



# 2023 YMCA BEFORE & AFTER CARE

Serving: **ISD 196 Camp Propel**

Provided by: **YMCAs In Eagan and Burnsville**

The Summer School Care of YMCAs in Eagan and Burnsville is uniquely designed for kids in the ISD 196 Camp Propel Program. The YMCA Summer School Care program is open to kids entering grades K-5 in the fall and will be run in conjunction with the Y Summer Power Program July 24 – August 10, 2023.

The Y Summer School Before and After Care program provides your child with the chance to play while you are at work. Your child will enjoy trying new games, making arts & crafts, meeting new friends and creative play in our fun and safe, supervised recreational program.

## Before & After Care Locations:

July 24 – August 10

Deerwood Elementary	1480 Deerwood Drive
Woodland Elementary*	945 Wescott Road Bussed to Deerwood Elementary
Westview Elementary*	225 Garden View Dr. Bussed to Echo Park Elementary
Glacier Hills Elementary*	3825 Glacier Dr. Bussed to Thomas Lake Elementary
Greenleaf Elementary*	13333 Galaxie Ave Bussed to Highland Elementary
Parkview Elementary*	6795 Gerdine Path Bussed to Highland Elementary
Northview Elementary*	965 Diffley Road Bussed to Oak Ridge Elementary
Rosemount Elementary*	3155 143rd St. W. Bussed to Diamond Path Elementary
Shannon Park Elementary*	13501 Shannon Pkwy Bussed to Greenleaf Elementary
Southview Elementary*	1025 Whitney Dr. Bussed to Cedar Park Elementary
Pinewood Community School*	4300 Dodd Road Bussed to Red Pine Elementary

\* Children will be bussed to/from Before and After Care site to/from Camp Propel. Parents are responsible for setting up bus schedule with the school district

## Hours:

### Before Care Sessions

6:30 a.m. – until summer school classes start

### After Care Sessions

End of summer school classes – until 6:00 p.m.

**3-session Minimum** – You must register your child for at least 3 sessions per week. You may combine Before and After Care sessions and Friday to meet the minimum.



## Program Fees for Summer School:

**\$50 one-time non-refundable registration fee**  
(If your child is currently attending Y Summer Power this fee is not applicable)

### Monday – Thursday

Y Summer School Care: \$30/day

(Half-Day Options: \$15 per morning/\$15 per afternoon)

### Friday (Full Day)

Y Summer Power: \$55/day

**Note:** There is no Summer School on Fridays. You may sign up for Summer Power on Fridays during the summer school session.

## Registration

- Registration material will be available May 2023 on our website at [ymcanorth.org/summer](http://ymcanorth.org/summer)

### Registration deadline June 23, 2023.

- You may be billed for the remaining weekly balance, which must be paid by the Monday one week prior to the start of the session. A \$10 late fee will be assessed if payment is not received by the Friday prior to the start of the session. Non-payment will result in cancellation of your child's enrollment.
- Changes to the original registration, including cancellation, must be made in writing by the Monday one week prior to the start of the session. If the change notice is not received, you will be billed for the original contracted enrollment.

**Financial Assistance:** We look forward to having you with us! The Personal Pricing Plan is a needs-based scholarship fund made available through Y Annual Fund – individual and business contributions to our communities. Download an application for YMCA Personal Pricing Plan at: [ymcanorth.org/summer](http://ymcanorth.org/summer). Enter the key words: Personal Pricing in the top right corner and follow instructions or call 612-230-9622. Please submit Personal Pricing Plan application with Registration Form.

