



# COVID Care

## Meeting the emergency needs of the Pueblo Community

Give your kid a structured day of educational enrichment, physical activity and fun!  
 Our COVID Care program is licensed operation that serves children **3 to 12-years-old** who need all-day care during this unprecedented time. Parents have the option to enroll in weekly care.

**Hours** Monday - Friday 7 am - 6 pm

**Rules** Children must bring a cold-style lunch and two snacks. No microwaves available. **NO** peanut-based products!

Payment is for the full week, regardless of how many days or hours.  
 Must be paid in full prior to care.

	Y Members	Community Members
<b>3-6 yrs old</b>	\$193/week	\$198/week
<b>7-12 yrs old</b>	\$175/week	\$225/week

### SCHOLARSHIP OPPORTUNITIES

Those not able to pay the full fee may be awarded scholarship based on the demonstrated ability to fund the subsidy.

Applications must be submitted one week prior to the regular registration deadline.

Weeks Available	Please circle which days you need care	Please write you'll drop off and pick up. *Between 7 am - 6 pm
3/30 - 4/3	M T W TH F	DROP OFF: _____ PICK UP: _____
4/6 - 4/10	M T W TH F	DROP OFF: _____ PICK UP: _____
4/13 - 4/17	M T W TH F	DROP OFF: _____ PICK UP: _____
4/20 - 4/24	M T W TH F	DROP OFF: _____ PICK UP: _____
4/27 - 5/1	M T W TH F	DROP OFF: _____ PICK UP: _____
5/4 - 5/8	M T W TH F	DROP OFF: _____ PICK UP: _____
5/11 - 5/15	M T W TH F	DROP OFF: _____ PICK UP: _____
5/18 - 5/22	M T W TH F	DROP OFF: _____ PICK UP: _____
5/25 - 5/29	M T W TH F	DROP OFF: _____ PICK UP: _____

**Child's Name:** \_\_\_\_\_

**(please circle one):** Boy      Girl

**Date of birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Grade:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Mother/Guardian:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Father/Guardian:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**(please circle one):** Y Member    or    Community Member

I hereby certify that the above named child is in normal health and capable of participating safely in the YMCA COVID Care Program. In case of sickness or accident, the YMCA staff has my authorization to obtain, at my expense, necessary medical attention if unable to communicate with me directly. I understand, for myself, my heirs and assigns, do hereby release the YMCA of Pueblo, its employees and agents from any and all claim for injury, death, loss or damage I may suffer as a result of my child's participation. I give my permission for my child to be included in any photos that may be taken by the YMCA staff or local newspaper staff or filming done by local television stations without any obligation to me.

**Payments** must be made by the Monday prior to care starting. Completed Parent Packet must also be submitted.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_



-OFFICE USE-

TOTAL PAID: \$

PAYMENT ID:

DATE: