



SCOTTSBLUFF FAMILY YMCA KINDERKAMP SUMMER 2026



Child 1:		<input type="radio"/> M	<input type="radio"/> F
Age:	Date of Birth:		
Required Medications:			
Severe Allergies:			
Details of Reaction:			
Steps if Exposed:			
Any Behavioral or Special Considerations/Needs:*			

Child 2:		<input type="radio"/> M	<input type="radio"/> F
Age:	Date of Birth:		
Required Medications:			
Severe Allergies:			
Details of Reaction:			
Steps if Exposed:			
Any Behavioral or Special Considerations/Needs:*			

*We are not staffed to support high behavioral needs or special needs care. Children with an IEP or behavior plan require a meeting with the director prior to registration.

REGISTRATION DEADLINE

Registration deadline will be Thursday of the week prior to each week wishing to attend in order to plan accordingly.

Max Capacity: 20 children per session.

FOR AGES 3 AND UP

Please send your child with a sack lunch each day.

M-W-F	\$66
T-H	\$44
M-F	\$110
KinderKamp + Active Learning (8:00 AM - 3:30 PM)	\$175
All-Day, Every-Day (7:30 AM - 5:30 PM)	\$175 + Active Kids

Week 1 (Jun 1 -5): Space Cadets

M-W-F T-H Kamp + AL

Week 2 (Jun 8-12): Icky Sticky STEM

M-W-F T-H Kamp + AL

Week 3 (Jun 15-19): Aloha Adventures*

M-W-F T-H Kamp + AL

Week 4 (Jun 22-26): Cupcake Wars

M-W-F T-H Kamp + AL

BREAK (June 29 - July 3)

Week 5 (Jul 6-10): Call of the Wild*

M-W-F T-H Kamp + AL

Week 6 (Jul 13-17): Little Olympics

M-W-F T-H Kamp + AL

Week 7 (Jul 20-24): Campfire Tales

M-W-F T-H Kamp + AL

Families may register for one or more KinderKamps at a time. Payment in full is required for all selected days at registration. Only days that have been paid for are considered registered. Additional dates may be added later with payment.

* Starred weeks plan to feature **Field-trip Friday**.

Primary Parent/Guardian Name:		Date of Birth:
Relation to Child: <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Other:		<input type="radio"/> Male <input type="radio"/> Female
Address, City/State/Zip:		
Phone Number:		Email:
Custodial Parent? <input type="radio"/> Yes <input type="radio"/> No	May we release to non-custodial parent? <input type="radio"/> Yes <input type="radio"/> No	

Secondary Parent/Guardian Name:		Date of Birth:
Relation to Child: <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Other:		<input type="radio"/> Male <input type="radio"/> Female
Address, City/State/Zip:		
Phone Number:		Email:



In case of EMERGENCY, we should contact the following person(s) if parents cannot be reached:
 (At least one name must be given. Please list names in order you would like them to be called.)

Name of Emergency Contact 1:	
Relation to Child:	Phone:

Name of Emergency Contact 2:	
Relation to Child:	Phone:

Name of Emergency Contact 3:	
Relation to Child:	Phone:



Authorized Person(s) to take child from the site:
 (Children can ONLY be released to LISTED parents/guardians, emergency contacts, or authorized persons)

Name of Authorized Person 1:	
Relation to Child:	Phone:

Name of Authorized Person 2:	
Relation to Child:	Phone:

Name of Authorized Person 3:	
Relation to Child:	Phone:

Please list any additional names on an additional sheet of paper.
Please speak with the Director if there is a person that is NOT authorized to pick up or see the child.

YMCA Staff is not trained to review legal documents or court decrees. Decisions regarding who is authorized to pick up a child will be governed by the Primary Parent/Guardian information on this document.