[ymcanorth.org/summer](http://ymcanorth.org/summer)



# Before & After Care Summer Program

## Registration Form 2023 • ISD 196 Camp Propel Program

### YMCAs in Eagan and Burnsville

Please fill out completely and return to:

YMCA Customer Service Center • 651 Nicollet Ave., Suite 500 • Minneapolis, MN 55413 | P 612 230 9622 • F 612 223 6322

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Phone \_\_\_\_\_

Camp Propel Location \_\_\_\_\_

#### Select Before and After Care Site—Monday - Thursday:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Deerwood Elementary<br><input type="checkbox"/> Woodland Elementary*<br><small>Bussed to Deerwood Elementary</small><br><input type="checkbox"/> Westview Elementary*<br><small>Bussed to Echo Park Elementary</small><br><input type="checkbox"/> Glacier Hills Elementary*<br><small>Bussed to Thomas Lake Elementary</small> | <input type="checkbox"/> Greenleaf Elementary*<br><small>Bussed to Highland Elementary</small><br><input type="checkbox"/> Parkview Elementary*<br><small>Bussed to Highland Elementary</small><br><input type="checkbox"/> Northview Elementary*<br><small>Bussed to Oak Ridge Elementary</small><br><input type="checkbox"/> Rosemount Elementary*<br><small>Bussed to Diamond Path Elementary</small> | <input type="checkbox"/> Shannon Park Elementary*<br><small>Bussed to Greenleaf Elementary</small><br><input type="checkbox"/> Southview Elementary*<br><small>Bussed to Cedar Park Elementary</small><br><input type="checkbox"/> Pinewood Community School*<br><small>Bussed to Red Pine Elementary</small> |
|--|--|---|

\*Children will be bussed to/from Before and After Care site to/from Camp Propel.

#### Select the Days you need AM & PM Care—Monday - Thursday

**FEES: \$30/day** OPTIONAL HALF-DAY FEES: a.m.: \$15/session p.m.: \$15/session

- | July 24 – 27                   |                                | July 31 – August 3             |                                | August 7-10                    |                                |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| AM                             | PM                             | AM                             | PM                             | AM                             | PM                             |
| <input type="checkbox"/> Mon   | <input type="checkbox"/> Mon   | <input type="checkbox"/> Mon   | <input type="checkbox"/> Mon   | <input type="checkbox"/> Mon   | <input type="checkbox"/> Mon   |
| <input type="checkbox"/> Tues  | <input type="checkbox"/> Tues  | <input type="checkbox"/> Tues  | <input type="checkbox"/> Tues  | <input type="checkbox"/> Tues  | <input type="checkbox"/> Tues  |
| <input type="checkbox"/> Wed   | <input type="checkbox"/> Wed   | <input type="checkbox"/> Wed   | <input type="checkbox"/> Wed   | <input type="checkbox"/> Wed   | <input type="checkbox"/> Wed   |
| <input type="checkbox"/> Thurs | <input type="checkbox"/> Thurs | <input type="checkbox"/> Thurs | <input type="checkbox"/> Thurs | <input type="checkbox"/> Thurs | <input type="checkbox"/> Thurs |

#### Select the Days you need All-Day Care Friday only

**FEES: \$55/day**

- All-Day Friday: July 28     
  All-Day Friday: August 4     
  All-Day Friday: August 11

#### Select All-Day Care Friday:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Deerwood Elementary<br><input type="checkbox"/> Woodland Elementary*<br><input type="checkbox"/> Westview Elementary* | <input type="checkbox"/> Glacier Hills Elementary*<br><input type="checkbox"/> Greenleaf Elementary*<br><input type="checkbox"/> Parkview Elementary*<br><input type="checkbox"/> Northview Elementary* | <input type="checkbox"/> Rosemount Elementary*<br><input type="checkbox"/> Shannon Park Elementary*<br><input type="checkbox"/> Southview Elementary*<br><input type="checkbox"/> Pinewood Community School* |
|--|---|--|

#### PAYMENT:

Currently enrolled in 2023 Y Summer Power:  Yes  No

Check Enclosed Amount: \$ \_\_\_\_\_ check # \_\_\_\_\_

Credit Card  Visa  MasterCard  Discover  American Express

**Note: Per PCI Compliance, credit cards are not stored in the system. Numbers are not on file.**

#### WEEKLY EFT AUTHORIZATION Choose one:

- \$50 Registration fee now, remaining balance charged 1 week prior to the start of each session.  
 Entire fee for all programs selected. Full payment due when registered into Y system.

Name on Card \_\_\_\_\_ Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

I agree to pay above total amount according to card issuer agreement. **X** \_\_\_\_\_

## Eagan and Burnsville YMCAs 2023 Emergency & Health Information Form ISD 196 Camp Propel Program

Please fill out completely and return to:

YMCA Customer Service Center • 651 Nicollet Ave., Suite 500 • Minneapolis, MN 55413 • P 612 230 9622 • F 612 223 6322

**Please use one form per child and print neatly. Use full legal names for all parties.**

Child's First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender: \_\_\_\_\_

Child's Nickname \_\_\_\_\_ Grade in Fall 2023 \_\_\_\_\_ Age \_\_\_\_\_ This is my \_\_\_\_\_ year in YMCA Summer Programs.

Child resides with  Mother  Father  Both  Other \_\_\_\_\_

#1 Parent/Guardian's First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian's Birthdate \_\_\_\_\_ Gender:  F  M Home Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Parent/Guardian's Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

#2 Parent/Guardian's First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian's Birthdate \_\_\_\_\_ Gender:  F  M Home Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Parent/Guardian's Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

**Race/Ethnic Background (optional):**

Black or African American  White  Hispanic or Latino  American Indian/Alaskan Native  Asian or other Pacific Islander  Other \_\_\_\_\_

**EMERGENCY CONTACTS AND PICK-UP AUTHORIZATION**

The following people should be contacted in case of emergency, only if parent(s) or guardian cannot be reached AND are authorized to pick up the child:

1. Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Phone: Day (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_

2. Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Phone: Day (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_

Family Doctor \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Family Dentist \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Do you carry family medical/hospital insurance?  Yes  No

Carrier \_\_\_\_\_

Policy/Group # \_\_\_\_\_

Month, date and year of most recent immunizations: **Information required including specific dates. Or attach Immunization Record.**

DTP \_\_\_\_\_ Polio \_\_\_\_\_ Hep. B \_\_\_\_\_

MMR \_\_\_\_\_ HIB \_\_\_\_\_ Hep. A \_\_\_\_\_

Tetanus \_\_\_\_\_ VAR \_\_\_\_\_ PCV \_\_\_\_\_

Or Conscientious Objector

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

Is the child taking any medications?  Yes  No

If yes, what kind and why: \_\_\_\_\_

If medication needs to be administered during the program, a Medication Permission Form must be completed. Call the YMCA for this form, or pick it up at your site.

**Has child had any of the following? If so, please explain:**

Allergies \_\_\_\_\_

Dietary restriction/s \_\_\_\_\_

Special Need/s \_\_\_\_\_

Status of child's vision, hearing, and speech \_\_\_\_\_

Does your child have a communicable disease or condition which may prove to be a risk to others?  Yes  No

If yes, please comment: \_\_\_\_\_

Description of any camp activities from which the camper should be exempted for health reasons: \_\_\_\_\_

**Describe any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at YMCA programs:** \_\_\_\_\_

**Record of Past Medical Treatment. Chronic Concerns:** Check all that pertain to this camper/participant and provide information about supportive health care.

Asthma  Convulsions/Epilepsy

Diabetes  Hypertension

Frequent Ear Infections  Surgeries

Bleeding/Clotting Disorder  Heart Defect/Disease  Other: \_\_\_\_\_

Provide information about health care need for each item checked: \_\_\_\_\_

If special accommodations are required, contact the YMCA Customer Service Center at 612-230-9622 to be directed to appropriate staff.

# RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

EFFECTIVE FEBRUARY 2022

## RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of participating in YMCA activities, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence the YMCA of the North (hereinafter referred to as YMCA) and its owners, directors, officers, employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that participating in YMCA activities involves known and unanticipated risks, which could result in physical or emotional injury, illness, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, broken bones, torn ligaments or other injuries resulting from falls or contact with other participants; death or brain damage as a result of drowning or near drowning in pools or other bodies of water; medical conditions resulting from physical activity or exposure to infectious diseases such as COVID-19. Releasees are not responsible for lost, stolen or damaged clothing or other property. I understand such risks can't be eliminated, despite the use of safety and security equipment and protocols, increased cleaning, masking and physical distancing, without jeopardizing essential qualities of the activity.
2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. I /my child's participation in these activities is purely voluntary and we elect to participate despite the risks. In addition, if at any time I believe that conditions are unsafe or that I or my child are unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. In the event that I file a lawsuit, I agree to do so in the state where Releasees' facility is located, and I further agree that the substantive law of that state apply.
4. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from all claims, demands, or causes of action, which are in any way connected with my/my child's participation in these activities, or our use of equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct or conduct that constitutes greater than ordinary negligence. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I represent that I have adequate insurance to cover any injury, illness or damage I or my child may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury, illness or damage myself. I further represent that I/my child have no medical or physical conditions that could interfere with our safety in these activities, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

## PARENT/GUARDIAN AUTHORIZATION SECTION — TRANSPORTATION/MEDICAL

1. In the event that I/my child need immediate medical attention for injuries or illness that may occur while participating in a YMCA program, I authorize the YMCA staff to give me or my child reasonable first aid, and to arrange transport of myself or my child to a health care facility for emergency services as needed. I understand that until COVID-19 or other subsequent illnesses are fully eliminated, I may be asked to quarantine myself or my family and may be asked to leave a program early if I display symptom of illness such as COVID-19.
2. If applicable, I give permission for myself and/or my child to be transported by the YMCA as needed for field trips, inclement weather, or late pick up. I also give my permission for myself/my child to participate in all walking activities and field trips.
3. I hereby acknowledge that the YMCA will assume that either parent of the child may pick up the child at any time during the program unless there is pertinent court documentation on file at the YMCA that indicates otherwise.
4. I agree to the release of any records necessary for treatment, referral, billing, infectious disease tracking, or insurance purposes. The YMCA receives medical information on campers/participants that may need to be shared with medical providers, insurance carriers, or other governmental agencies as required.
5. If my child or I require use and administration of an epi-pen, prescription or over the counter medication, it is my responsibility to ensure that the epi-pen and medication are on my child or me or within our personal belongings every day of the program. If YMCA staff is required to administer and use the epi-pen and/or medication, I agree to forever release and discharge the YMCA and its directors, officers, and employees from all liability arising out of or resulting from use or administration of the epi-pen and/or medication.
6. I agree to take personal responsibility for myself and my family while participating in this program. Personal responsibility may include but not be limited to; following all infectious disease protocols as defined by WDH, MDH and CDC; safety and security protocols, and all other protocols as trained or stated during participation.

## WILDERNESS TRIPS AND PARTICIPATION

I give permission for myself or my child to enter Canada or other International location as designated by participation in the program. I also understand that I/my child will need to bring our passport with if the trip involves international travel.

Nothing in this Acknowledgement and Assumption of Risks and Release and Indemnity Agreement shall be interpreted as the participant and parent releasing the YMCA and the Releasees from liability for injuries, damage, death, or other loss to participant or others that may occur within the Jurisdiction of the National Park Service and is caused by YMCA negligence, gross negligence, recklessness, or intentional conduct, including but not limited to any negligence with respect to the YMCA judgments and decisions, or YMCA failure to take reasonable precautions to ensure it provides defect-free equipment.

## GENERAL

1. I hereby release all pictures of myself or my child taken by the YMCA for promotional purposes and programming materials including the YMCA website.
2. I give my permission for the YMCA to administer sunscreen as needed and to change my child's diaper while my child is in their care if applicable.
3. I acknowledge that certain sections of this waiver may not apply to me and/or my child and the programs or activities that we have chosen but agree to be bound by any applicable language.

By signing this document, I agree that if I or my child is hurt or our property is damaged during participation in these activities, then I or my child may be found by a court of law to have waived our right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. In addition, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if the YMCA did not utilize waivers as a method to lower insurance and administrative costs. I have read and understood this document and I agree to be bound by its terms.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Date \_\_\_\_\_

## PARENT OR GUARDIAN ADDITIONAL AGREEMENT (Must be completed for participants under the age of 18)

In consideration of \_\_\_\_\_ (PRINT minor's names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent or Guardian \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_