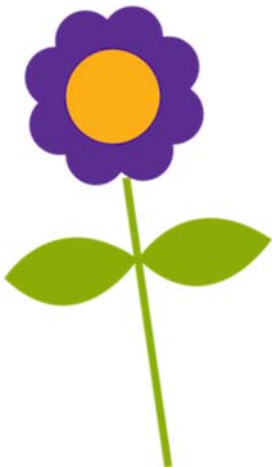




LEARN, GROW & THRIVE

Nature Preschool
at YMCA Camp Minikani

Parent Handbook & Registration Materials



For More Information or to Register

For more information or to register, please contact
Christine Larson Salerno at (414) 357-1901 or via
email at clarson@ymcamke.org.

Registration Materials

Child's Name: _____ DOB: _____

Parent/Guardian 1 Name: _____ DOB: _____

Parent/Guardian 2 Name: _____ DOB: _____

This information is utilized to establish or verify account set up information.

Enrollment Selection (circle one):

5 days (\$175/week)

3 days (\$110/week) Select the 3 days of weekly attendance:

M T W Th F

2 days (\$75/week) Select the 2 days of weekly attendance:

M T W Th F

Please complete each of the following registration documents in full and return to the address listed below.

Registration Form Checklist:

Demographics

Child Care Enrollment

Health History and Emergency Care Plan

Day Care Immunization Record (you can attach printed immunization records as well)

Child Health Report (signed by physician)

YMCA Media/Photo/Video/Website Usage Release

Credit Card Authorization Form (for \$50 Registration Deposit and Weekly Fees)

Mail completed materials to:

Attn: Christine Salerno, Nature Preschool

875 Amy Belle Road

Hubertus, WI 53033

For questions, please contact Christine Salerno at 414-357-1901 or clarson@ymcamke.org.

DEMOGRAPHICS

The following information will be used for demographic reporting purposes only and helps to support financial assistance and grant reporting.

Gender: Female Male Transgender Other Undisclosed

Race/Ethnicity: African American/Black Asian Caucasian/White
 Hispanic/Latino Middle Eastern Multi-Racial
 Native American Native Hawaiian/Pacific Islander Other

Household Income: \$0-\$9,999
 \$10,000-\$14,999
 \$15,000-\$24,999
 \$25,000-\$36,999
 \$37,000-\$49,999
 \$50,000-\$74,999
 \$75,000 or more

Primary Language Spoken in the Home:

English Spanish Hmong Other: _____

Emergency Contact Information:

Parent/Guardian 1 Name and Address of Employer: _____

Parent/Guardian 2 Name and Address of Employer: _____

Preferred Email: _____

EXPLORING NATURE

Nature Preschool at Camp Minikani

Thank you for choosing the Y Nature Preschool for your child – we are thrilled to be able to support your child’s development through the experiences in this program.

As an organization, the Y has made a commitment to the quality and safety of all children who participate in our programs. We strive to exceed the State of Wisconsin Licensing standards and are committed to supporting the successful development of all children in our programs. We encourage any questions, concerns, complaints, successes and/or positive feedback is shared so we can continue to improve.

Playing outside used to be a routine part of childhood however, in today’s world it’s becoming increasing rare. Milwaukee Y Nature Preschool provides children with hands-on learning opportunity to explore nature and the world around them. Rain, snow or shine, children will spend the majority of class time outside engaging in experiential learning and guided discovery. From habitats to gardening and the world in between—nature based learning has never been more fun!

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PROGRAM OVERVIEW

Mission, Philosophy and Goals:

- **Y Mission:** To put Christian principles into practice through programs that build a healthy spirit, mind and body for all.
- **Early Childhood Education (ECE) Philosophy:** The Y Early Childhood Education programs are designed to encourage children to develop a love of learning through guided self-discovery and experiential learning. Our programs seek to provide a nurturing environment and enriching experiences to facilitate a child's cognitive, social, physical and emotional growth.
- **Our Goals:**
 - Strive to meet the developmental needs of each individual child while supporting growth and development.
 - Provide a stimulating learning environment that encourages curiosity and self-exploration, and experiential learning in the natural environment.
 - Assist children in their understanding of their natural world, characteristics of living things and their lifecycles.


