



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SCHOOL DAYS OUT 2023-2024 YMCA OF BRISTOL

Dates:

August		December		February		April	
7	BTCS	18	BVPS	16	BTCS	1	BVPS
14	BVPS	19	BVPS	19	BTCS	2	BVPS
15	BVPS	20	BVPS	March		3	BVPS
September		21	BVPS	1	BVPS	4	BVPS
1	BTCS	22	BTCS & BVPS	4	BVPS	5	BVPS
15	BTCS	26	BTCS & BVPS	18	BTCS	May	
October		27	BTCS & BVPS	19	BTCS	22	BTCS
9	BTCS	28	BTCS & BVPS	20	BTCS	27	BVPS
10	BTCS	29	BTCS & BVPS	21	BTCS		
11	BTCS	January		22	BTCS		
12	BTCS	2	BTCS	28	BTCS		
13	BTCS & BVPS	3	BTCS	29	BTCS & BVPS		
16	BTCS & BVPS	4	BTCS				
November		5	BTCS				
22	BTCS	15	BTCS & BVPS				

There will be no School Day Out Care on the following days:
Labor Day, Thanksgiving Day, Day after Thanksgiving, Christmas Eve,
Christmas Day, New Years Eve, New Years Day, and Memorial Day.



LEARN EXPLORE CREATE

For more information contact:
Britnee Burnette
E britnee@bristolyymca.net P (423)-968-3133

PRICE PER DAY:

After School Program
Participants
\$20

Non-After School Program
Participants
\$40



Hours:

Drop-off starts at 7:00 am

Program is from 9:00 am – 4:00 pm

Pick-up ends at 6:00 pm

Financial Assistance is
available but limited.

Registration and payment
must be taken care of before drop off.

SPACE IS LIMITED!

Register Online or at Member Services



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2023-2024 SCHOOL DAY OUT REGISTRATION FORM YMCA OF BRISTOL

Participant's Information:

First Name _____ Last Name _____
Nickname: _____ ☐ Male ☐ Female
DOB: ____/____/____ Grade Entering: _____
School Name: _____
Who does child live with? _____
Relationship: _____
Who is responsible for payment of childcare?

Any noteworthy information you would like to share about your child?

Medical Information:

Child's Physician: _____
Phone Number: (____) ____ - ____
Child's Dentist: _____
Phone Number: (____) ____ - ____
Family Medical Insurance Carrier: _____
Policy Number: _____
Does your child take any kind of medication?
We will need medication form for each medication

Does your child have any allergies?

Parent/Guardian #1 Information:

First Name _____ Last Name _____ DOB ____/____/____
Street Address: _____
City: _____ State: _____ Zip: _____
Please check the best phone number to reach you:
☐ Home Phone: (____) ____ - ____
☐ Cell Phone: (____) ____ - ____
☐ Work Phone: (____) ____ - ____
Email: _____

Parent/Guardian #2 Information:

First Name _____ Last Name _____ DOB ____/____/____
Street Address: _____
City: _____ State: _____ Zip: _____
Please check the best phone number to reach you:
☐ Home Phone: (____) ____ - ____
☐ Cell Phone: (____) ____ - ____
☐ Work Phone: (____) ____ - ____
Email: _____

Emergency Contact Information: (other than parent/guardian)

Must have parent/guardian's permission to make appropriate decisions for child in case parent/guardian cannot be reached.

First Name: _____ Last Name: _____
Relationship to child: _____
Please check the best phone number to reach them:
☐ Home Phone: (____) ____ - ____
☐ Cell Phone: (____) ____ - ____
☐ Work Phone: (____) ____ - ____

Authorized to pick up children: Anyone picking up a child must be listed on child's registration form and needs to carry a photo ID

First Name: _____ Last Name: _____
Phone: _____
First Name: _____ Last Name: _____
Phone: _____
First Name: _____ Last Name: _____
Phone: _____

Not authorized to pick up child:

First Name: _____ Last Name: _____
Relationship to child: _____
(Legal documentation required)

2023-2024 School Day Out Registration Form – Continued

Pricing Information:

Pricing Per Day:

For After School Program Participants: \$20

For Non-After School Program Participants: \$40

Drop off: 7am – 9am

Pick up: 4pm – 6pm

Financial Assistance is available but limited

**This facility is not required
to be licensed by the state
as a child care agency**

Acknowledgement:

Signature _____

School Day Out Availability:

****PLEASE CIRCLE THE DATES YOUR CHILD WILL ATTEND****

August		December		February		April	
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Registration and payment must be taken care of before drop off

There will be no School Day Out Care on the following days: Labor Day, Thanksgiving Day, Day after Thanksgiving, Christmas Eve, Christmas Day, New Years Eve, New Years Day, and Memorial Day.

School Day Out Authorizations:

Please read and initial that you agree to the information below:

- _____ I have received and read the YMCA Parent Handbook, and I agree to abide by the Y policies. I will communicate with Y staff regarding any questions, concerns or suggestions in a timely manner.
- _____ I grant permission for Y staff and/or medical personnel to give my child first aid in case of an emergency and to secure any transportation and medical treatment necessary for their welfare. I understand that all emergency cost is mine as the parent/guardian. If my child is too sick to participate in the program, I agree to pick them up.
- _____ I grant permission for the Y to transport my child from school and to any activities. I also grant permission for my child to participate in field trips/activities. I grant permission for my child to be photographed/videoed for Y promotional purposes.
- _____ I understand that the Y After School Program operates on a group format and that my child is responsible for his/her own behavior, clothes and belongings. I will be notified if the inclusion of my child is not in the best interest of the program or the child (endangerment, discipline or disrespect). If the situation cannot be resolved, the Y reserves the right to suspend or remove my child from the program at my cost.
- _____ I understand there is a late pick-up fee of \$15 per 15 minute interval per child for any pick-up after 6:00pm.
- _____ I understand that on scheduled School Out days, my child will not be transported by the Y and I will need to provide transportation to the program for those days. Some School Out days will be available at an extra cost, and the hours will be 7:00am to 6:00pm. (See schedule for School Out days that are being provided). On early dismissal days the program times will vary. Call YMCA of Bristol for more information.

Please Print Parent/Guardian's Name: _____

Parent/Guardian Signature: _____ Date: _____