



“School’s Out” Program  
Parental Consent Form

I hereby give permission for my child _____ to participate in the following activities while in attendance at the “School’s Out” Program operated by the YMCA of Cecil County, Inc.	
	Initials

<b>Pool Release</b> I give permission for my child to swim in the pool during swim time hours.	
	Initials

<b>Sunscreen Release</b> I give permission for the YMCA Child Care staff to apply sunscreen (which I have provided) to my child.	
	Initials

<b>Photo Release</b> I give permission for my child to be photographed/videoed for use in YMCA publicity.	
	Initials

Parent Signature: _____	Date: _____
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2016- 2017

School’s Out Child Care



When Cecil County Public School has  
a scheduled school holiday—your  
child can spend the day at the Y!





**Hours:**  
**6:30am-6pm**

**Elkton Y Fee:**  
**\$25 Y Member**  
**\$35 Nonmember**

**Cifaldo Ctr Fee**  
**\$25 Per Day**

**Activities:**  
**Sports**  
**Games**  
**Arts & Crafts**  
**Swimming**  
**Making Friends**  
**Bounce Center**  
**Ping Pong**

**410-392-YMCA**

Cecil County Public School  
Scheduled School Holidays

When schools are closed—the Y is OPEN!  
Register for your YMCA day of fun TODAY!

8/22/16; 8/23/16; 8/24/16; 8/25/16;  
8/26/16; 10/21/16; 11/7/16; 11/8/16;  
11/23/16; 12/23/16\*; 12/26/16;  
12/27/16; 12/28/16; 12/29/16; 12/30/16;  
1/2/17; 1/16/17; 1/23/17; 2/20/17;  
2/21/17; 3/17/17; 3/20/17\*; 4/13/17\*;  
4/17/17; 4/18/17; 5/26/17; 5/30/17\*

Space is limited.  
\*Days are subject to change if  
CCPS makes these days a regular  
school day & not an  
Inclement Weather  
Make-Up Day



**School's Out Program**  
**Registration/Release Form**

CIRCLE YOUR LOCATION

**Elkton YMCA**

**Cifaldo Center Perryville**

Student: \_\_\_\_\_

Phone #: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Authorized person(s) child(ren) may be released to/Emergency Contact(s):

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relation to Child(ren): \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relation to Child(ren): \_\_\_\_\_

Any specific Health/Medical concerns and/or allergies regarding student(s):

Approximate Pick-Up time & person:

Person: \_\_\_\_\_ @time: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form with your selected days, payment and signature to the YMCA.

**PLEASE PROVIDE YOUR CHILD(REN) WITH A PACKED LUNCH**

\*Days are subject to change if CCPS makes these days a regular  
school day & not an Inclement Weather Make-Up Day

Date	Y/N
Monday, August 22, 2016	
Tuesday, August 23, 2016	
Wednesday, August 24, 2016	
Thursday, August 25, 2016	
Friday, August 26, 2016	
Friday, October 21, 2016	
Monday, November 7, 2016	
Tuesday, November 8, 2016	
Wednesday, November 23, 2016	
Friday, December 23, 2016	
Monday, December 26, 2016	
Tuesday, December 27, 2016	
Wednesday, December 28, 2016	
Thursday, December 29, 2016	
Friday, December 30, 2016	
Monday, January 2, 2017	
Monday, January 16, 2017	
Monday, January 23, 2017	
Monday, February 20, 2017	
Tuesday, February 21, 2017	
Friday, March 17, 2017	
Monday, March 20, 2017	
Thursday, April 13, 2017	
Monday, April 17, 2017	
Tuesday, April 18, 2017	
Friday, May 26, 2017	
Tuesday, May 30, 2017	

Date Paid: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Staff Signature: \_\_\_\_\_