- 🌿 **Program Session:** Y Nature Preschool operates Monday-Friday, 8:15am-12:30pm (half-day/part time), September-June* and follows the school-year calendar. A calendar of important dates including days when program will not be in session will be available at the beginning of the session. *Specific start dates confirmed once Germantown School District calendar has been confirmed.
- 🌿 **About Our Teachers:** Y Teachers meet and exceed State of WI Licensing standards and are trained in First Aid, CPR for the Professional Rescuer and AED. Additionally, teachers have received training in nature-based education, early childhood education and licensed programming. Guest educators including Environmental Education experts as well as Naturalists will also be actively joining our classes to further enrich the experiential learning of the participants. All Y Teachers have completed a full child caregiver background check and sex-offender check as well as all regular volunteers/guest educators.
- 🌿 **Curriculum:** Through this nature-centered program, a blended curriculum is utilized to support the natural curiosity of our young learners. Creative Curriculum investigation units, Project Wild, Project Learning Tree components in addition to other environmental education resource will be used to support the learning and exploration of the outdoors. Through guided discovery, children will participate in small groups, large groups and individual learning to gain a greater understanding of their natural environment, science, math, literacy and develop social emotional skills. Curricular adjustments will be made by teachers to support the natural curiosity and interests of the children enrolled as well as meet developmentally appropriate learning components. Additionally, children will experience a variety of biomes on the Minikani campus including savannah, grasslands, woodlands and lakes.

ENROLLMENT AND ADMISSION


- 🌿 **Enrollment Criteria:** Children must 3-5 years old to enroll by the first day of program to enroll. Due to a large portion of this program being outdoors, all children must be fully toilet trained and must be able to move independently to be able to actively explore natural outdoor spaces in a variety of terrain types (forest, field, paved and unpaved surfaces, etc.). Please contact the Nature Preschool teachers or director if you have questions regarding the mobility requirements.
 - *Fully Toilet Trained is defined as the ability to use the restroom for all bowel movements independently including the ability to wipe themselves. Children who are still in need of pull-ups are not considered to be fully toilet trained.*
- 🌿 **Enrollment Process:** All registration paperwork must be completed in full for each child to be enrolled in the Y Nature Preschool prior to the child's first day of attendance. Paperwork can be mailed, scanned and emailed or dropped off to *Attn: Christine Larson Salerno, Camp Minikani, 875 Amy Belle Road, Hubertus, WI 53017*. A \$50 non-refundable and non-transferrable

registration fee is due upon returning all registration paperwork. For questions, contact Christine Salerno at 414-357-1901 or clarson@ymcamke.org.

- **Enrollments will be processed in the order in which they are received.**
- **The Y Nature Preschool is licensed by the State of WI Department of Children and Families and is tax-deductible child care.** Should you have any questions, the YMCA Staff Manual, Group Child Care Licensing Rulebook, and Parent Handbook are available to you upon request. The Y Nature Preschool License, the results of the most recent licensing visit, lesson plans, special communications and emergency phone list are posted within the classroom.

 **Enrollment Requirements:** Required Registration paperwork includes the following: Child Care Enrollment Form, Health History and Emergency Care Plan, Immunization Record, Child Health Report, Photo Waiver, Liability Waiver, and Automatic Payment Form. *You must notify us in advance if your child requires any medication, as an Authorization to Administer Medication form must be completed.*

- **For the safety of your child, all registration forms must contain accurate information to ensure we are able to provide the best possible care for your child please be sure to notify your child's teacher of any specific needs your child may have. Please know that all child information will be kept confidential and will only be shared on an as-needed basis.**

 **Fees:** Payments are due 1 week in advance of service. Automatic Debit/Credit Card Charge is the preferred method of payment. This program is enrollment-based; fees are due in full regardless of your child's attendance.

- A \$10 per week late payment fee may be assessed. If payment is made via check and returns with Non-Sufficient Funds (NSF), a \$30 NSF fee will be charged.
- If an account reaches one week past due, a warning will be given to the parent/guardian. If an account is two weeks past-due, the child will be unable to attend program until balance is paid in full.
- Families with more than one child enrolled at the center will receive a 10% Additional Child Discount applied to the oldest child's account.
- **Late Pick Ups:** Teachers are scheduled until 12:30pm. A fee of \$1 per minute per child will be charged for children who are not picked up by the end of the program. Time will be determined by the clock in the room.
 - Chronic late pick-ups will be grounds for dismissal.
 - If your child is not picked up by 1:00pm, the local authorities may be called.
- **Credits:** Credits are only given in the following circumstance:
 - In-patient hospitalization of the enrolled child. A written notice from the attending physician indicating which days the child was hospitalized will be required.
 - Absence due to death in the immediate family-father, mother, brother, sister, or grandparent. A maximum credit of three days will be allowed.

