

2009-2010

Laugh, Learn, & Grow

YMCA OF
METROPOLITAN
MILWAUKEE

SCHOOL AGE PROGRAMS - WILLOW GLEN,
E.W. LUTHER, LAKEVIEW, RAWSON



The YMCA of Metropolitan Milwaukee's School Age Programs offer peace of mind to working parents by providing programs onsite at your child's school. Our caring staff provide homework assistance, lead sports, games, and arts & crafts, and organize special events, keeping your child(ren) safe and happy until they are taken to school or picked up.

Why Choose YMCA Before and After School Programs:

- ✓ New experiences –Flexible scheduling – you can choose 2 – 5 days of care per week!
- ✓ Great Staff! – Staff model YMCA's 4 Core Values of Caring, Honesty, Respect & Responsibility!
- ✓ It's affordable – tuition is paid monthly and based on your weekly schedule. Discounts and scholarships are available to those who qualify.
- ✓ It's fun – Children participate in arts & crafts, games, and physical activities. Homework time and help is provided so there is one less thing to worry about when you get home from work!
- ✓ It's safe – all of our School Age Programs are licensed by the State of Wisconsin, meeting and exceeding their guidelines. Our staff receives on-going training throughout the year, and are certified in CPR for the Professional Rescuer and First Aid.
- ✓ All participants in the YMCA School Age Program receive **50% off a Family Membership!**

Y SCHOOL AGETM
We build strong kids, strong families, strong communities.

Register NOW!

Laugh,
Learn &
Grow with New
Experiences
Everyday!

Fun Activities & Enriching Programming

The YMCA School Age program provides opportunities and experiences that stimulate a child's physical, social, intellectual and emotional development. The scheduling, pacing and rhythm of each activity is consistent with recognized principles of childhood development – each child develops at his or her own unique rate within general needs of his or her age group.

Literacy

Reading, writing, speaking and expressing oneself

Arts and Humanities

Drama, music, art, crafts, poetry, imagination and creativity

Learning Experiences

Activities that strengthen, expand, and provide real life context to classroom learning

Academic Support

Encouraging academic achievement by providing supplies and space for each child to complete homework

Physical Fitness

Building strong bodies and healthy lifestyle habits through physical activity, nutrition and safety

40 Developmental Assets®

We incorporate a framework of 40 developmental assets that are essential for young people to grow up as healthy, caring and responsible adults. These assets are critical elements of our School Age Program and are benchmarks for positive youth development.

The 5 Assets we can ensure are being developed in each of our participants:

1. **#14 Adult Role Models** – parents and other adults model positive and responsible behavior
2. **#17 Creative Activities** – children participate in music, art, drama, or other creative activities for at least 3 hours a week at home or elsewhere
3. **#26 Caring** – children are encouraged to help other people
4. **#32 Planning and Decision Making** – children learn how to plan ahead and make choices at appropriate developmental levels
5. **#33 Interpersonal Skills** – children interact with adults and children and can make friends



Healthy Choices

Our After School programs serve a nutritious snack with 100% fruit juice or fresh fruit daily. We ensure that all of our snacks contain 0 grams of trans fats.

We also encourage families to take steps to making healthy choices at home through monthly newsletters and various YMCA resources. Being a part of a YMCA program can get your whole family leading a healthier lifestyle!

All program participants in a YMCA School Age program are eligible to receive **50% off a Family Membership**. Member benefits include reduced fees for classes, free core fitness classes, free family events, and the ability to use any YMCA facility in the Milwaukee area. Upon confirmation of your registration, you will receive a coupon to take to your nearest YMCA to get your membership started – or to apply to your existing membership.



Visit us at
www.ymcamke.org

Program Rates & Payment Information

Thank you for the opportunity to serve your family this year. The YMCA School Age Program is the ideal place for your child(ren).

Financial Assistance is available. We do not turn anyone away due to the inability to pay.

