



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Messmer Saint Mary  
Messmer Saint Rose

# THE PLACE TO BUILD CHARACTER, CONFIDENCE & CREATIVITY

## AFTER SCHOOL PROGRAMMING

Provided by the YMCA of Metropolitan Milwaukee at Messmer Catholic Schools

Serving school-age children, ages 4-15, and led by qualified, caring staff, the YMCA of Metropolitan Milwaukee's licensed 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
  - Social Emotional Learning
  - Coordinated Approach To Child Health (CATCH)
  - Affordable
  - Convenient
  - Caring staff
  - Tax deductible
  - State licensed



Our YMCA program has been adapted to ensure we adhere to all of the strictest COVID-19 regulations from the CDC, local authorities, and school districts while still making time for fun and learning.

**REGISTER NOW! SPACE IS LIMITED.**

### FOR PROGRAM INFORMATION:

Director Krissy Nesbit  
414-374-9462  
knesbit@ymcamke.org

### FOR BILLING AND REGISTRATION:

414-274-0759  
schoolage@ymcamke.org

# REGISTER ONLINE TODAY!

## 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:

### AFTERNOON PROGRAMMING :

**3:20-3:45 p.m. Arrival/Bathroom/Snack and Social Time**

**3:45-4:00 p.m. CATCH\***

**4:00-4:30 p.m. Homework/Reading/Quiet Choice Activity**

**4:30-5:30 p.m. Enrichment Activity**

**5:30-6:00 p.m. Free Choice Activity**

\*CATCH is Coordinated Approach To Child Health (CATCH)

Physical Activity and Healthy Choice Program.

Schedule may vary.

## SOCIAL EMOTIONAL LEARNING (SEL)

SEL is the process through which children and adults understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions. In our programs we use SEL to help children learn, understand, control, and manage their own emotions and strengthen their social skills.

## MONTHLY PROGRAM RATES

Fees are based on a 180 day school calendar with a **FLAT MONTHLY PAYMENT**, August-June. Months which contain Winter and Spring Break will be prorated one week. August and June will also be prorated.

MONTHLY M,T,TH, F	1 day/ week	2 days/ week	3 days/ week	4 days/ week
PM Care 3:20 p.m.-6 p.m.	\$37.50 /month	\$75 /month	\$112 /month	\$182 /month
Wednesday Early Release 2:30 p.m. - 6 p.m. \$52 / month				

Program is sold and invoiced by month.

A \$30 Registration Fee will be applied to your account at time of registration. Your child will not be registered until this fee has been processed. All fees must be paid the first of the month of service. Families will receive a 10% discount for each additional registered child. The 10% discount will be applied to the lower rate(s).

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

## FINANCIAL ASSISTANCE

YMCA financial assistance 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 go online to [ymcamke.org](http://ymcamke.org) to register. Immunizations information is required and needs to be emailed to [schoolage@ymcamke.org](mailto:schoolage@ymcamke.org). Incomplete registration forms will not be processed. **An email will be sent to you once the registration has been completed.**

## REGISTER ONLINE TODAY! Space is limited.

Register **ONLINE** for the After-School Program at [ymcamke.org](http://ymcamke.org) while space is available. For any registration or billing questions or concerns, email our office at [schoolage@ymcamke.org](mailto:schoolage@ymcamke.org).

## YMCA PROVIDER NUMBER: 1000558721

### A Messmer Saint Mary (location #174)

Program is located in the cafeteria. Please ring bell at front door to gain building access. Only people who are listed on the registration form will be allowed into the building.

A late fee of \$1 per minute will be charge if scholar is not picked up on time.

### B Messmer Saint Rose (location #179)

Program is located in the cafeteria.

A late fee of \$1 per minute will be charge if scholar is not picked up on time.

**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** \_\_\_\_\_

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

**Child's Schedule**

(Please indicate your child's schedule below)

PM Care      M      T      W      Th      F  
                       

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** 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 four weeks 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 four-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** \_\_\_\_\_