FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

School Age Child Care

Maple and Marcy Early Release

Early Release

This half day program is offered when your child's school has an early release.

-Bring a bag lunch and dress to be active; please send attire appropriate for the weather.
-Prior registration required.
**** A minimum number of participants is required in order for this program to run. ****

Payment and Fees:

*Payment is due at the time of registration
*Registrations MUST be received NO LATER than 7 days prior to date enrolled.
*Program time—Full Day 7:00am-6:00pm;

Maple and Marcy Early Release
Fee: $32/day full day
$18/half day
10% add'l child discount

Questions?
Email: schoolage@ymcamke.org
Phone: 414-274-0759
How to Register or Change Registration:
Drop off at your local YMCA with full payment
Email: schoolage@ymcamke.org
Mail: Attn: School Age, 161 W. Wisconsin

Sample Schedule **subject to change**

7:00-9:00 Arrival & Choice Activities
9:00-9:30 Bathrooms & Snack
9:30-11:15 Large Group Activity
11:15-12:00 Lunch
12:00-1:00 Arts & Crafts
1:00-2:30 Swimming
2:30-3:30 Bathrooms & Snack
3:30-4:30 Group Activity
4:30-6:00 Choice Activities & Depart

Early Release Selections

Check all dates desired. You will be charged for all dates checked unless you cancel a minimum of one full week in advance by contacting 414-274-0759.

☐ My child is in the School Age Program for the 2013-2014 school year. (No Health History or Emergency Care Plan needed)

Site Enrolled:_____

☐ My child has attended a School's Out Day during this academic school year and I already have completed the Health History form.

☐ My child is new this academic school year (Sept 2013-June 2014). **Must complete Health History and Emergency Care Plan form—on back.**

Child's Name:_____

Date	Date	Date
☐ Oct. 4 ER	☐	☐
☐ Nov. 8 ER	☐	☐
☐ March 28 ER	☐	☐
☐ May 2 ER	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐

SA Staff Use Only: ☐ **Registered in Y Metro** ☐ **Payment Received** ☐ **Completed Forms**

2013-14 Registration, Health History and Emergency Care Plan

YMCA of Metropolitan Milwaukee School Age Programs One form per child. A new form must be filled out each school year.

Child Information

Child's First Name _____ Middle Initial _____ Last Name_____ Gender [ ]M [ ] F Birth date ____ /____ /____

This will be my child's _____ year at YMCA School Age Age (at start of program)_____ Child resides with [ ] Mother [ ] Father [ ] Both Other_____

Parent/ Guardian Information – Both parents must be listed or use N/A if not applicable.

#1 Parent/Guardian First Name _____ Middle Initial _____ Last Name_____ Gender [ ] M [ ] F Birth date ___ /___ /___

Address - Home (Street ,City, State, Zip)_____

_____

[ ] My address changed since last school year. Home Phone Number: _____ E-Mail_____

Where can we reach you while your child is at YMCA School Age programs?

Work Phone Number: _____ Cell Phone Number:_____

Daytime Address _____

#2 Parent/Guardian First Name _____ Middle Initial _____ Last Name_____ Gender [ ] M [ ] F Birth date ___ /___ /___

Address - Home (Street ,City, State, Zip)_____

_____

[ ] My address changed since last school year. Home Phone Number: _____ E-Mail_____

Where can we reach you while your child is at YMCA School Age programs?

Work Phone Number: _____ Cell Phone Number:_____

Daytime Address _____

Emergency Contacts/ Others Authorized to Pick Child Up: Must put one other person other than parent or guardian. *Can add more on a separate sheet of paper.

#1 First Name _____ Last Name_____ Relationship to child_____

Address - Home (Street ,City, State, Zip) _____

_____

Phone Numbers: Home _____ Work_____ Cell_____

#2 First Name _____ Last Name_____ Relationship to child_____

Address - Home (Street ,City, State, Zip) _____

_____

Phone Numbers: Home _____ Work_____ Cell_____

12 Medical & Behavior Questions to help us provide the best care possible (ALL lines MUST be filled out. If something does not apply, please use N/A)

1. Has Your Child Had Any of the Following, if so, please explain

[ ] Asthma [ ] Autism [ ] Diabetes [ ] ADD/ADHD

[ ] Epilepsy/Seizures [ ] Cerebral Palsy/Motor Disorder

[ ] Cognitively or Learning Disabled [ ] None

[ ] Dietary Restrictions_____

[ ] Food/Milk Allergies_____

If child is allergic to milk, attach a statement from a medical professional indicating an acceptable alternative.

[ ] Gastrointestinal or feeding concerns, including special diet and supplement

_____

[ ] Non-Food Allergies_____

[ ] Status of Vision, Hearing & Speech_____

[ ] Other Conditions requiring Special Care_____

2. Triggers that may cause any of the above problems (specify) _____

_____

_____

3. Signs or symptoms to watch for _____

_____

_____

4. Steps the childcare provider should follow _____

_____

5. Identify any staff to whom you gave specialized training/ instructions

_____

_____

6. When to call parents regarding symptoms or failure to respond to treatment

_____

_____

7. When to consider that the condition requires emergency medical care or reassessment _____

_____

8. Additional Information that may be helpful to us _____

_____

9. Emergency Numbers Physician Name _____

Location_____Phone _____

10. List the MONTH, DAY AND YEAR the child received each of the following immunizations. DO NOT USE a (4) **or** (x). **If you do not have an immunization record for this child, contact your doctor or local health department to obtain the records.**

10. Month, Date and Year of Most Recent Immunizations: A copy from doctors office is sufficient

DPT ___ /___ /___ Polio ___ /___ /___ Varicella ___ /___ /___

HIB ___ /___ /___ Hepatitis B ___ /___ /___

Measles, Mumps, Rubella (MMR) ___ /___ /___

Has child had chickenpox? [_] Yes [_] No (Varicella required)

[ ] My child does not meet all immunization requirements. These Requirements can only be waived if a properly signed health, religious or personal conviction waiver is filed with the day camp. Visit ymcamke.org/schoolage for forms.

11. Is the child currently taking any medications? [ ] Yes [ ] No

If yes, what kind and why

_____

_____

If medication needs to be administered during YMCA School Age programming, a Medication Permission Form MUST be completed. Visit ymcamke.org/schoolage for forms.

12. Sunscreen/Insect Repellent if provided by a parent, each bottle must be labeled

[ ] I authorize the center to apply sunscreen to my child

[ ] I authorize the center to allow my child to self-apply sunscreen

[ ] My child may use any sunscreen provided by YMCA School Age programs (NO-AD Brand SPF 30) if theirs runs out or is missing.

If no, will only allow my child to use the sunscreen provided by parent:

Brand Name_____Strength_____

[ ] I authorize the center to apply repellent to my child

[ ] I authorize the center to allow my child to self-apply repellent

[ ] My child may use any repellent provided by YMCA School Age programs (Off Brand 25% DEET) if theirs runs out or is missing.

If no, I will only allow my child to use the repellent provided by parent:

Brand Name_____Strength_____