

# KIDZ ZONE REGISTRATION FORM

Date: February 20<sup>th</sup> – 24<sup>th</sup>

**Registration Forms Due by February 13<sup>th</sup>, 2012**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ YMCA Member? \_\_\_\_\_  
Second Child \_\_\_\_\_ Age \_\_\_\_\_ YMCA Member? \_\_\_\_\_  
Third Child \_\_\_\_\_ Age \_\_\_\_\_ YMCA Member? \_\_\_\_\_  
Address \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_  
Father's Name \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_  
E-mail Address (REQUIRED) \_\_\_\_\_

**NOTE:** An e-mail will be sent to confirm upcoming Kidz Zone day(s) that you have registered for, as well as a Parent Information Letter.

**SPACES ARE LIMITED!!** If staff and space are available, we will accept registrations after the deadline with an additional \$10 fee per child. If staff and space are available, we will accept "drop-ins" on the day of the event with an additional \$25 fee per child.

## KIDZ ZONE TIMES AND FEES

### Full Day:

Times: 8am - 6:30pm

Ages: K-11 years-old

Fees: See Vacation Week pricing sheet

### Half Day:

Times: 8am - 1pm or 1pm - 6:30pm

Ages: 3 ½ - 11 years-old

Fees: See Vacation Week pricing sheet

**NOTE:** Participants Must Be Potty Trained.

## PAYMENT METHOD

(check one) CHECK \_\_\_\_\_ CREDIT CARD \_\_\_\_\_ TOTAL AMOUNT \_\_\_\_\_

**Credit Card Information: No "Credit Card on File" Option**

Name on Card \_\_\_\_\_ Credit Card Type \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

## MEDICAL EXAMINATION/EMERGENCY INFORMATION FORMS

Participants must hand in valid Medical Examination Form (exam date within 24 months of program date) and Emergency Information forms before scheduled date.

## CANCELLATION POLICY

You must cancel **3 business days** prior to the scheduled Kidz Zone date to receive a refund.

Dependent on age grouping, we have a minimum participant requirement in order to run Kidz Zone. You will be notified within **3 business days** if we must cancel a day of Kidz Zone.

 I understand the terms and conditions outlined in the Wilton Family YMCA Kidz Zone Registration Form. I will adhere to all policies, and regulations that govern the program.

X \_\_\_\_\_ Date \_\_\_\_\_  
Parent/guardian's signature

# KIDZ ZONE EMERGENCY INFORMATION FORM

In the event you cannot be reached, please provide emergency contacts you authorize to act on behalf of your child:

**Both contacts are needed**

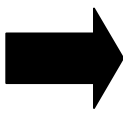
1 Name \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_  
Home # \_\_\_\_\_ Cell # \_\_\_\_\_

2 Name \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_  
Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Does your child have any allergies, drug sensitivities or special challenges we should be aware of? If yes, please explain:

\_\_\_\_\_

Is your child assisted by a special needs paraprofessional at school? \_\_\_\_\_ If so, please contact Gloria Bass, Special Needs Coordinator at 762-8384 x 207 2 weeks before date you registered for to secure a paraprofessional.



If I cannot be contacted in an emergency, I authorize the Wilton Family YMCA to administer First Aid by trained staff and to obtain emergency medical treatment for my child. I understand the Wilton Ambulance Corp will be contacted to transport my child to the Norwalk Hospital Emergency Room. I accept responsibility for all fees incurred in the care and transportation of my child.

X \_\_\_\_\_  
Parent/Guardian's Signature Date

**Office Use Only:**

Medical Form: On File \_\_\_\_\_ Handed In On: \_\_\_\_\_ Staff Initial: \_\_\_\_\_

Registration Form Handed In On: \_\_\_\_/\_\_\_\_/\_\_\_\_ Staff Initial: \_\_\_\_\_

# Kidz Zone February Break Registration and Pricing

Sign-up for **3** or more days and receive a **huge** discount!

## Members

### Full Day:

- 1 day= \$80
- 2 days= \$160
- 3 days=\$210 (\$30 discount per child)
- 4 days= \$280 (\$40 discount per child)
- 5 days= \$350 (\$50 discount per child)
- \*\*plus the 5% discount for each additional child

### Half Day:

- 1 day= \$50
- 2 days= \$100
- 3 days= \$ 145 (\$5 discount per child)
- 4 days= \$190 (\$10 discount per child)
- 5 days= \$235 (\$15 discount per child)
- \*\*plus the 5% discount for each additional child

## Non-Members

### Full Day:

- 1 day= \$120
- 2 days= \$240
- 3 days= \$330 (\$30 discount per child)
- 4 days= \$440 (\$40 discount per child)
- 5 days= \$550 (\$50 discount per child)
- \*\*plus the 5% discount for each additional child

### Half Day:

- 1 day= \$70
- 2 days= \$140
- 3 days= \$205 (\$5 discount per child)
- 4 days= \$270(\$10 discount per child)
- 5 days= \$335 (\$15 discount per child)
- \*\*plus the 5% discount for each additional child

**Lunch Option:**

For an additional \$5.00 per child, we can provide the lunch: two slices of pizza, a fresh fruit or veggie, and a bottle of water!

	Monday 2/20	Tuesday 2/21	Wednesday 2/22	Thursday 2/23	Friday 2/24	
First Child's Name:	Lunch Option: _____	Lunch Option: _____	Lunch Option: _____	Lunch Option: _____	Lunch Option: _____	
	Full Day: _____	Full Day: _____	Full Day: _____	Full Day: _____	Full Day: _____	Subtotal:
	A.M. Half Day: _____	A.M. Half Day: _____	A.M. Half Day: _____	A.M. Half Day: _____	A.M. Half Day: _____	
	P.M. Half Day: _____	P.M. Half Day: _____	P.M. Half Day: _____	P.M. Half Day: _____	P.M. Half Day: _____	
Second Child's Name:	Lunch Option: _____	Lunch Option: _____	Lunch Option: _____	Lunch Option: _____	Lunch Option: _____	
	Full Day: _____	Full Day: _____	Full Day: _____	Full Day: _____	Full Day: _____	Subtotal:
	A.M. Half Day: _____	A.M. Half Day: _____	A.M. Half Day: _____	A.M. Half Day: _____	A.M. Half Day: _____	
	P.M. Half Day: _____	P.M. Half Day: _____	P.M. Half Day: _____	P.M. Half Day: _____	P.M. Half Day: _____	
Third Child's Name:	Lunch Option: _____	Lunch Option: _____	Lunch Option: _____	Lunch Option: _____	Lunch Option: _____	
	Full Day: _____	Full Day: _____	Full Day: _____	Full Day: _____	Full Day: _____	Subtotal:
	A.M. Half Day: _____	A.M. Half Day: _____	A.M. Half Day: _____	A.M. Half Day: _____	A.M. Half Day: _____	
	P.M. Half Day: _____	P.M. Half Day: _____	P.M. Half Day: _____	P.M. Half Day: _____	P.M. Half Day: _____	

**Full Day Option: 8am - 6:30pm**

**Half Day Options: 8am - 1pm (A.M.) or 1pm - 6:30pm (P.M.)**

Total: