



# YMCA CLC at Pershing

## Before/ After School Programs 2011-2012

### Contact Information

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402.434.9267  
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## Adventure Club

Adventure Club is a licensed childcare program offered through the Northeast Y for children attending Kindergarten through 5th grade at Pershing Elementary School. This the core program of our after-school programming at the Community Learning Center, where students have a chance to enroll in all of the clubs and other activities we offer. Children are supervised by positive adult role models who focus on developing the Y character values of Honesty, Caring, Respect and Responsibility.

### Session & Registration Dates

Adventure Club follows the Lincoln Public Schools Elementary Calendar.  
**August 16, 2011 through May 24, 2012**

#### Registration Dates

Y Members Begins April 4  
Non Y Members Begins April 18

#### Time

Before School : 6:45 - 8:00

After School: 2:53 - 6:00

Childcare is NOT available on "snow days" when LPS cancels school due to weather.

#### Fees

Non-refundable Registration Fee		\$35
AM Only:	Y Family Member	\$95/Month
AM Only:	Y Youth Member/Non-Member	\$130/Month
PM Only:	Y Family Member	\$145/Month
PM Only:	Y Youth Member/Non-Member	\$176/Month
Both:	Y Family Member	\$172/Month
Both:	Y Youth Member/Non-Member	\$210/Month

#### Activities

All students involved in adventure club will have a chance to enroll in a daily club of their choosing, from a wide selection of enrichment and academic activities, followed by group rotation time with their peers, during which they will do two rotations of either literacy, homework, gym/playground, or "specials" activities.

#### Snacks

A nutritious snack is provided each afternoon by LPS Nutrition Services.

#### Non-School Days

The monthly Adventure Club program fees do not include care for non-school days. Childcare on many of the non-school days is available at the Northeast Y through our Fundays program.

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# Registration Information

Registration is on a first come/first served basis. A \$35 non-refundable registration fee is due at the time of registration.

## Cancellations

Written notice is needed for any change or cancellation at least 2 weeks prior to the end of the month.

## Payments

The Lincoln YMCA requires that monthly program fees be paid via automatic draft of a bank account or credit card.

Title XX is accepted. Parents/Guardians are required to pay the non-refundable \$35 registration fee at the time of registration. Parents/Guardians must obtain an authorization and send it to the Northeast Y within one week of registration.

Your membership status at the time of registration determines the fee for the program. If your membership status changes, you must contact the Y program Director to amend your fees.

Program assistance is available, please visit [ymcalincoln.org](http://ymcalincoln.org) for an application. Please allow 2 weeks for processing.





PERSHING COMMUNITY LEARNING CENTER  
ADVENTURE CLUB ENROLLMENT / INFORMATION FORM



**STUDENT ENROLLMENT / INFORMATION**

Select your program:

\_\_\_\_\_ Before School Care          \_\_\_\_\_ After School Care          \_\_\_\_\_ Clubs only

**CHILD'S FIRST AND LAST NAME:** \_\_\_\_\_

Male     Female    Age: \_\_\_\_\_    Grade (For 2011-12 school year): \_\_\_\_\_    Date of Birth: \_\_\_\_\_

At the end of the day my youth will:  be picked up by authorized escort     walk home

**ETHNICITY:**

- Native American
  - Asian American
  - African American
  - Hispanic/Latino American
  - Euro American
  - Hawaiian/Pacific Islander American
  - Middle Eastern American
  - Multi/Bi Ethnicity American
- er: \_\_\_\_\_

**OTHER QUESTIONS:**

- My child qualifies for free or reduced lunch
- My child is an English Language Learner  
Native Language \_\_\_\_\_
- My child receives special education Oth-  
services during school hours
- My child is new to this school

**MEDICAL INFORMATION/SPECIAL REQUESTS (IMPORTANT & REQUIRED):** List any medical conditions, allergies to food/medications, special diets or any conditions that may affect your child's health while in the program, include any medications your child is taking or please indicate N/A if not applicable:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FAMILY INFORMATION**

PARENTAL STATUS:  Single     Married     Widowed     Divorced     Separated     Re-married

CUSTODIAL & LEGAL GUARDIAN IS:  Both Mother & Father     Mother     Father     Other: \_\_\_\_\_

**MOTHER/LEGAL GUARDIAN INFORMATION:**

FIRST & LAST NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**FATHER/LEGAL GUARDIAN INFORMATION:**

FIRST & LAST NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**EMERGENCY CONTACTS AND INFORMATION**

**EMERGENCY CONTACTS IN CASE OF EMERGENCY AND PARENT/GUARDIAN CANNOT BE REACHED:**

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_  
RELATIONSHIP TO CHILD: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_  
HOME/CELL PHONE: \_\_\_\_\_ HOME/CELL PHONE: \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

**AUTHORIZED ESCORTS OTHER THAN PARENT/GUARDIAN OR EMERGENCY CONTACTS: (N/A IF NOT APPLICABLE)**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PARENT/GUARDIAN PARTICIPATION QUESTIONS**

**YOUR PARTICIPATION IS VALUED!**

We are committed to providing a safe and stimulating environment for your child. Our programs depend upon the talents and resources from many in our community. Please check which of the following contributions you may be able to make.

- I would volunteer to assist with the daily program activities.
- I would like to share my hobbies, interests and talents.
- I would assist with food/snacks.
- I would assist with recruitment of volunteers.
- I would like to give a financial donation to support the CLC to assist low-income families' program fees.
- My employer and/or company may be able to help financially or with donations.
- I would like to participate on the School Neighborhood Advisory Committee.

**PERMISSION FORM**

- YES  NO I give staff permission to use photographs, writings, artwork, TV appearances, etc. for the promotional materials, presentations and documentary purposes.
- YES  NO I give staff permission to transport my child for the purpose of program activities.
- YES  NO I have received the program handbook.
- YES  NO I give permission for the CLC lead agency to arrange for emergency treatment and to contact our family health care provider if guardian is unable to be reached and it is necessary to preserve the health of my child(ren) until such time then I/we can be present. I understand that no guarantees have been made to me as to the effect of such treatment on my child's condition. If necessary, the program will arrange for emergency transportation to the nearest emergency medical facility.

CHILD'S PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

By signing below I give permission for my child to participate in program activities. I understand that the CLC does not carry health and accident insurance for my child/youth, and that I as guardian will be primarily responsible in case of injury where bills are incurred. As the parent/guardian, I will work as a partner with staff to ensure my child is successful in the program. I understand that my child may be dismissed for failure to follow rules, failure to follow general operating procedures of the program. The information I have listed is correct to the best of my knowledge and I will notify the program staff of any changes to the information in a timely manner.

\_\_\_\_\_  
SIGNATURE OF PARENT AND/OR GUARDIAN

\_\_\_\_\_  
DATE

**Cooper**

6767 S. 14th Street  
Lincoln, NE 68512  
(402) 323-6400

**Downtown**

1039 P Street  
Lincoln, NE 68508  
(402) 434-9230

**Fallbrook**

700 Penrose Drive  
Lincoln, NE 68521  
(402) 323-6444

**Northeast**

2601 N. 70th Street  
Lincoln, NE 68507  
(402) 434-9262

**Youth Sports**

570 Fallbrook Blvd., # 210  
Lincoln, NE 68521  
(402) 434-9217

**Camp Kitaki**

570 Fallbrook Blvd., #210  
Lincoln, NE 68521  
(402) 434-9225