\_\_ give the YMCA permission to transport my child to and from school.

### Authorization for Emergency Medical Attention:

I give my consent for any and all necessary treatment to be given to my child when in the care of a physician and/or hospital.

**Parent's Acknowledgement:** I agree to allow my child to participate in the YMCA Before & After school program, and I understand that all precautions will be taken to insure the safety of my child. I hereby release the Adamstown YMCA and Association and its staff and volunteers of all liabilities resulting from any of these activities.

\_\_\_\_\_  
 Parent/Legal Guardian Signature

\_\_\_\_\_  
 Date

For Further Information: 717-484-4996 • [Rwagner@ymca-berkscounty.org](mailto:Rwagner@ymca-berkscounty.org)

# Adamstown YMCA

71 East Main Street, Adamstown, PA 19501 • (717) 484-4996

## 2010/2011 Before & After School



### Locations:

Adamstown YMCA  
Denver Elementary School

## Adamstown YMCA

71 E. Main St., P.O. Box 472

Adamstown, PA 19501

(717)484-4996



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY



*Mission: To put Judeo-Christian principles into practice through programs that build healthy spirit, mind and body for all.*