



**Y-COP OF MOUNT VERNON**  
 227 East Lincoln Avenue\* Mount Vernon, NY 10552  
 914-215-3063  
 914-646-0735

**Out-of-School Care 2023-2024**

**8:00am – 6:00pm**

A fun-filled day for children when school is not in session.  
 Activities include arts & crafts, field trips, group games and more.

Cost: 2023/2024 Afterschool Participants per day... \$40.00

Non-Participant per day ..... \$50.00 (medical exam must accompany application)

**\*\*All 3<sup>rd</sup> Party payments must complete a provider form\*\***

**Breakfast, Lunch & Light Meal provided!!**

**Please circle the date that you will need care**

September 25, 2023-Yom Kippur	March 25-29th, 2024-Spring Recess
October 18, 2023-Superintendent's Conference Day	April 10, 2024-Eid al-Fitr
February 19-23rd, 2024-Mid Winter Recess	April 22-23rd, 2024-Passover
March 13, 2024-Superintendent's Conference Day	

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

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

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

Emergency Contact Name & Phone #: \_\_\_\_\_

Enclosed is my non-refundable payment of \$ \_\_\_\_\_. Assistance provided by: \_\_\_\_\_. In signing this form you are giving and agreeing to the following:

- A) My child may leave the premises of the Y-COP under the supervision of authorized personnel to attend field trips, community service & events.
- B) My child may be included in all photos, videos or film likeness to be used for any legitimate purposes that promote the Y-COP program.

I agree to the enrollment of my child in the Y-COP (out of school day) program and have been advised of the policies regarding its fees.

I hereby give permission to the Y-COP staff to take whatever steps necessary to obtain medical care for my child. These steps may include, but are not limited to:

1. Administer basic first aid.
2. Attempt to contact a parent/guardian, emergency contact person and/or the child's physician.
3. Attempt to contact a parent/guardian or the child's physician, the Y-COP will do any or all of the following:
  - . Call another physician
  - . Call an ambulance or have the child taken to the nearest hospital
4. While participating in Y-COP activities, I understand that my child will be covered under my medical insurance.

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