



YWCA
2010 Phyllis Wheatley Center
Summer Kids in Play Program (SKIPP)
124 S. Cruze St.
Knoxville, TN 37915
(865) 546-0651

The YWCA Phyllis Wheatley Center is offering a 10-week Summer Kids in Play Program (SKIPP), for children ages 5-12. The Program is full of fun activities, themed weeks, educational programs, health and fitness, weekly field trips, weekly swim lessons, and offers a safe environment.

Enrollment fees:

- \$60.00 (one time) enrollment fee to cover T-shirt, backpack, activity fee and a YWCA membership.

Weekly Tuition:

- \$75.00 per week. Each additional child \$65.00 (Includes field trips and on-site swimming lessons by Red Cross certified instructors).
- *****If you register by May 1, 2010, there will be a \$5.00 tuition discount per week, making the tuition \$70.00 week/Each additional child \$60.00 per week.**
- The weekly tuition must be paid regardless of how many days a week your child attends SKIPP.
- You will be allowed 1 week vacation and be exempt from paying the weekly tuition during that time. *****You must indicate the week of vacation on the attached registration form.**
- There will be a late fee of \$10.00 for payments not made on 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 paid-in-full.

Snack/Lunch

- AM/PM Snack will be served.
- Boxed lunch from CAC will be provided.

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

All of our YWCA Phyllis Wheatley Center SKIPP 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.

**eliminating racism
empowering women
ywca**

**YWCA 2010 Phyllis Wheatley Center
Summer Kids in Play Program (SKIPP)**

Registration Form

**124 S Cruze St.
Knoxville, TN 3715
(865) 546-0651 Fax: (865) 522-8095**

Name: _____ Age: _____ Date of Birth: /_/_/____

Child's First _____ Last _____

Street Address: _____

Mother/Guardian: _____ City _____ State _____ Zip Code _____
Cell Phone: _____ Wk Phone: _____

Farther/Guardian: _____ Cell Phone: _____ Wk Phone: _____

Home Phone: _____ Best way of contact: Mother: _____ Father: _____

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: _____

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 be using for their vacation week and be exempt from paying tuition:

____ May 31st – June 4th ____ June 7th – June 11th ____ June 14th – June 18th

____ June 21st – June 25th ____ June 28th – July 2nd ____ July 5th – July 9th

____ July 12th – July 16th ____ July 19th – July 23rd ____ July 26th – July 30th

____ Aug 2nd – Aug 6th

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Permission and Release Form

Please read carefully and check the appropriate boxes.

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 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 video taped 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 SKIPP staff.

Swimming Agreement:

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

I understand that the SKIPP 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 a advance swimmer

_____ is a moderate swimmer

_____ is a beginner swimmer

_____ does not know how to swim

Parent/Guardian signature _____

Date _____

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Permission and Release Form

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 2010 Downtown Summer Kids in Play Program.

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: _____