- When the program is not scheduled to be in session, there will be a 'no-charge' or prorated adjustment for these scheduled days. No credit or proration will be given on days the program is closed due to circumstances out of the Y's control (such as inclement weather, etc.).
- 🌿 **Non Discrimination:** Any child is welcome to participate in the program appropriate to their age and ability. The YMCA of Metropolitan Milwaukee programs do not discriminate by race, color, sex, national origin, creed or special needs.
- 🌿 **Custody disputes:** The parent/guardian who signs the registration paperwork is responsible for the child's enrollment in the program and all fees. The Y does not become involved in any custody disputes. If an individual has restricted access to a child, court ordered documentation must be on file with the center.
- 🌿 **Withdrawal:** The Y reserves the right to withdraw a child from the program if, at the Y's discretion, the enrollment of the child negatively impacts the integrity of the program and/or the Y's legal obligations through and under the Department of Children and Families.
 - **At Parent's Request:**
 - A two-week notice of withdrawal is required in writing to the center/program director for participants. The signature of the registering parent/guardian on the registration materials verifies your agreement and understanding of this policy and all policies within the Parent Handbook.
 - **At the Y's Request:**
 - Notification period prior to withdrawal is not required if the withdrawal is requested by the Y program.
 - The Y reserves the option to withdraw a child for any of the following reasons:
 - non-payment of fees as agreed upon;
 - repeated failure of parents to pick up child on time;
 - failure to provide program with forms or current medical information as stipulated by WI State Licensing and this handbook;
 - continuous disciplinary problems;
 - hostility by parents toward Y staff or volunteers.

DAILY SCHEDULE AND ROUTINES


- 🌿 **Orientation:** An orientation will be held at the beginning of the school year for all families to receive more information about the Y Nature Preschool. Families are encouraged to bring their child to ease the transition into the school year.
- 🌿 **Arrival and Departure:** The YMCA does not provide transportation for this program. No children are to be left alone in a vehicle during drop off and pick up.

- Arrival: All enrolled children must be signed in and out each day on the daily attendance record provided by an adult. No child will be released to the care of anyone under 16 years of age.
- Children must be escorted by an adult at drop off and pick up.
- We encourage families to be patient and supportive of transitions. They can be difficult times for both parents and children.
- **Safety and security:** Only authorized adults will be able to pick up your child. All individuals who pick up must be able to provide a photo ID (including parents). Anyone unfamiliar to the teacher will be asked for identification (including substitute teachers). For your child's protection, there are not exceptions to this policy.
- Please inform your child's teacher of any special needs for the day. If possible, write them on a note near the sign-in sheet or speak to them personally.
- Children will only be allowed to be signed into program during the program hours of operation and the teacher must be present to accept the child.
- **Absences:** It is imperative that we are notified if your child will not be in attendance on a normally scheduled day. Please notify us by 9:00am using the phone list provided at parent orientation or via written communication to the teacher prior to the child's absence and reason for absence (such as illness).
 - When a child is absent without prior notification, a telephone call, speaking to a parent, will be made by 9:15am to verify the whereabouts of the child. This call will be documented.

Sample Daily Schedule/Activities:

- The daily schedule and lesson plan will be posted in the classroom for your reference. Children will have opportunities to participate in a variety of activities as they learn and explore about their natural world. Activities will occur both indoors and outdoors year-round during all types of weather including rain, snow and sunshine. The Y Nature Preschool will provide supplies and equipment. The daily routine will include the following:
 - Arrival
 - Small Group: Children are assisted in developing their individual skills including cutting, tracing, balancing, hand-eye coordination, color and shape identification, and more-building fine motor, gross motor, physical, math, science, art and literacy skills both indoors and outdoors.
 - Snack Time: Snack time will be incorporated into the daily schedule. See Snack section for additional information. Children are encouraged to learn group cooperation, language development, personal discipline, positive social interaction, healthy nutrition, understanding of food cycles and healthy habits.
 - Large Group: Children are encouraged to interact in a large group, take turns, participate and allow others to participate with them, building social-emotional skills both indoors and outdoors.

- Social Skills: Children are encouraged to practice personal hygiene, participate in care of their environment- gaining greater understanding of other beings and how they live, build basic geographic knowledge and cognitive skills both indoors and outdoors.
- Outdoor Exploration: Children are provided with opportunities to have independent exploration, frequent contact with plants and plant life, observation of nature, weather, terrain, animals and their habitats all of which support academic achievement, increased sense of self, science and cognitive awareness and overall increased awareness of the natural world.
- Rest Time: As required by State Licensing, a short rest time will be included in our daily schedule. Children will be free to find a quiet space to read, work quietly and individually on a puzzle or can rest their body during this time. Each child will have an assigned individual space during this quiet period of the day.
- Departure
- Activities will reflect developmentally appropriate child-centered programming, natural inquiry and exploration and will...
 - ...encourage self-esteem and develop positive self-image.
 - ...encourage social interaction and engagement with our natural world.
 - ...encourage self-expression and communication skills.
 - ...foster creative expression.
 - ...encourage physical development.