Monthly Fees September through May			
Weekly Schedule	1-2 days/wk	3 days/wk	4-5 days/wk
AM Care Only	\$36/month	\$53/month	\$89/month
PM Care Only	\$53/month	\$79/month	\$132/month
AM & PM Care	\$79/month	\$111/month	\$198/month

- Rates are based on 180 days of school to calculate a flat monthly fee. Holidays and non-school days are taken into consideration. Out of this total, 9 equal payments – September thru May are created. There is no payment due in June.
- **Fees are based on schedule not attendance.**
- Fees must be paid monthly and in advance of the service. Payments are due by the first of every month- September through May. There will be a \$20 late fee for failure to pay by the first of the month.
- Payments will not be accepted on site.
- We strongly encourage parents to make their payment via Automatic Bank Draft or Credit Card Draft. Payments may also be mailed in.
- Registration fee will be waived with an automatic bank draft.
- \$25 per child registration fee is due with registration.
- There is a 10% discount for multiple children. The discount is applied to the oldest child's account.

Failure to pay monthly fees by the first of the month may result in the following:

- If your account becomes past due you will receive a \$20 late fee per month.
- If your account reaches 30 days past due you may receive a written or verbal warning stating that your account needs to be paid in full or you must set up a payment plan.
- If your account exceeds 60 days past due you will receive a written and verbal notice that if your account is not paid in full or you fail to set up a payment plan, you will be sent to collections and your child's enrollment in the YMCA School Age Program may be terminated. You will also not be able to use any YMCA of Metropolitan Milwaukee facility until your account is paid in full.

Two weeks prior notice to the **Shared Services – Child Care Billing Office at 414-357-1910** - is required for schedule changes which affect the number of days your child will attend. **Any changes given to your child's program teacher will not be valid.**

If a child will be out of the program for more than two weeks at one time (other than school holidays), the parent may pay 50% of the monthly fee to hold their space in the program. Credits will not be given for holidays or non-school days.

If you are having difficulty with payment, please contact the School Age Billing Office at 414-357-1910 and ask about our Strong Kids Scholarship Program. The YMCA will work with you on an individual basis to develop a plan that meets your needs. No family will be excluded from this program based solely on an inability to pay the fees.

The Parent Handbook which details further policies will be available on the first day of school.

FREQUENTLY ASKED QUESTIONS

Where is the program located?

-We are actually in your child's school. There is no extra traveling around for your child. When school starts your child just walks from our program to their classroom. At the end of the day your child will walk from their classroom to the YMCA School Age Program.

Is the \$25 registration fee per child or per family?

-The \$25 registration fee is per child. For example, if you are registering two children, it is \$50 total for your family. This fee is due with your registration form. The registration fee will be waived if you pay by monthly automatic bank draft.

What is the first and last day that the YMCA School Age Program runs?

-The YMCA School Age Program starts on the first full day of school and ends on the last full day of school. During the summer months the YMCA of Metropolitan Milwaukee does offer Day Camp Programs at various locations.

I have a YMCA Family Membership, how do I obtain the 50% discount off my membership each month?

-Once your child is enrolled in the program, you will receive a discount coupon mailed with your confirmation packet. It is your responsibility to activate your discount. Take your coupon to your membership location and a membership representative will assist you. Discounts will not be applied towards prior membership fees.

Do you accept Child Care (W-2) Benefits?

-Yes we do! You are responsible for contacting your case worker. Please call the Billing Office at 414-357-1910 to obtain our provider and location number.

Do you offer the YMCA Strong Kids Scholarship?

-Yes we do! At the YMCA of Metropolitan Milwaukee, no one is turned away due to an inability to pay. The scholarship is based on your household income and the number of people in your household. To apply for the scholarship please call the Billing Office at 414-357-1910.

I receive a YMCA Strong Kids Scholarship from another branch/center or from last year, will I still receive it for the YMCA School Age Child Care Program?

-Yes, but you will need to fill out the scholarship forms again and provide a proof of income. There is not a guarantee that you will receive the same scholarship amount.

Do you run a program on days off of school?

-Yes, we run a program called School's Out Day at various locations. These programs follow each school district's yearly calendar and are run on their school's days off. Any child from any school can attend these programs. There is an additional fee for half day care. Advance registration is required. Call 414-357-1910 for locations and/or to register. You may also call a YMCA Center location for more School's Out Day information.

What does my child do while in the YMCA School Age Child Care Program?

