



# YWCA

## 2019 Summer Kids in Play (SKIP)

124 S. Cruze St.

Knoxville, TN 37915

865-546-0651

The YWCA Knoxville is offering an 8-week Summer Kids in Play (SKIP), for children ages 5-14 from June 3<sup>rd</sup> – July 31<sup>st</sup>. The Program is full of fun activities including themed weeks, educational programs, cultural enrichment, health and fitness, weekly field trips, swimming lessons- all in a nurturing environment.

### Enrollment fees:

- \$80.00 (one time) non-refundable enrollment fee covers activity fees and a YWCA membership per student.
- \*\*If you register by April 27, 2019 there will be a \$15 enrollment discount, making the enrollment fee \$65.00
- \*\*\*If you are enrolling multiple siblings, and register by April 27, 2019, the enrollment fee for each sibling after the first child will be reduced to \$40.

### Weekly Tuition:

- \$85.00 per week per child. (Includes field trips and swimming lessons by Red Cross certified 1 instructors).
- \$35.00 per week per child. Participants **only** of the 2018-2019 After School Enrichment Program will be enrolled as Junior Counselors, **or multiple siblings**.
- The weekly tuition must be paid regardless of how many days a week your child attends SKIP.
- **There will be a late fee of \$10.00 for payments not made by the first day of the week. If payment is not made by the second day of the week, your child will not be permitted to attend until all fees are paid-in-full.**
- **Child drop off will begin at 7:30am. (7:00am drop off for an additional \$5/day) Child Pick up will end at 5:30pm. Any pick after 5:30pm, will result in an additional charge of \$5.00 every five minutes after.**

### Breakfast/Snack/Lunch

- Breakfast from CAC will be provided.
- AM snack is not provided; parents/guardians are responsible for providing.
- Boxed lunch from CAC will be provided.
- PM snack will be served.

Parents will receive an activities calendar each month that will list the activities, swim lessons, field trips, and

YWCA SKIP Counselors are Red Cross certified in First Aid and CPR. They are experienced, energetic and have passed a criminal background check.



**Community Partner**

There will be partial scholarships available for those who qualify.



2019 Summer Kids in Play SKIPP

124 S. Cruze St.  
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Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Child's First \_\_\_\_\_ Last \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Wk Phone: \_\_\_\_\_

Farther/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Wk Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Best way of contact: Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Guardian Email Address: \_\_\_\_\_

List emergency contacts in the event that parent/guardian cannot be reached:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Medical information: Child's Dr: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\* Is Immunization Record current, and a copy on file at the child's school \_\_\_ Yes \_\_\_ No \_\_\_\_\_  
Parent Initials

Preferred Hospital: \_\_\_\_\_

Address

City

List any medications taken during the day: \_\_\_\_\_

List any allergies, including food and medications: \_\_\_\_\_

List any emotional or physical challenges: \_\_\_\_\_

Other important information we should know about your child: \_\_\_\_\_

Please indicate which week your child will not be in attendance and be exempt from paying tuition:

\_\_\_ June 3<sup>rd</sup> - June 7<sup>th</sup>

\_\_\_ June 10<sup>th</sup> - June 14<sup>th</sup>

\_\_\_ June 17<sup>th</sup> - June 21<sup>st</sup>

\_\_\_ June 24<sup>th</sup> - June 28<sup>th</sup>

\_\_\_ July 1<sup>st</sup> - July 5<sup>th</sup> (Closed July 4<sup>th</sup>)

\_\_\_ July 8<sup>th</sup> - July 12<sup>th</sup>

\_\_\_ July 15<sup>th</sup> - July 19<sup>th</sup>

\_\_\_ July 22<sup>nd</sup> - July 26<sup>th</sup>

\_\_\_ July 29<sup>th</sup> - 31<sup>st</sup> (End of Summer Presentation)

**YWCA Knoxville 2019 Summer Kids In Play (SKIP)  
Permission and Release Form**

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**Please read carefully and check the appropriate boxes.**

**Transportation Plan**

In the event that I am unable to pick up my child, the following people have permission to transport them.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

The above named people will be required to show a photo ID to pick up your child or children. NO ONE other than those listed will be allowed to pick up your child without notification from a parent or guardian. Should you notify is that someone other than those named above will be picking up your child, we will require a photo ID of that individual as well.