 **Snack and Nutrition:** All children will have snack time daily. Parents are responsible for providing nutritious snacks and beverages for their child daily. We ask that any snacks that must be kept cold are placed in a cool lunch-bag with an icepack to ensure that the proper temperature is maintained until it is time for snack. All items should be clearly labeled with your child's name. Under Wisconsin State Licensing, two food groups must be provided at each snack time. The YMCA will provide milk for all class participants. Children are asked not to share their individual snack for safety reasons.

- **Please note that we are a peanut and tree nut free zone – for the safety of the children in our program do not send anything with peanuts or tree nuts to class.**
- For additional information and resources on nutritional guidelines we encourage you to refer to the www.choosemyplate.gov.
- **Special Occasions:** During the year, special snacks for holidays, celebrations or other occasions may occur. Please see the teacher for any special allergies or dietary concerns at this time.
- To develop an appreciation for our food and where it comes from, a 'grace' or other conversation about gratitude will occur prior to each meal. If you have concerns regarding this, please speak with your child's teacher privately prior to the snack starting.
- To develop language and cognitive skills, children are encouraged to socialize during snack time and, when possible, teacher will also sit with students during this time.

- 🌿 **Quiet Time/Rest time:** In compliance with Wisconsin State Licensing, all children under 5 years old will have a daily rest or nap period. Each child will have an assigned location within the classroom to independently participate in quiet activities which will not disturb other children. **If your child has a special blanket or sleeping bag they would like to use during this rest time they are welcome to bring it to use. Any blankets or sleeping bags must be taken home and laundered every Friday.**

- 🌿 **Outdoor Exploration:** The Y Nature Preschool will spend a significant portion of our daily routine outside exploring and learning about the world around us so daily outdoor time will occur.
 - **Clothing-what to wear/bring:** Rain, snow and shine please be sure your child has appropriate clothes for indoor and outdoor play (boots, scarf, hat, mittens are required for outdoor winter play). **Please ensure your child is dressed in clothing that is not restrictive to indoor and outdoor exploratory play (ex: dresses and tight clothing that restricts movement should not be worn).**
 - **Extra Clothing:** Each child must have 1-2 full spare sets of clothing which are weather appropriate. All items must arrive labeled with your child's name and placed in a gallon Ziploc bag to avoid confusion over similar items.
 - **Shoes:** For safety reasons, children should wear close-toed comfortable shoes suitable for walking, 'hiking' and exploring. Rain boots are encouraged for days when puddles are discovered when exploring our outdoors.
 - **Pets:** This program does not have any pets that would cause allergies in the classroom.
 - **Please be sure to apply sunscreen and/or bug spray on your child prior to arrival when seasonally appropriate.**

POLICIES

- 🌿 **Safety and Emergency Procedures: Safety is of the utmost importance to the YMCA.**
 - **Emergency Evacuation:** Plans for emergency evacuation are specific to each center/site.
 - **Fire/Tornado:** The plans for procedures in case of fire and tornado are posted within the Y Nature Preschool classroom next to the exits. Fire/tornado drills are practiced monthly or as required by State of WI licensing rules.
 - **Snow Emergencies:** For the safety of all, the Y Nature Preschool will follow the local school district snow closure policy.
 - **Extreme Temperatures:** Should extreme heat or cold temperatures occur, the program will take all preventative precautions including limiting or eliminating outdoor time during these occurrences.
 - **Injury/Medical Emergency:**
 - If your child is injured during program, the director/teacher will take whatever steps are necessary to obtain emergency medical care. These include, but are not limited to the following:

- Attempts to contact parent/guardian directly and following immediate care provided.
 - Attempts to contact parent or guardian through emergency contact listed on enrollment/registration materials.
- If we cannot contact you, we will do one or both of the following:
 - Call an ambulance/paramedic.
 - Have the child taken to the designated emergency hospital location (as identified on the emergency phone/contact sheet posted in the classroom).
 - In the event of a serious life threatening incident, 911 will be called first.
- **Opps Slips and Incident Reports:** If your child experiences an injury while participating in our program, written documentation in the form of an Opps Slip (used for more minor injuries and 'TLC injuries') or an Incident Report (used for more severe injuries which may require additional first aid, head bumps, etc.) will be completed. The parent/guardian will be notified and asked to sign this document.
- **Other Emergency:** If the Y receives information regarding a threatening situation from Y authorities or other credible source, the center director/teacher may evacuate the premises based on the situation. Children will be safely escorted from the building, with a copy of the child's file and a first aid kit. If the need arises, the children will be transported to safety as soon as possible.
 - Parents will be notified as soon as possible with the location of their child. Please note that there are many children in the program and it will take time to contact each parent. A sign will also be placed on the door to notify parents of emergency information. Once the director/teacher, has been given notice to return to the building, parents will be contacted again. Remember, if the program has evacuated the building, staff will not be present to answer the telephone.