This is a typical daily schedule* for the YMCA School Age Child Care Program:

Morning Program:

7:00 – 7:30 a.m. Various activities
7:30 – 8:00 a.m. Planned Activity Period
8:00 – 8:30 a.m. Physical Fitness Activity

Afternoon Program:

3:30 p.m. Arrival/Attendance/Bathroom
3:30 – 4:00 p.m. Snack and Social Time
4:00 – 4:40 p.m. Homework Help (40 minutes)
4:40 – 5:00 p.m. Physical Fitness Activity (20 minutes)
5:00 – 5:40 p.m. Planned Activity Period (40 minutes)
5:40 – 6:00 p.m. Clean Up and Social Time



**The times designated may vary from school to school.*

YMCA SCHOOL AGE REGISTRATION

Please complete entire form along with **the Health History and Emergency Care Plan (CFH-2345)** and return it to YMCA School Age Department, 9050 N. Swan Road, Milwaukee, WI 53224; Fax 414-586-0943. For questions, please call 414-274-0738.

Registrations are taken on a first-come, first-served basis. One child per registration form please. Form may be photocopied.

CHILD INFORMATION PLEASE PRINT CLEARLY

School Age Program Location: _____ Name of School (if different): _____

Child's Name _____ Start Date (First day in YMCA program): _____

Gender M F Date of Birth ____/____/____ Age at the start of school ____ Grade _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian 1 _____ Birth Date of Parent: _____

Home Phone _____ Work Phone _____ Cell Phone _____

Work /Other Address where reachable when child is at facility _____

Parent/Guardian 2 _____ Birth Date of Parent: _____

Home Phone _____ Work Phone _____ Cell Phone _____

Work /Other Address where reachable when child is at facility _____

Email Address 1. _____ 2. _____

EMERGENCY CONTACT INFORMATION (*OTHER THAN PARENTS*):

Name: _____ Relationship to child _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Is this person authorized to pick up the child? Yes__ No__

Additional person(s) other than parents/emergency contact authorized to pick up your child. Complete the following:

1. Name: _____ Relationship to child _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Work /Other Address where reachable when child is at facility _____

2. Name: _____ Relationship to child _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Work /Other Address where reachable when child is at facility _____

CHILD'S SCHEDULE (please indicate your child's schedule below)

	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
<u>AM</u>	_____	_____	_____	_____	_____
<u>PM</u>	_____	_____	_____	_____	_____

Child's Name _____ Date of Birth _____/_____/_____

IMMUNIZATION HISTORY

List the MONTH, DAY AND YEAR the child received each of the following immunizations. DO NOT USE A CHECK MARK OR AN "X" except to indicate whether the child has had chickenpox. ONLY DATES IN EACH BOX IS ACCEPTABLE, DO NOT ATTACH A SEPARTE FORM AND RECORDS FROM PREVIOUS YEARS ARE NOT KEPT BY THE YMCA. If you do not have an immunization for this child, contact your doctor or local public health department to obtain the records.					
TYPE OF VACCINE	First Dose Month/Day/Year	Second Dose Month/Day/Year	Third Dose Month/Day/Year	Fourth Dose Month/Day/Year	Fifth Dose Month/Day/Year
Diphtheria-Tetanus-Pertussis (Specify DTP, DtaP, or DT)					
Polio					
Hib (Haemophilus <i>Influenzae</i> Type B)					
Pneumococcal Conjugate Vaccine (PCV)					
Hepatitis B					
Measles-Mumps-Rubella (MMR)					
Varicella (chickenpox) Vaccine Note: Vaccine is needed only if the child Has not had chickenpox disease.					

If child has had Varicella (chickenpox) disease please provide the year if known _____

PARENT/GUARDIAN AUTHORIZATION

Yes ___ **No** ___ I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately. I authorize the YMCA staff/volunteers to administer first-aid. Prudent attempts will be made to contact the parent/guardian immediately. I understand that in signing this form, I agree to release the YMCA of Metropolitan Milwaukee from any liability for the risk of illness, accidents or injury.

