



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



NO SCHOOL NO PROBLEM

WHEN SCHOOL IS OUT, CAMP IS IN

School's Out Days

**Accepting Registrations for
South Milwaukee at Rawson
Elementary
CAMP-IS-IN DAYS**

**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 cold
lunch, daily.**

**Provider #1000558721
Location #136**

*Additional child discount is not
applicable.

School's Out Days Sample Schedule:

7:00 - 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	Enrichment Activities
3:30 - 4:30pm	Crafts
4:30 - 6:00pm	Free Time and Pick Up

Please be there by 9:00 a.m. or contact the director for
later arrival.

Payment, Fees, and Other Information:

\$34/Full Day

Return this completed form at any Y Front Desk no later
than seven days prior to date enrolled, or email to
schoolage@ymcamke.org.

Program runs 7:00am – 6:00pm.

We need to have at least twelve 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.

YMCA OF METROPOLITAN MILWAUKEE

www.ymcamke.org/schoolage | 414-274-0759 | email: schoolage@ymcamke.org

Child's Name _____ School Location _____

☐ My Child is in the YMCA School Age program for the 2019-20 school year. (No health history or emergency care plan needed.)

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

☐ My child is NEW this academic school year (August 2019-May 2020). (Must complete health history and emergency care plan-form attached)

School's Out Days available at Rawson Elementary

Please check desired dates:

- ☐ October 11
- ☐ October 25
- ☐ November 27
- ☐ December 6
- ☐ December 23
- ☐ December 26
- ☐ December 27
- ☐ December 30
- ☐ January 2
- ☐ January 3
- ☐ January 31
- ☐ February 21
- ☐ February 28
- ☐ March 23
- ☐ March 24
- ☐ March 25
- ☐ March 26
- ☐ March 27
- ☐ May 18

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.

BEFORE AND AFTER SCHOOL PROGRAM

We have 28 before and after school sites in the surrounding areas of Milwaukee. Please call 414-274-0759 to see if there is a location near you.

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 414-274-0759.

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. **An email will be sent to you once the registration has been completed.**

THERE ARE FIVE WAYS TO REGISTER:

1. Register **ONLINE** for Before and After School Programs (4K Wrap where offered) at ymcamke.org.
2. Please scan and **EMAIL** all completed forms and payment information to schoolage@ymcamke.org.
3. **MAIL** your completed registration form and payment to:
YMCA School Age Registration
161 W Wisconsin Ave
Milwaukee, WI 53203
4. **FAX** completed forms to 414-224-3323.
5. **DROP OFF** completed forms with payment information at any YMCA of Metropolitan Milwaukee branch: Rite-Hite Family YMCA, Northside YMCA or Downtown YMCA.

PAYMENT OPTIONS

- ☐ I would like YMCA to charge/draft my account for all days at the time of registration.
- ☐ I would like a charge/draft to my account on the first of each month that each School's Out Days falls in, if registering after the first then payment will be charged at time of registration.

Parent/Guardian Signature

Date _____

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 _____

My preferred method of communication ☐ Cell ☐ E-Mail

#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 _____

My preferred method of communication ☐ Cell ☐ E-Mail

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 M/D/Y	2nd Dose M/D/Y	3rd Dose M/D/Y	4th Dose M/D/Y	5th Dose M/D/Y
Diphtheria-Tetanus-Pertussis Specify DTP, DTaP, or DT					
Polio					
Hib (Haemophilus Influenzae 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					Has child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known. <input type="checkbox"/> Yes; year _____ <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 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 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** _____

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.

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

☐ **Transported** ☐ **Walking** I give permission for my child to walk to his/her classroom from program at morning bell and/or from classroom to program at afternoon bell.

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

Private Pay and MY WI Child Care/3rd Party Pay must select one of the following forms of payment in order for registration to be completed:

☐ 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 _____

-OR-

☐ 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.

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

Print your name as it appears on your banking account _____

Routing Number _____ Account Number _____

☐ Checking ☐ Savings

MyWICChildCare Agreement

_____ I Receive MYWICChildCare Benefit. I will initiate MYWICChildCare EBT Edge payment on the first of each month.

_____ I understand that I am responsible for payments not covered (parent share). I have selected a payment option of either debit/credit card or automatic draft payment and provided the necessary information (above) to cover any additional costs not covered by MYWICChildCare Benefit or other 3rd party benefit.

Credit/Debit Card Authorization Agreement (Please initialize that you agree to each point listed)

_____ I hereby authorize the YMCA of Metropolitan Milwaukee to charge the credit/debit card named above or initiate automatic drafts from my account at the financial institution named above.

_____ I understand that the charge to my card/draft from my account will take place on or about the first of each month.

_____ I understand it is my responsibility to check my credit card/bank 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 payment 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 any change in my bank account or credit card information, including the expiration date. Changes must be submitted in writing at least 10 days in advance of the billing date.

_____ I understand that my credit/debit card or account draft will be processed on or about the first of each month.

This agreement will remain in effect until the program has ended, the YMCA of Metropolitan Milwaukee receives a written notice of cancellation from me at least two week before cancellation from program, or until I submit a new bank draft permission form to the YMCA of Metropolitan Milwaukee.

Provider and location numbers can be found listed on information/registration form or call our School Age Office (414-274-0759) for these numbers.

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 Program 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 vacations, absences due to illness or behavior.** 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 four 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. A confirmation email or phone call from YMCA customer service agent will follow request.

Parent/Guardian Signature _____ **Date** _____