Health and Illness:

- For the health, safety and protection for all children, upon arrival at the center, each child will be observed for symptoms of illness. If a child has any sign of illness and/or fever of 101°F or higher, the child will be sent home with the parent.
- If a child has no apparent symptoms of illness but displays a significant behavior changes and is clearly uncomfortable and not able to participate in class activities, a parent will be called to pick up the child.
- If a parent is contacted to pick up the child, they must do so within 1 hour to avoid late pick up fees.
- If a child becomes ill during program, a parent will be contacted to pick up the child. Until a parent arrives, the child will be isolated, within sight and hearing distance of an

adult. If a parent cannot be reached, the director/teacher will contact the emergency contact person listed on the child's enrollment form.

- Parents must notify the center by 9:00 am if their child will be absent due to illness.
- To ensure proper staff/child ratio, ill children may not stay inside during outdoor time. If your child needs to stay inside for a few days for health reasons, please keep him or her home.
- If your child has any signs or symptoms of any illness or other communicable disease, you will be asked to pick up your child and provide a physician's note stating the child is healthy enough to return to a group care setting.
- **Mildly Ill Children:** The Y Nature Preschool is not authorized to provide care to mildly ill children. For the health and safety of all in our program, please do not bring a child who is ill to program. Failure to do so will result in a late pick up fee of \$1/minute per child. This charge must be paid prior to the child attending the next program session.
- **Medication:** Medication which needs to be administered during program hours must:
 - Be brought directly to the director/teacher in its original container and cannot be expired.
 - Must have a completed Authorization to Administer Medication Form which includes written instructions as to quantity, time to administer, date range for use, name and phone number of physician and any other directions for use.
 - Written authorization of dosage must match the age, dosage and instructions on the medication itself. The Y is unable to administer medication outside the age and dosage as indicated on the container without written physician instruction and consent.
 - Any over-the-counter medication must be marked with your child's name.
 - The Y cannot issue the initial dose of medication for safety reasons.
 - Medications must include appropriate measuring device for proper dosage.
 - Expired medications must be removed and taken home by the parent and cannot be kept on site.
- **Allergies:** For the safety of your child, please be sure to communicate any allergies that your child might have. The Y Nature Preschool is **Peanut and Tree Nut Free** do not send your child with any snack that may contain either of these products.
- **Tick checks:** The Y Nature Preschool will be outdoors daily. We ask that parents check their children daily for any ticks on your child. Should you have any questions regarding deer or wood ticks, please see your child's director/teacher.

🌿 **Child Guidance:** Our goal is to guide children in becoming happy, responsible and cooperative participants through positive teaching techniques. In the event that a behavior requires guidance:

- Teacher actions will not harm the child's self-image or embarrass the child, rather they will reinforce a positive self-image.

- Teacher actions will help children learn self-control, make good choices, identify and express their feelings with words and creative expression and develop an understanding and respect for one another's feelings.
- Teachers will communicate regularly with families regarding behavioral concerns and highlights.
- Every effort will be made by staff to enlist the cooperation of the child along with parents to solve problems as a team.
- Hitting, kicking, biting, taking toys/equipment from other classmates and name calling all result in someone not having fun. When further child guidance or disciplinary action is necessary, the following steps will be taken:
 - **The director/teacher will identify the inappropriate behavioral pattern and confer with the child regarding their behavior.** This will be supported through confidential documentation and parent will be notified pending the severity of the issue.
 - **A private parent-teacher conference** may be called at any given time by the teacher, parent or director. The following items will be discussed:
 - Define the child's inappropriate behavior.
 - Discuss what solutions have been tried to redirect the child including the teacher's plan of action with the child.
 - Discussion of additional suggestion of what may work at home, how the family can provide support to the teacher at home or parental interventions including the option to observe the class and collaboratively develop a plan of for the child's success in the classroom.
 - Set a timeline for interventions, a method and date for ongoing communication on the child's progress and how new strategies are working.
 - If necessary, the teacher, parent or director will call a second conference. At that time, the teacher along with the director and parent will reiterate items bulleted above and review the discipline policy with the parent. Steps will again be reviewed as to help the child be successful at school. Information and referrals for supportive services will be offered if appropriate.
 - The teacher and/or director will follow up the conference with a written summary and course of action that will be given to the parent.
 - If the child is unable to find success in the center, the director has the authority to dismiss the child from the center program.
- There shall be no physical or verbal punishment which is humiliating or harmful to the child. Our policy on discipline and child guidance follows State of Wisconsin licensing guidelines.
- Time outs are not used as disciplinary actions. Children will be re-directed and provided with alternative options and will be given time to choose between provided optional activities.