**Transportation permission:**

\_\_\_\_\_ I give my child permission to travel on: Knoxville city transportation, trolleys, and school buses under the direct supervision of the YWCA staff. I am aware that my child will be required to walk short distances in the downtown and East Knoxville area.

**Photo/publicity release and video form:**

\_\_\_\_\_ I agree, the YWCA of Knoxville, TN has my permission to utilize photographs of my child/ren to assist in the publicity of the YWCA and its programs.

\_\_\_\_\_ I agree that my child/ren may be videotaped for purposes of TV coverage or promotion of the YWCA programs.

**Movie and documentary videos:**

I understand that staff will be making use of educational materials that may include my child/ren watching 1—2 movies/documentaries per week.

\_\_\_\_\_ I give my permission for my child/ren to watch appropriate educational movies.

\_\_\_\_\_ I give my permission for my child/ren to watch G rated movies \_\_\_ PG rated movies \_\_\_\_\_

**Computer/ Internet Usage:**

I understand that staff will be making use of educational computer lab/internet materials.

\_\_\_\_\_ I give my permission for my child/ren to utilize the computer lab/internet under the supervision of SKIP staff.

Parent/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_

**YWCA Knoxville 2019 Summer Kids In Play (SKIP)  
Permission and Release Form**

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**Please read carefully and check the appropriate boxes.**

**Swimming Agreement:**

I understand that the YWCA Knoxville will assess each SKIP participant's swimming ability and provide assessment information to parent/guardians.

I understand that the SKIP will be making use of outdoor and indoor pools based on the results of swimming assessments.

\_\_\_\_\_ I give my permission for my child to swim under the supervision of a certified life guard.

I believe my child:

\_\_\_\_\_ is an advance swimmer

\_\_\_\_\_ is a moderate swimmer

\_\_\_\_\_ is a beginner swimmer

\_\_\_\_\_ does not know how to swim

**School information:**

I understand that the YWCA Knoxville will obtain school information for each SKIP participant's. This information will be used for Data collection by the organization.

\_\_\_\_\_ Child's School

\_\_\_\_\_ Child's Grade (August 2019 – May 2020)

\_\_\_\_\_ Child's Homeroom teacher (August 2019 – May 2020)

Parent/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_

**YWCA Knoxville 2019 Summer Kids In Play (SKIP)  
Permission and Release Form**

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**Permission and Liability Form**

I \_\_\_\_\_ give my permission for my child \_\_\_\_\_  
Parent/Guardian Childs Name  
to attend and participate in all activities, events, and field trips carried out by the YWCA of Knoxville, TN for my child's enrolment duration period for the 2019 Summer Kids in Play Program (SKIP).

I \_\_\_\_\_ understand by signing I have authorized an adult, whose care my child has been entrusted, consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care rendered or judged necessary while my child is under the care of the YWCA of Knoxville, TN and its directors; I also understand that all efforts will be made to contact emergency contacts listed below in the event of an emergency:

Primary Emergency Contact: \_\_\_\_\_  
(Name) (Telephone #)

Alternative Emergency Contact: \_\_\_\_\_  
(Name) (Telephone #)

Physician Preference: \_\_\_\_\_  
(Name) (Telephone #)

Hospital Preference: \_\_\_\_\_  
(Name) (Telephone #)

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

I \_\_\_\_\_ further agree to hereby release, forever discharge and hold harmless the YWCA of Knoxville TN and the directors and representatives from any and all liability, claims or demands for personal injury, sickness or death as well as property damage and expenses of any nature whatsoever which may be incurred by the child-participant while said child is participating in activities, events, or field trips carried out by the YWCA of Knoxville, TN; I also understand and agree to assume all risk of personal injury, sickness, death, damage, and expenses as a result of participation in any and all activities, events or field trips carried out by the YWCA of Knoxville, TN and assume all liability in all such cases.