Yes ___ **No** ___ I have had an opportunity to review the policies of this School Age program and a summary of the Wisconsin Rules for Licensing Child Care Centers. A Parent Handbook will be given out during the first week of attendance. *Licensing rules are available at your request.*

Yes ___ **No** ___ I give permission for my child to participate in field trips and other activities during operating hours. ___ **Transported** ___ **Walking**

If pets are added to the program, parents will be notified prior to the pet's addition to the program.

The YMCA of Metropolitan Milwaukee is not responsible for lost, stolen or damaged personal articles. Permission is also given to use any video or photographs that my child may be in for future promotions. I agree to waive any claims against the YMCA and its members and volunteers to injuries or damages that may result from the conduct of other persons, including participants in the YMCA programs.

I understand the YMCA of Metropolitan Milwaukee reserves the right to withdraw a child from the program if, at the YMCA's discretion, the enrollment of the child negatively affects the integrity of the program and/or the YMCA's legal obligations through and under the Division of Children and Family Services (HFS-46).

Parent/Guardian Signature _____ **Date** _____

PAYMENT OPTIONS

Please choose from the following methods of payment:

I receive Child Care Benefits (W2). I understand that I am responsible for payments that are not covered (Co-pays). Please check method of payment for Co-pays.
Please call our Billing Office (414-274-0738) for Provider & Location Number.

I will send a check for \$_____per month in advance. Due on the 1st of each month.

I would like a monthly bank draft from my checking/savings account in the amount of \$_____ to be taken out September through May on the 1st of each month.

*** If you sign up for automatic bank draft from your checking account, we will waive the \$25.00 registration fee.**

Bank Draft Authorization Agreement

I hereby authorize the YMCA of Metropolitan Milwaukee to initiate automatic drafts from my account at the financial institution named below.

Further, I understand that the draft to my account will take place on the 1st of each month and if this falls on a weekend or holiday the draft will take place on the next business day. It is my responsibility to check my bank statement and report any discrepancies to the Program Director within 10 days of the draft in question. I understand that I am financially responsible for all payments. Should my monthly amount not be honored by my financial institution for any reason, I agree to be responsible for that payment plus a \$30 service charge assessed to the YMCA. If full payment is not made, I agree to pay for all fees associated with the collection of funds.

I understand that it is my responsibility to notify the YMCA of Metropolitan Milwaukee of any change in my bank account and those changes must be submitted in writing at least 10 days in advance of the draft date.

This agreement will remain in effect until the program has ended, the YMCA of Metropolitan Milwaukee receives a written notice of cancellation from me, or until I submit a new bank draft permission form to the YMCA of Metropolitan Milwaukee.

Account Information

Name of Financial Institution _____

Routing Number _____ Account Number _____ Checking Savings

*Please attach a voided check for verification and processing.**

I would like the YMCA to charge my credit card \$_____ on the 1st of each month.

Credit Card Authorization Agreement

I hereby authorize the YMCA of Metropolitan Milwaukee to charge the credit card referenced below.

Further, I understand that the charge to my account will take place on a monthly basis and if this falls on a weekend or holiday the charge will take place on the next business day. It is my responsibility to check my credit card statement and report any discrepancies to the Program Director within 10 days of the charge in question. I understand that I am financially responsible for all payments. Should any charge be rejected by my financial institution for any reason, I agree to be responsible for that payment. If full payment is not made, I agree to pay for all fees associated with the collection of funds. I understand that it is my responsibility to notify the YMCA of Metropolitan Milwaukee of any change in my credit card information, including the expiration date, and that changes must be submitted in writing at least 10 days in advance of the charge date.

This agreement will remain in effect until the program ends, the YMCA of Metropolitan Milwaukee receives a written notice of cancellation from me, or until I submit a new credit card authorization form to the YMCA of Metropolitan Milwaukee.