🌿 **Child Abuse Prevention:** The health and well-being of the children participating in our program is essential to the Y. All Y staff are mandated reporters. The Y has developed a policy on Child Abuse Prevention that includes the following provisions:

- Parents are encouraged to visit our program at any time and do not need to make an appointment to do so. The Y Nature Preschool may be outside exploring, please contact us via the posted number in the classroom.
- Parents will be informed about their child's program participation
- Staff and volunteers will be alert to the physical and emotional state of all children. When any sign of injury or suspected abuse is detected, the director will be notified immediately and a report will be made to the appropriate authorities as is required of all mandated reporters.
- The Y will offer information on Child Abuse and assistance to parents and children through workshops, counseling and resource materials upon request.
- Y staff will not release a child to anyone other than the authorized parents/guardians or to their individuals authorized, in writing, by parents. Sign in/out logs will be maintained on a daily basis and kept on file at the program site.
- Y staff and volunteers will not physically, verbally or emotionally abuse or punish children.
- Y staff and volunteers will not discipline children by use of physical punishment or by failing to provide the necessities of care such as food and shelter.
- Reference checks on all prospective Y employees will be conducted, documented and filed prior to employment. Criminal record checks are conducted on all staff and volunteers working with children.
- Training on Shaken Bay Syndrome (SBS) and Sudden Infant Death Syndrome (SIDS) will be provided to all staff that provide care to children under age 5.
- Staff training will include information about the signs of child abuse and the appropriate procedures for responding to the suspicion of abuse.
- For more information on the Y's policy on the Prevention for Child Abuse and Child Abuse Reporting Procedures, refer to the YMCA Staff Manual for Early Childhood Education.

🌿 **Parent Engagement and Communication:** To support each child we must continue to have open communication and work collaboratively to benefit your child. Throughout the year we will have special events, surveys and other opportunities to be involved in your child's growth. We strongly encourage you to participate – everyone is a part of our YMCA family!

- **Parent-Teacher Conferences:** Twice per year, we will offer parent-teacher conferences at which time we ask all parents to meet with their child's teacher to discuss your child's development and ongoing assessment progress. These are important for you to understand how to continue to support your child's development and success.
- **Ages and Stages Questionnaire (ASQ):** The Y uses two screening tools to ensure that every child has the greatest support in his/her development and to support a successful

transition into school. The ASQ-3 and the ASQ-Social Emotional. These short questionnaires are completed together with the teacher, parent/guardian and child and are simple screenings to see your child's development progress. We ask that you participate in these screenings a minimum of twice per year or more frequently if there are areas of concern.

- Other communications including newsletters, special flyers and resources as well as conversation starter questions will be provided for your family throughout the year.

CHILD CARE ENROLLMENT

Use of form: Use of this form is mandatory for Family Child Care Centers to comply with DCF 250.04(6)(a)1. Failure to comply may result in issuance of a noncompliance statement. This form may also be used by Group Child Care Centers and Day Camps to comply with DCF 251.04(6)(a)1. and DCF 252.41(4)(a)1. respectively. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Instructions: The parent / guardian shall fill out the form completely, sign it and submit it to the center prior to the child's first day of attendance. Information on this form shall be kept current. When enrolling a child under two years of age, a completed *Intake for Child Under 2 Years* form must also be on file prior to the child's first day of attendance.

CHILD INFORMATION

Name (Last, First, MI)	Birthdate (mm/dd/yyyy)	First Day of Attendance
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PARENT OR GUARDIAN – All parents / guardians are permitted to visit during center hours and are allowed to pick up the child unless access is prohibited or restricted by a court order. Attach court order, if any. If the child resides at multiple locations, the department recommends the provider obtain and attach a schedule.

a. Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care
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Home Address (Street, City, State, Zip)	Does child reside at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No	Place of Employment and Work Phone No.
-----------------------------------------	-------------------------------------------------------------------------------------------------	----------------------------------------

b. Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care
-----------------------------------	-----------------------	------------------------------------------------------

Home Address (Street, City, State, Zip)	Does child reside at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No	Place of Employment and Work Phone No.
-----------------------------------------	-------------------------------------------------------------------------------------------------	----------------------------------------

AUTHORIZED PERSONS – Persons other than parents / guardians who are authorized to pick up the child or accept the child if dropped off. If no one, write "None."

a. Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care	Place of Employment and Work Phone No.
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b. Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care	Place of Employment and Work Phone No.
-----------------------------------	-----------------------	------------------------------------------------------	----------------------------------------

EMERGENCY CONTACT – The person to be notified in an emergency when parents / guardians cannot be reached.

