



**Donges Bay, Oriole Lane,  
Wilson (Mequon-Thiensville)**

# KIDS ARE OUR FAVORITE SUBJECT

## **BEFORE AND AFTER SCHOOL PROGRAMMING**

provided by the Milwaukee Y in Mequon-Thiensville  
School District

Serving school-aged children, ages 4-13, and led by qualified, caring staff, the Milwaukee Y's licensed Before and After School Program is designed to complement the school day with fun activities that also support character development, healthy lifestyle choices, and academics.

### **WHY THE Y?**

- Safe
- Fun
- Affordable
- Convenient
- Caring staff
- Tax deductible
- State licensed



**LIMITED SEATS AVAILABLE!  
REGISTER TODAY  
FOR 2016-17 SCHOOL YEAR**

### **FOR PROGRAM INFORMATION:**

414-357-1915  
cmt@ymcamke.org

### **FOR BILLING AND REGISTRATION:**

414-274-0756  
schoolage@ymcamke.org

## » VALUE-BASED PROGRAMMING

All YMCA School Age staff strive to instill the Y's four core values of honesty, caring, respect and responsibility through activities, conversations and special recognition:

- **Caring:**  
Considerate to the needs and feelings of others
- **Honesty:**  
Being trustworthy and truthful
- **Respect:**  
Treating others, the environment and yourself with dignity
- **Responsibility:**  
Accepting accountability for your actions and role in the community

## » SAMPLE PROGRAM SCHEDULE

This is an example of a typical daily schedule:

### Morning Program:

|                        |                          |
|------------------------|--------------------------|
| 6:30 – 7:30 a.m.       | Choice Activities        |
| 7:30 – 8:00 a.m.       | Planned Activity Period  |
| 8:00 – start of school | Clean up and Social Time |

### Afternoon Program:

|                  |                                     |
|------------------|-------------------------------------|
| End Bell         | Arrival/Attendance/Bathroom         |
| 3:30 – 4:00 p.m. | Snack and Social Time               |
| 4:00 – 4:40 p.m. | Homework Help                       |
| 4:40 – 5:30 p.m. | Physical Fitness Activity           |
| 5:30 – 6:00 p.m. | Clean up and Free Choice Activities |

Schedule may vary by location.

## » MONTHLY PROGRAM RATES

Rates are based on 180 days of school to calculate a **FLAT MONTHLY FEE** equating to nine equal payments from September to May. A prorated fee will be applied if school is in session more than 180 days. Credits will not be given for non-attendance or for days when the school district chooses to close, such as inclement weather.

| MONTHLY        | 1-2 days/wk | 3 days/wk | 4-5 days/wk |
|----------------|-------------|-----------|-------------|
| AM Care Only   | \$94        | \$139     | \$179       |
| PM Care Only   | \$83        | \$112     | \$149       |
| AM and PM Care | \$168.15    | \$238.45  | \$311.60    |

\* A \$25 Registration Fee will be applied to your account at time of registration. All fees must be paid monthly. Families will receive a 10 percent discount for each additional child registered.

**Confirmation: A confirmation email will be sent to you once the registration has been completed.**

## » FINANCIAL ASSISTANCE

YMCA scholarships may be available upon request for families facing financial hardship. Wisconsin Shares and other third party payments are also accepted. For location and provider number, please call 414-274-0756.

## » SCHOOL'S OUT, CAMP IS IN DAY

This full-day program is offered at the Rite-Hite Family YMCA (swimsuit and towel needed), Parklawn YMCA, Northside YMCA, or Maple Elementary. Enroll your child for a fun-filled day of games, crafts, activities and more! Dress to be active (tennis shoes) and bring a bag lunch. Remember, when SCHOOL'S OUT, CAMP IS IN!

For a list of locations and dates please go to [ymcamke.org](http://ymcamke.org) or call 414-357-1915. Dates may vary by location.

## » HOW TO REGISTER

Please complete the two-page registration form by clearly printing the requested information on EVERY line of the form including method of payment. Immunization information is required. Incomplete registration forms will not be processed. **A confirmation email will be sent to you once the registration has been completed.**

### THERE ARE THREE WAYS TO REGISTER:

#### E-MAIL

Please scan and email all completed forms and payment information to [schoolage@ymcamke.org](mailto:schoolage@ymcamke.org)

#### MAIL

Mail your completed registration form and payment to:  
**YMCA School Age Registration**  
9250 N. Swan Road  
Milwaukee, WI 53224

#### DROP OFF

You can drop off the completed form with payment information at any Milwaukee Y location: Rite-Hite Family, Northside, Parklawn or Downtown YMCAs.

### YMCA Provider Number: 1000558721

#### A Donges Bay (location #162)

Drop off and pick up location: Student pick up door.

#### B Oriole Lane (location #160)

Drop off and pick up location: Gym main entrance.

#### C Wilson (location #161)

Drop off and pick up location: Back north door.

**2016-17 Registration, Health History and Emergency Care Plan**

REGISTRATION PAGE 1 OF 2

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

MEMBER # \_\_\_\_\_

**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 person other than parent or guardian. \*Can add more on a separate sheet of paper.**

#1 Contact First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address-Home (Street, City, State, Zip) \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

#2 Contact First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address-Home (Street, City, State, Zip) \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**12 Medical and 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 (QUESTIONS 1-8)**

☐ 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 and 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 \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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

| TYPE OF VACCINE   | 1st Dose<br>M/D/Y | 2nd Dose<br>M/D/Y | 3rd Dose<br>M/D/Y | 4th Dose<br>M/D/Y | 5th Dose<br>M/D/Y   |
|---|-------------------|-------------------|-------------------|-------------------|---|
| Diphtheria-Tetanus-Pertussis<br>Specify DTP, DTaP, or DT  |                   |                   |                   |                   |   |
| Polio   |                   |                   |                   |                   |   |
| Hib (Haemophilus Influenzae Type B)   |                   |                   |                   |                   |   |
| Pneumococcal Conjugate Vaccine (PCV)  |                   |                   |                   |                   |   |
| Hepatitis B   |                   |                   |                   |                   |   |
| Measles-Mumps-Rubella (MMR)   |                   |                   |                   |                   |   |
| Varicella (chickenpox) vaccine<br>Vaccine is required only if the child<br>has not had chickenpox |                   |                   |                   |                   | Has child had Varicella (chickenpox)<br>disease? Check the appropriate box<br>and provide the year if known.<br><input type="checkbox"/> Yes; year _____<br><input type="checkbox"/> No or Unsure (Vaccine is 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](http://ymcamke.org) 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](http://ymcamke.org) for forms.**12. Sunscreen/Insect repellent (if provided by a parent), and each bottle must be labeled.**

- ☐ I authorize staff to apply sunscreen to my child  
☐ I authorize staff 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 staff to apply repellent to my child  
☐ I authorize the staff 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 \_\_\_\_\_

**Child's Name** \_\_\_\_\_ **School Location** \_\_\_\_\_

**Child Start Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Child's Schedule**

(Please indicate your child's schedule below)

|    |                          |                          |                          |                          |                          |
|----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|    | M                        | T                        | W                        | Th                       | F                        |
| AM | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PM | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ I hereby authorize the YMCA of Metropolitan Milwaukee to add fees for additional time added to my child's schedule including School's Out Days, early releases and late starts to my regular payment.

**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 and Licensing Rules are available on site at your request and at [www.ymcamke.org](http://www.ymcamke.org).

☐ **Yes** ☐ **No** I give permission for my child to participate in field trips and other activities during program hours.

☐ **Transported** ☐ **Walking**

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

For my child's participation in activities sponsored by or any matters related to the YMCA of Metropolitan Milwaukee, I hereby give my permission and consent, now and for all time (without any further compensation, claim or demand by me) to the YMCA of Metropolitan Milwaukee, and to any advertising agency, entities and third parties collaborating with YMCA of Metropolitan Milwaukee and their representative, if any (the "Organizations") to make, reproduce, edit, broadcast or rebroadcast any video film, footage and other sound track recordings, or photo reproductions of me, and my narrative account of my experience with YMCA activities ("Materials") for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any further compensation to me.

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 (DCF-251).

**Parent/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Payment Options**

Please choose **ONE** of the following methods of payment:

☐ I receive Child Care Benefits (Wisconsin Shares). I understand that I am responsible for payments that are not covered (Co-pays) and must set up an Auto Payment for any Co-pays required of me. Please check method of payment for Co-pays. Please call our School Age Office (414-274-0756) for Provider & Location Number, or see page 2.

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

**Bank Draft Account Information** (Please attach a voided check for verification and processing.)

Name of Financial Institution \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

☐ Checking ☐ Savings

☐ I would like the YMCA to charge my credit card \$\_\_\_\_\_ on the first of each month.

**Credit/Debit Card Account Information**

Print your name as it appears on card \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Zip Code \_\_\_\_\_

☐ I would like to support the Y's Annual Giving Campaign (scholarship fund) in the amount of \$\_\_\_\_\_. ☐ Bill me on \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Credit/Debit Card Authorization Agreement**

I hereby authorize the YMCA of Metropolitan Milwaukee to initiate automatic drafts from my account at the financial institution named above or charge the credit card named above. Further, I understand that the draft to my account/charge to my credit card will take place on or about the first 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/credit card statement and report any discrepancies to the School Age Office 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 by the YMCA. If full payment is not made, I agree to pay for all extra fees incurred for 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 or credit card information, including the expiration date, and those changes must be submitted in writing at least 10 days in advance of the billing date.

\_\_\_\_\_ **initial**

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.

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 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 \$10 per week. 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 permanent 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 customer service. I understand that any schedule change must be made in writing to the email or mailing address listed in this brochure.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_