Account Information

Print your name as it appears on card _____

Credit Card Number _____ Expiration Date _____ Zip Code _____

I approve this application, authorize payment by above specified means, and certify that the applicant is capable of participation in this program. I understand that by signing this form, I am responsible for all fees for the YMCA School Age Program. I understand that the \$25.00 registration fee is non-transferable and non-refundable. I understand School Age fees must be paid monthly and in advance of the service. I understand that failure to pay fees may result in a late fee of \$20.00 per month. I understand fees are established based on **schedule, not attendance**. This is a flat monthly fee with no credit for time off, holidays or vacations. **I am required to give a two-week notice for a schedule change and/or withdrawal which affects the number of days my child will attend the YMCA School Age Program.** Adjustments to the monthly rate will be made two-weeks after initial date of notice to the YMCA Office. I understand that any schedule change must be made by phone or in writing to the phone/address listed on the front page of this registration form.

Parent/Guardian Signature _____ **Date** _____

HEALTH HISTORY AND EMERGENCY CARE PLAN

Use of form: This form is required for family and group child care centers to comply with DCF 250.04(6)(a)1., and 250.07(6)(L)5., DCF 251.04(6)(a)6. and 251.07(6)(k)5., and DCF 252.44(6)(g) of the Wisconsin Administrative Codes. Failure to comply may result in issuance of a noncompliance statement. Personal identifiable information gathered on this form will be used only to verify compliance with licensing rules.

Instructions: The parent/guardian should complete this form for placement in the child's file prior to the child's first day of attendance. Information contained on the form shall be shared with any person caring for the child. The department recommends that parents/guardians and center staff periodically review and update the information provided on this form.

CHILD INFORMATION

Name (Last, First, MI)	Address - Home (Street, City, State, Zip Code)	
Telephone Number	Birthdate (mm/dd/yyyy)	Date-First Date of Attendance (mm/dd/yyyy)

PARENT / GUARDIAN INFORMATION Provide information where the parent(s) / guardian(s) may be reached while the child is in care.

Name	Telephone Number - Home	Telephone Number - Work	Telephone Number - Cellular
Name	Telephone Number - Home	Telephone Number - Work	Telephone Number - Cellular

PHYSICIAN / MEDICAL FACILITY INFORMATION

Name - Physician	Address - Medical Facility	Telephone Number
------------------	----------------------------	------------------

SUNSCREEN/INSECT REPELLENT AUTHORIZATION If provided by the parent, the sunscreen or insect repellent shall be labeled with the child's name. Per DCF 251.07(6)(f)2., authorizations shall be reviewed every 6 months and updated as necessary. Per DCF 250.07(6)(f)2.a., Authorizations shall be reviewed periodically and updated as necessary.

Yes <input type="checkbox"/>	No <input type="checkbox"/>	I authorize the center to apply sunscreen to my child	Brand Name	Ingredient Strength
Yes <input type="checkbox"/>	No <input type="checkbox"/>	I authorize the center to allow my child to self-apply sunscreen		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	I authorize the center to apply repellent to my child	Brand Name	Ingredient Strength
Yes <input type="checkbox"/>	No <input type="checkbox"/>	I authorize the center to allow my child to self-apply repellent		

HEALTH HISTORY AND EMERGENCY CARE PLAN If available, attach any health care plan information from the child's physician, therapist, etc.

1. Check any specific medical condition that your child may have
 - No specific medical condition
 - Asthma Diabetes Epilepsy / seizure disorder Gastrointestinal or feeding concerns including special die
 - Cerebral palsy / motor disorder Emotional / behavior disorder including ADD or ADHC
 - Other condition(s) requiring special care - Specify _____
 - Milk allergy. If a child is allergic to milk, attach a statement from the medical professional indicating the acceptable alternative
 - Food allergies - Specify food(s) _____
 - Non-food allergies - Specify _____
2. Triggers that may cause problems - Specify. _____
3. Signs or symptoms to watch for - Specify. _____
4. Steps the child care provider should follow. If prescription or non-prescription medications are necessary, a copy of the form *Authorization to Administer Medication*, should be attached to this form. (Note: Group Child Care Centers and Day Camps may use their own form.) Indicate any child care staff who have received specialized training / instructions to help treat symptoms.
 - a. _____
 - b. _____
 - c. _____
5. When to call parents regarding symptoms or failure to respond to treatment _____
6. When to consider that the condition requires emergency medical care or reassessment _____
7. Additional information that may be helpful to the child care provider _____

SIGNATURE - Parent or Guardian	Date Signed
--------------------------------	-------------

Review Dates
