

Healthy CHAMPS

Exhaustive Giggles & Running, Rolling FUN!
Goal: Provide safe, quality physical activity for children enrolled in-home licensed daycares.

Supporting in-home daycare providers by offering alternative physical activity opportunities and educating providers on strategies to use in their own home daycare centers. Strengthening daycare providers networks to exchange ideas promoting active play and much more!

Winter Physical Activity! Join Us!

Daycare Centers must be a member of the United Providers Association (registration for membership is only \$25)

Who: In-Home Licensed Daycares
Where: National Guard Armory Gym
When: **Jan 19-Mar 9**
EcoTrans pick-ups: 9-9:30
Program: 9:30-11:00 am
EcoTrans drop-offs: 11-11:30
Fee: **FIRST VISIT FREE!**
Providers w/ 6+ children: \$25 week
Providers w/ 3-5 children: \$15 week
Providers w/high rate county assistance or less than 3 children: \$10 week

Advance Registration Required.

Daycare providers sign up for one week at a time.

Contact Stacy Waters (507-581-9142) for more information.

United Providers
Association
Benefit for
Member Daycare Centers!



Transportation provided

This program is a partnership between the Northfield Area Family YMCA, the United Providers Association and Rice County Public Health with funding from General Mills. Transportation support from EcoTrans.

Participation in these sessions counts toward ongoing licensure with Rice County!

Northfield Area Family YMCA
519 Division Street
Phone: 507-645-0088
www.northfieldymca.org

Register online at www.northfieldymca.org or use the registration form on the back of this form.

United Providers Association
(also known as Northfield Child
Care Association)
Phone: 507-581-9142

Increasing awareness of the importance of physical activity for the healthy development of our youth and providing opportunities for year-round healthy exercise and social interaction for the kids and adults.

Healthy Champs YMCA Registration Form

OFFICE USE ONLY

Date/Time: _____ Staff Initials: _____
 Y Membership #: _____
 Membership Type: _____
 Received: Mail Fax In Person
 Confirmation: POS Mail
 Payment Received: Yes No
 Amount Received: \$ _____

Daycare Provider Name: _____

Home Address: _____

City/St/Zip: _____

Phone: _____

Email Address: _____

Payment: _____

(credit cards also accepted, please contact the YMCA office)

Fee Structure: **FIRST VISIT FREE!**
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 Providers w/high rate county
 assistance or less than 3 children: \$10 week
(Advance registration required)

The YMCA, Rice County and the United Providers Association will periodically take pictures of persons participating in programs to use for promotional purposes and programming materials including our websites.

Please ensure all daycare children have had a parent waiver form submitted prior to participation. Parents/providers may select to not be photographed for these purposes.

**Working to support the
kids and families in our
community.**

I Hereby Agree to the Following:

- ~ To allow first aid treatment to be given to my child by YMCA staff and/or certified first aid person.
- ~ To allow YMCA staff to take charge in the event that I or authorized emergency contact cannot be reached.
- ~ To allow safe transportation of the daycare children and provider staff through Ecotrans.
- ~ To discuss with YMCA staff any limitations my child may have in regards to his/her participation in the program.

Signature

Date

Release and Waiver of Liability:

The undersigned hereby releases, waives, discharges the Northfield Area Family YMCA, Rice County and the United Providers Association from liability to the undersigned for any loss or damage on account of injury to the undersigned. The undersigned hereby assumes full responsibility for risk and bodily injury.

Signature

Date

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