<input type="checkbox"/> Yes <input type="checkbox"/> No This person is authorized to pick up the child.	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care	Place of Employment and Work Phone No.
----------------------------------------------------------------------------------------------------------	-----------------------	------------------------------------------------------	----------------------------------------

PHYSICIAN OR MEDICAL FACILITY

Name	Address (Street, City, State, Zip Code)	Telephone Number
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AUTHORIZATIONS

Yes No I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.

Yes No I have had an opportunity to review the policies of this child care center and a summary of the Wisconsin Rules for Licensing Child Care Centers.

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

Yes No I have been informed of the number of pets in the center and their degree of contact with the enrolled children. Note: If pets are added after a child is enrolled, parents shall be notified in writing prior to the pet's addition to the center.

SIGNATURE – Parent or Guardian

Signature	Date Signed
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HEALTH HISTORY AND EMERGENCY CARE PLAN

Use of form: This form is required for family and group child care centers and day camps 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 information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

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 Day 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
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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.

<input type="checkbox"/> Yes <input type="checkbox"/> No	I authorize the center to apply sunscreen to my child.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No	I authorize the center to allow my child to self-apply sunscreen.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	I authorize the center to apply repellent to my child.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No	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 special medical condition that your child may have.

No specific medical condition

Asthma

Cerebral palsy / motor disorder

Other condition(s) requiring special care – Specify.

Diabetes

Epilepsy / seizure disorder

Gastrointestinal or feeding concerns including special diet and supplements

Any disorder including Cognitively Disabled, LD, ADD, ADHD, or Autism

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.

5. Identify any child care staff to whom you have given specialized training / instructions to help treat symptoms.

- a.
- b.
- c.

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 the child care provider.

SIGNATURE – Parent or Guardian

Date Signed (mm/dd/yyyy)

Review dates: _____

DAY CARE IMMUNIZATION RECORD

COMPLETE AND RETURN TO DAY CARE CENTER. State law requires all children in day care centers to present evidence of immunization against certain diseases within **30 school days (6 calendar weeks) of admission to the day care center**. These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the day care center. See "Waivers" below. If you have any questions on immunizations or how to complete this form, please contact your child's day care provider or your local health department.

PERSONAL DATA

PLEASE PRINT

STEP 1	Child's Name (Last, First, Middle Initial)	Date of Birth (Month/Day/Year)	Area Code/Telephone Number
	Name of Parent/Guardian/Legal Custodian (Last, First, Middle Initial)	Address (Street, Apartment number, City, State, Zip)	

IMMUNIZATION HISTORY

STEP 2 List the MONTH, DAY AND YEAR the child received each of the following immunizations. DO NOT USE A (√) OR (X) except to indicate whether the child has had chickenpox. If you do not have an immunization record 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 Vaccine is required only if the child has not had chickenpox disease.					

Has the child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known.
 Yes year _____ (Vaccine is not required)
 No or Unsure (Vaccine is required)

REQUIREMENTS

STEP 3 The following are the minimum **required** immunizations for the child's age/grade at entry. All children within the range must meet these requirements at day care entrance. Children who reach a new age/grade level while attending this day care must have their records updated with dates of additional required doses.

AGE LEVELS	NUMBER OF DOSES					
5 months through 15 months	2 DTP/DTaP/DT	2 Polio	2 Hib	2 PCV	2 Hep B	
16 months through 23 months	3 DTP/DTaP/DT	2 Polio	3 Hib ¹	3 PCV ²	2 Hep B	1 MMR ³
2 years through 4 years	4 DTP/DTaP/DT	3 Polio	3 Hib ¹	3 PCV ²	3 Hep B	1 MMR ³ 1 Varicella
At Kindergarten entrance	4 DTP/DTaP/DT ⁴	4 Polio		3 Hep B	2 MMR ³	2 Varicella

¹If the child began the Hib series at 12-14 months of age, only 2 doses are required. If the child received one dose of Hib at 15 months of age or after, no additional doses are required. Minimum of one dose must be received after 12 months of age (Note: a dose 4 days or less before the first birthday is also acceptable).
²If the child began the PCV series at 12-23 months of age, only 2 doses are required. If the child received the first dose of PCV at 24 months of age or after, no additional doses are required.
³MMR vaccine must have been received on or after the first birthday (Note: a dose 4 days or less before the 1st birthday is also acceptable).
⁴Children entering kindergarten must have received one dose after the 4th birthday (either the 3rd, 4th or 5th) to be compliant (Note: a dose 4 days or less before the 4th birthday is also acceptable).

COMPLIANCE DATA AND WAIVERS

STEP 4 IF THE CHILD MEETS ALL REQUIREMENTS (sign at STEP 5 and return this form to the day care center), OR
 IF THE CHILD **DOES NOT** MEET ALL REQUIREMENTS (check the appropriate box below, sign and return this form to day care center).