Parents/Guardian Signature (s): \_\_\_\_\_ Date: \_\_\_\_\_



**YWCA Knoxville 2019**  
**Summer Kids In Play (SKIP)**  
**Policies Agreement Form**

124 S. Cruze Street  
Knoxville, TN 37915  
(865) 546-0651 Fax: (865) 637-5263

**Policies Agreement Form**

I acknowledge receipt of the YWCA's Summer Kids In Play (SKIP) Policies. I have read, understand and will adhere to the policies and procedures as set forth and provided to me by the YWCA Knoxville, TN. I understand these policies will be adhered to without exception.

Parents/Guardian Signature (s): \_\_\_\_\_ Date: \_\_\_\_\_

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

**Volunteers**

The YWCA Phyllis Wheatley Center invites and encourages parent involvement in our Summer Kids In Play Program (SKIP). We feel this would be a wonderful opportunity for you to spend valuable time with your child and see what he/she does during the day.

**For Office Use Only: Please check items received, sign, and date.**

\_\_\_\_\_ Registration

\_\_\_\_\_ Permission and Release Form

\_\_\_\_\_ Permission and Release Form

(Transportation/ Photo/ Movie/ Computer)

(Swimming Ability and Assessment)

\_\_\_\_\_ Permission and Liability

\_\_\_\_\_ Intake Sheet



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**YWCA Summer Kids in Play Program Code of Conduct 2019**

In order to establish the YWCA Phyllis Wheatley Center as an enriching, positive and safe place, the following expectations are to be adhered to at all times:

1. Respect your fellow students and staff members.
2. No fighting.
3. Positive language only. (No yelling or cursing on premises.)
4. All areas outside of the gym are "Walk-Only" zones. (No running or horse playing.)
5. No throwing objects at each other or staff.
6. Respect the personal boundaries of students and staff. Do not hit or touch each other and staff inappropriately.
7. No food or drink allowed in the gym.
8. No willful destruction of property.
9. Clean up after yourself.
10. School dress code applies while on premises.
11. Stay with staff member at all times while on premises.

Consequences for not adhering to expectations will be administered as follows at the discretion of staff members:

First Infraction – Verbal Warning

Second Infraction – Written Warning

Third Infraction – Student sent home and parent/guardian contacted

I have read and understand these facility rules and will make sure that I abide by them.

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Student Signature

Date

**2019 YWCA Intake Information Sheet – INDIVIDUAL (Knox County)**

**Name of Person Receiving Services:**

**Gender (select one):**    Female   Male   Other \_\_\_\_\_

**Race/ Ethnicity (select one):**

- American Indian                      Latin@/Hispanic/Chicano  
Asian/Pacific Islander                White/Caucasian  
Black/African American               Multiracial  
Other:

**Age Group (select one):**

- 0-4                      5-9                      10-14                      15-19  
20-24                      25-64                      65-80                      80+

**How many people live in your house?**

**How many of these people are children?**

**Single-parent household?**   Yes    No

**If yes, parent's gender:**   Female   Male   Other

**Household income (select one):**

- \$0-\$11,490                      \$11,491-\$15,510  
\$15,511-19,530                      \$19,531-\$23,550  
\$23,551-\$27,570                      \$27,571-\$31,590  
\$27,571-\$31,590                      \$31,591-\$35,610  
\$35,611-\$39,630                      Greater than \$39,631

**Residence (select one):**

- Knoxville  
 Knox County  
 Other TN county  
 Out of state

**What is your highest level of education? (select one)**

- Less than high school    Associate (2-year) degree    High school diploma    Bachelor (4-year) degree  
Certification or license    Master degree    Some college    Doctorate degree

**Do you have a disability?**

- Yes    No

**Is English your first language?**

- Yes    No

**Are you a refugee or immigrant?**

- Yes    No