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I expect to be notified at once in the case of accident or illness to my child; I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make the necessary arrangements, I authorize the YMCA to contact the following medical professional(s) or the nearest hospital for emergency medical treatment:

Doctor:	Phone:
Preferred medical Facility:	

Dentist:	Phone:
Address:	

Furthermore, I certify that my child is, to my knowledge, in good health and free of disabilities that would endanger him/her or other children/staff in the YMCA Program.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN PERMISSIONS, ADMISSIONS, AUTHORIZATIONS

(Check all that apply)

- My child has permission to swim during camp.
- My child has permission to swim in the deep end **IF they pass a deep water test administered by guards.**

Swimming ability: Name: _____ Non-Swimmer Fair Good

Name: _____ Non-Swimmer Fair Good

Name: _____ Non-Swimmer Fair Good

Name: _____ Non-Swimmer Fair Good

- I give my child permission to participate in field trips during camp** (both walking & bus transportation).

- The YMCA has permission to apply SPF 30 sunscreen or higher (brands may vary) as needed to my child.**

We ask that you send your child with sunscreen. It must be labeled with your child's name. Spray form is required. No lotions of any kind. If sunscreen is not provided and labeled, the YMCA may provide sunscreen SPF 30 or higher. We will apply sunscreen before going outside for an extended period of time and will reapply if out longer than one hour.

- I understand and am aware that my child will/may be participating in physical activities and that the potential for accidents does exist. In consideration for being allowed to participate in the YMCAs program, I agree to assume the risk of such exercise and further agree to defend and hold harmless the Scottsbluff Family YMCA and its staff conducting this YMCA program from any and all claims, suits, losses, or related causes of action for damages, including (but not limited to) such claims that may result from injury or death (accidental or otherwise) during, or arising in any way from the program.

- I understand that the Scottsbluff Family YMCA may use, for publicity and/or promotional purposes, my (or my child's) name or pictures participating in this program, without obligation or liability to me or my family.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

SCOTTSSLUFF FAMILY YMCA SCHOOL AGE PROGRAMS CODE OF CONDUCT

Our goal is to provide the highest quality program in a safe environment for all participants. Please assist us in maintaining a safe and enjoyable environment by following the Code of Conduct.

- Be respectful of the feelings and properties of others by treating them the same way that you would want to be treated, treating others with courtesy and consideration.
- Know and follow the rules.
- Show respect to staff and cooperate with their instructions and rules.
- Communicate with others in an appropriate manner. No use of foul language.
- Refrain from the verbal or physical harm of other participants and/or staff.
- Understand that any form of pushing, kicking, hitting, or fighting is unacceptable and will not be tolerated.
- Use equipment and supplies in an appropriate manner.
- Be fully responsible for his/her actions and understand the consequences of any inappropriate actions.

Consequences for misbehaving or breaking rules will be:

1st & 2nd Offence:

The inappropriate behavior will be discussed with the child as well as positive alternatives by teacher/counselor.

3rd Offence:

The inappropriate behavior will again be discussed with the child as well as positive alternatives. Then, a time out will be enforced--one minute for every year they are old--by their teacher/counselor or the Director.

4th Offence:

A meeting will be scheduled with the child's teacher/counselor, Director, and family before the child is allowed back into the program. If the behavior continues and threatens the safety of other children, suspension from the program can be implemented.

Any child who exhibits aggressive, physical behavior towards another child or adult will have his/her parents contacted and the parent may be required to come and pick up their child from the program. Immediate dismissal will result if a child is continuously exhibiting behaviors such as biting, inappropriate language, hitting, spitting, or otherwise harmful behaviors. The Suspension, Expulsion, and Reinstatement process will be used. Please see your program Director for more information.

The YMCA reserves the right to discontinue childcare services at any time per the School Age Programs Handbook.

I have read and understand the above policy, as well as having received a copy of the School Age Programs Parent Handbook or have access to it online at www.ymcaofscottssbluff.org. I assume the responsibility for ensuring my child is aware of this policy and the consequences of his/her actions should there be such offense.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

CHILD/PARTICIPANT SIGNATURE: _____ DATE: _____