



FUN HAPPENS HERE



CAMP ELECTRIC SUMMER CAMP OSAGE PRAIRIE YMCA

Spend the summer with the Y!

At the Y, we believe all kids deserve the opportunity to discover who they are and what they can achieve. Summer camp through the Y provides children with supervised activities, that cultivate values, develop skills, and nurture relationships. The Osage Prairie YMCA is Praesidium-accredited, a prestigious honor that demonstrates our commitment to the highest industry standards in abuse prevention.

**ENROLLMENT STARTS
MARCH 1, 2026**

DATES June 1–August TBD
Monday–Friday, 7:30am–5:30pm

AGES 5–12

RATES

Registration Fee: \$25

Weekly Fee:

- \$110/week
- 20% Sibling discount- applies to registration fee and weekly fees
- Financial Assistance is available upon request.
- Children are asked to bring a sack lunch, swimsuit, towel, water bottle, and sunscreen. Wear tennis shoes daily.

LOCATION

South Park- 899-801 S. Parkview
Butler, MO

WEEK	DATE
1	June 1-June 5
2	June 8- June 12
3	June 15-June 19
4	June 22-June 26
5	June 29-July 3
6	July 6-July 10
7	July 13-July 17
8	July 20-July 24
9	July 27-July 31
10	August 3- August 7
11	August 10-TBD



**Scan to download
registration packet**



QUESTIONS? Call Samie McCullough at 417-283-6036 or at smccullough@pymca.org
Osage Prairie YMCA • 500 W Highland Ave, Nevada, MO 64772



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
 OFFICE OF CHILDHOOD - CHILD CARE COMPLIANCE
CHILD CARE ENROLLMENT FORM FOR LICENSE-EXEMPT FACILITIES

FACILITY/PROVIDER NAME		ADMISSION DATE	DISCHARGE DATE
CHILD'S NAME		GENDER	BIRTHDATE
ADDRESS (STREET, CITY, STATE, ZIP CODE)			
IDENTIFYING INFORMATION			
MOTHER'S/GUARDIAN'S NAME		HOME TELEPHONE NUMBER	
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE <input type="checkbox"/>		CELL PHONE NUMBER	
E-MAIL ADDRESS			
EMPLOYER OR SCHOOL ATTEND		WORK/SCHOOL SCHEDULE	
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)		WORK TELEPHONE NUMBER	
FATHER'S/GUARDIAN'S NAME		HOME TELEPHONE NUMBER	
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE <input type="checkbox"/>		CELL PHONE NUMBER	
E-MAIL ADDRESS			
EMPLOYER OR SCHOOL ATTEND		WORK/SCHOOL SCHEDULE	
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)		WORK TELEPHONE NUMBER	
EMERGENCY CONTACT AND PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY (OTHER THAN PARENT) AT LEAST ONE EMERGENCY CONTACT IS REQUIRED.			
NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBERS (CELL, WORK, HOME)	
ADDRESS (STREET, CITY, STATE, ZIP CODE)			
NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBERS (CELL, WORK, HOME)	
ADDRESS (STREET, CITY, STATE, ZIP CODE)			
AUTHORIZATION FOR EMERGENCY MEDICAL CARE			
I UNDERSTAND THAT I WILL BE NOTIFIED AT ONCE IN CASE OF AN EMERGENCY WITH MY CHILD, AND I WILL MAKE ARRANGEMENTS FOR MEDICAL CARE OF MY CHILD WITH THE PHYSICIAN OR HOSPITAL OF MY CHOICE.			
IF I CANNOT BE REACHED TO MAKE NECESSARY ARRANGEMENTS, OR IN A CRITICAL EMERGENCY REQUIRING MEDICAL CARE, I AUTHORIZE			
DAY CARE PROVIDER			
TO CONTACT THE FOLLOWING:			
PHYSICIAN OR CLINIC			
NAME		TELEPHONE NUMBER	
PREFERRED HOSPITAL			
NAME		TELEPHONE NUMBER	

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ACKNOWLEDGEMENTS

A	I HAVE BEEN INFORMED OF THE REQUIRED HEALTH AND SAFETY INSPECTIONS AND THE INSPECTION FORMS ARE AVAILABLE FOR REVIEW.	PARENT/GUARDIAN INITIALS
B	WHEN MY CHILD IS ILL, I UNDERSTAND AND AGREE THAT S/HE MAY NOT BE ACCEPTED FOR CARE OR REMAIN IN CARE.	PARENT/GUARDIAN INITIALS
C	I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT GIVE PERMISSION FOR FIELD TRIPS/EXCURSIONS. I UNDERSTAND I WILL BE NOTIFIED IN ADVANCE WHEN THEY ARE PLANNED.	PARENT/GUARDIAN INITIALS
D	I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT GIVE PERMISSION FOR THE FACILITY TO TRANSPORT MY CHILD.	PARENT/GUARDIAN INITIALS
E	I HAVE BEEN NOTIFIED THAT I MAY REQUEST NOTICE AT INITIAL ENROLLMENT OR ANY TIME THERE AFTER WHETHER THERE ARE CHILDREN CURRENTLY ENROLLED IN OR ATTENDING THE FACILITY FOR WHOM AN IMMUNIZATION EXEMPTION HAS BEEN FILED.	PARENT/GUARDIAN INITIALS

HEALTH REPORT FOR SCHOOL-AGE CHILD**CHILD'S HEALTH HISTORY AND CURRENT HEALTH PROBLEMS**

MY CHILD IS IN GOOD HEALTH, IS ABLE TO PARTICIPATE IN GROUP CARE, HAS NO SPECIAL HEALTH OR MEDICAL REQUIREMENTS.

MY CHILD IS ABLE TO PARTICIPATE IN GROUP CARE BUT HAS SPECIAL HEALTH OR MEDICAL REQUIREMENTS AS LISTED BELOW.

ANY ALLERGIES, SPECIAL MEDICAL CONDITIONS, INCLUDING CHRONIC HEALTH PROBLEMS

ANY SPECIAL MEDICATIONS AND/ OR RESTRICTIONS

PARENT/GUARDIAN SIGNATURE

DATE

FORM TO BE RETAINED FOR ONE YEAR AFTER DISCHARGE.

FILING: FILE FORM IN CHILD'S INDIVIDUAL RECORD.



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
 OFFICE OF CHILDHOOD - CHILD CARE COMPLIANCE
PERMISSION FOR CHILD TO LEAVE FACILITY

SAVE

PRINT

RESET

NAME OF CHILD	
ACTIVITY	
LOCATION	
METHOD OF TRANSPORTATION (WALK, BUS, CAR, ETC.)	
TRANSPORTED BY (PERSON RESPONSIBLE FOR SUPERVISION)	
TIME OF LEAVING	TIME OF EXPECTED RETURN
DATE OF ACTIVITY	PERMISSION GRANTED EFFECTIVE
	FROM: TO:
SIGNATURE (PARENT(S), GUARDIAN OR DESIGNEE)	DATE

MO500-3343 (8-21)



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