Although the child has not received all required doses of vaccine for his or her age group, at least the first dose of each vaccine has been received. I understand that it is my responsibility to obtain the remaining required doses of vaccines for this child **WITHIN ONE YEAR** and to notify the day care center in writing as each dose is received.

NOTE: Failure to stay on schedule or report immunizations to the day care center may result in court action against the parents and a fine of up to \$25.00 per day of violation.

For health reasons this child should not receive the following immunizations _____ (List in STEP 2 any immunizations already received)

 Physician's Signature Required

For religious reasons this child should not be immunized. (List in STEP 2 any immunizations already received)

For personal conviction reasons this child should not be immunized. (List in STEP 2 any immunizations already received):

SIGNATURE

STEP 5 To the best of my knowledge this form is complete and accurate.

 SIGNATURE - Parent, Guardian or Legal Custodian

 Date Signed

CHILD HEALTH REPORT – CHILD CARE CENTERS

Use of form: Use of this form is voluntary; however, completion of this form meets the requirements of DCF 202.08(4), DCF 250.07(6)(L)3., and DCF 251.07(6)(k)3. Failure to comply with these rules may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: Each child under 2 years of age shall have an initial health examination not more than 6 months prior to nor later than 3 months after being admitted to the center and a follow-up health examination at least once every 6 months thereafter. Except for a school-aged child, each child 2 years of age or older shall have an initial health examination not more than one year prior to nor later than 3 months after being admitted to a center and a follow-up health examination at least once every 2 years thereafter. The parent / guardian shall give this form to the physician, physician assistant or HealthCheck provider to be completed, signed and dated. The licensee shall obtain a copy for the child's record. Note: Children are also required to have on file at the child care center documentation of immunizations; it may be helpful if the parent / guardian were to include a copy of the child's immunization record when submitting this form to the child care center.

PARENT OR GUARDIAN – Complete this section.

Name – Child (Last, First, MI)

Birthdate – Child (mm/dd/yyyy)

Address – Child (Street, City, State, Zip Code)

Name – Parent or Guardian (Last, First, MI)

Address – Parent or Guardian (Street, City, State, Zip Code)

HEALTH PROFESSIONAL – Complete this section.

Instructions for feeding and care of child with special problems, including allergies – Specify (attach information as necessary).

Yes No Does the child have a milk allergy? If "Yes", identify the recommended milk substitute.

Date of most recent blood lead test: _____ (mm/dd/yyyy). Note: Children on Medicaid are required to be tested at around ages 12 months and 24 months or once between the ages of 3 and 5 years if no previous test is documented. Lead testing is optional for children who are not on Medicaid.

Immunization(s) not to be administered to child due to medical reason(s) – Specify.

AUTHORIZATION

I certify that I have examined the above child on this date and that he / she is able to participate in child care activities.

Name – MD, PA or HealthCheck Provider (type or print)

Address (Street, City, State, Zip Code)

SIGNATURE – MD, PA or HealthCheck Provider

Date of Examination



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

YMCA of Metropolitan Milwaukee

MEDIA/PHOTO/VIDEO/WEBSITE USAGE RELEASE

I _____ represent that I am eighteen years of age or older, and if not, then my Mother/Father/Legal Guardian has also signed below under my signature.

For my 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 may or may not be identified in such reproduction; however I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

- Any Materials that I authorize pursuant to this Release shall belong to YMCA of Metropolitan Milwaukee as its property, with full right of disposition of them;
- The Materials will not be subject to any obligation of confidentiality and may be shared with and used by the Organizations, as well as with any third parties as the YMCA of Metropolitan Milwaukee may elect.
- YMCA of Metropolitan Milwaukee shall not be liable for any use or disclosure to a third party of any of the Materials.
- YMCA of Metropolitan Milwaukee shall exclusively own all known or later existing rights to the Materials worldwide and shall be entitled to the unrestricted use of the Materials for any purpose without compensation to the provider of Materials.

I agree that my consent and this release is irrevocable. I hereby release and discharge the Organizations and their representatives from any and all claims in connection with the uses and reproductions of my image and voice and my narrative account as described herein.

Signature: _____

Printed Name: _____

Age: _____

Address: _____

I am the Mother/Father/Legal Guardian of _____ (print name). For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Signature of Mother/Father/Legal Guardian: _____

Date: _____



YMCA of Metropolitan Milwaukee

Credit Card Authorization Form

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 weekly, bi-weekly or 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 Site 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 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: _____ Security Code: _____

Signature

Authorized Signature: _____ Date _____

Program/Center Location: _____

Child's Name: _____

Parent's Name: _____

Start Date: _____ Amount to be Charged: _____

Please charge my account on a : **Weekly or Bi-weekly**