



# SCHOOL'S OUT DAYS

## WHEN SCHOOL'S OUT, CAMP IS IN



### CHILD CARE

The Milwaukee YMCA is now accepting registrations for 2017-18 School's Out Days at the Rite-Hite Family YMCA

The Y offers supervised care for children ages 4-12, on days when many local schools are not in session. Enroll your child for a fun-filled day of activities including games, sports and crafts. Snacks are provided.

Children must bring a bag lunch daily. A swimsuit and towel may be required.

**Provider #1000558721**  
**Location #080**

*\*Additional child discount is not applicable.*

### School's Out Days Sample Schedule:

|                   |                                    |
|-------------------|------------------------------------|
| 6:30 - 9:00am     | Arrival, Morning Snack & Free Play |
| 9:00 - 10:30am    | Large Group Activity               |
| 10:30am - 12:00pm | Open Gym Time                      |
| 12:00 - 12:30pm   | Lunch                              |
| 12:30 - 1:30pm    | Rest, Reading and Relaxation       |
| 1:30 - 3:30pm     | Open Swim/Enrichment Activity      |
| 3:30 - 5:00pm     | Crafts                             |
| 5:00 - 6:00pm     | Free Time and Pick Up              |

### Payment, Fees, and Other Information:

#### \$32/Full Day

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 6:30am - 6:00pm.

We need to have at least seven 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.

# 2017-18 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 (v) 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 of the child<br>has not had chickenpox disease. |                   |                   |                   |                   | Has child had Varicella (chickenpox) disease? Check the appropriate box 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/schoolage](http://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](http://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 \_\_\_\_\_

Student Name \_\_\_\_\_ Student Age \_\_\_\_\_ Student Grade \_\_\_\_\_

Student School \_\_\_\_\_

Please complete the attached registration form and send it, along with payment by one of the following methods:

**MAIL:**

YMCA School Age Registration  
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.

**School's Out Days available at Rite-Hite Family YMCA**

Please check desired dates:

- September 21     February 16
- September 28     February 19
- October 6         February 23
- October 13        March 8
- October 19        March 9
- October 27        March 23
- November 10      March 26
- November 22      March 27
- December 1       March 28
- December 8       March 29
- December 22      April 2
- December 26      April 3
- December 27      April 4
- December 28      April 5
- December 29      April 6
- January 15        April 27
- January 22
- January 25
- January 26

We need to have at least **eight (8)** children enrolled by the deadline to run the program.

Families will be charged for all days checked unless schedule change is given to a Y staff member **seven (7)** days prior to schedule change.

- My child is in the School Age Program for the 2017-2018 school year. (No Health History or Emergency Care Plan needed)
- 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 (September 2017-June 2018). Must complete Health History and Emergency Care Plan form—attached.

**Payment Information**

Please note, registrations will not be processed without a method of payment indicated.

I am paying:

- I receive Child Care Benefits (Wisconsin Shares). I understand that I am responsible for payments that are not covered and must set up an Auto Payment for any Parent Share I may have. Please select one option below for auto-payment.

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

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

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

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

**Credit/Debit Card Account Information**

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

Credit Card # \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_

If cancellations of registered days are not received within seven (7) business days, you will be charged the entire amount to the account on file. This policy includes all families who receive third party (Wisconsin Share) for payment.

**Parent/Guardian Authorization**

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's Out Day Program. I understand Schools Out Day fees must be paid at time of registration or set up on monthly auto pay. I understand fees are established based on schedule, not attendance. **Any schedule change must be within seven (7) business days of scheduled date in writing through email or mailing address listed in the brochure. Failure to notify any schedule change will result in your account being charged.** I understand that no refunds will be given if the child leaves early because of homesickness or disruptive behavior as determined by the School's Out Day staff. By signing this form, I certify approval of good health of my child, and, in the event that I cannot be reached in an emergency, authorize the YMCA staff/volunteers to render first aid; give permission to the physician selected by the YMCA of Metropolitan Milwaukee to hospitalize, secure proper treatment for and to order injections, anesthesia, or surgery for my child as named above. Prudent attempts will be made to contact the parent/guardian immediately. I understand in signing this form, I agree to release the YMCA of Metropolitan Milwaukee from any liability for the risks of illness, accidents or injury. I grant permission for the applicant to participate in all planned School's out Day activities, including off-site trips by walking or bus. 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 YMCA 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 also understand that the YMCA of Metropolitan Milwaukee reserves the right to withdraw a child from the program, at the YMCA's discretion, if 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 \_\_\_\_\_