South Milwaukee School’s Out Days and Half Days

Accepting Registrations for Second Semester CAMP-IS-IN DAYS (January–June)

The YMCA’s Camp-Is-In days offers supervised care for campers 4-12 years old and is offered on days when many local schools are not in session. Enroll your camper for a fun-filled day of activities including games, sports and crafts. Snacks are provided.

Campers must bring a bag lunch daily.

PROVIDER NUMBER: 1000558721
LOCATION NUMBER: 136

School’s Out Days Sample Schedule:

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00 - 9:00am</td>
<td>Arrival, Am Snack, Choice Activity</td>
</tr>
<tr>
<td>9:00 - 9:30am</td>
<td>Small Group Activity</td>
</tr>
<tr>
<td>9:30 - 10:30pm</td>
<td>Enrichment Activity</td>
</tr>
<tr>
<td>10:30 - 12:00pm</td>
<td>Large Group games/Outdoor play</td>
</tr>
<tr>
<td>12:00 - 12:30pm</td>
<td>Lunch</td>
</tr>
<tr>
<td>12:30 - 1:30pm</td>
<td>Rest, Reading and Relaxation</td>
</tr>
<tr>
<td>1:30 - 3:00pm</td>
<td>Enrichment Activity</td>
</tr>
<tr>
<td>3:00 - 5:00pm</td>
<td>Afternoon Snack, Crafts</td>
</tr>
<tr>
<td>5:00 - 6:00pm</td>
<td>Choice Activity and Pick Up</td>
</tr>
</tbody>
</table>

Payment, Fees, and Other Information:

$28/Full Day
$16/Early Release

Return this completed form at any Y Front Desk no later than seven days prior to date enrolled.

Payment is due at the time of registration.

Program runs 7:00am - 6:00pm.

We need to have at least eight children enrolled by the deadline to run the program.

Photo ID is required in order to pick up your child from School’s Day Out.
2016-17 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 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. 

<table>
<thead>
<tr>
<th>TYPE OF VACCINE</th>
<th>1st Dose</th>
<th>2nd Dose</th>
<th>3rd Dose</th>
<th>4th Dose</th>
<th>5th Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria-Tetanus-Pertussis Specify DT, DTaP, or DT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles-Mumps-Rubella (MMR)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
| Varicella (chickenpox) vaccine | Has child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known.
Are you sure? | Yes | No or Unable (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/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, will only allow my child to use the repellent provided by parent: Brand Name ____________________ Strength ____________________
School’s Out Camp Is In Days
Available at Rawson Elementary School

School’s Out Days
Please check desired dates:
[ ] January 23
[ ] February 20
[ ] March 27
[ ] May 8

Half days available at Lakeview, Blakewood, E.W. Luther and Rawson Elementary School

Half Days
Please check desired dates:
[ ] January 20
[ ] March 24

We need to have at least 

Theform and send it, along with payment by one
of the following methods:

MAIL:
9050 N. Swan Rd
Milwaukee WI 53224

SCAN AND EMAIL:
to schoolage@ymcamke.org.

DROP OFF your completed registration forms with payment in an envelope at the front desk of any YMCA of Metropolitan Milwaukee location. Label the envelope “School Age Registration.” Your registration will not be entered at the YMCA, but will be sent out to our camp registrar.

Please check desired dates:
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