



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# NO SCHOOL NO PROBLEM

## School's Out Days RITE-HITE FAMILY YMCA

The YMCA of Metropolitan Milwaukee offers safe, quality care for your child (ages 4-12) when their school is closed. Join us at a School's Out Fun Day for a fun-filled day of activities including games, sports, swimming, arts & crafts, and so much more!

Please bring a water bottle, a nonperishable bag lunch, swimsuit, towel, and a backpack. Label everything! The YMCA will provide a healthy snack.

### FEES, PAYMENT & REGISTRATION INFO

#### PROGRAM

The program runs from 7:00 AM-6:00 PM.

#### FEES

Program fees are \$38/full day.

#### PAYMENT

Payment is due at the time of registration.  
WI Shares are accepted. Provider #1000558721.  
Location #080

#### REGISTRATION

Children must be registered at least 48 hours before the day of program. We need to have at least twelve children enrolled by the deadline in order to run the program. If minimum enrollment is not met, we will let you know 48 hours in advance if we must cancel.

A photo ID is required in order to pick up your child from the program.

### SAMPLE SCHEDULE

#### 7:00-9:00 AM

Arrival, Morning Snack & Structured Free Play

#### 9:00-10:30 AM

Large Group Activity

#### 10:30 AM-12:00 PM

Open Gym Time

#### 12:00-12:30 PM

Lunch

#### 12:30-1:30 PM

Rest, Reading & Relaxation

#### 1:30-3:00 PM

Enrichment Activities

#### 3:00-4:00 PM

Swimming

#### 4:00-6:00 PM

Structured Free Time & Pick Up

\*Please arrive by 9:00 AM, or contact the Director for later arrival.

Child's Name \_\_\_\_\_ School Location \_\_\_\_\_

My child is enrolled in the YMCA School Age program for the 2021-2022 school year.

My child is NEW this academic school year (August 2021-May 2022). If new, the attached registration, health history, and emergency plan forms must be completed.

### RITE-HITE YMCA SCHOOL'S OUT DATES

Please check desired dates:

- October 8: Oktoberfest
- October 15: Oktoberfest
- October 29: Fall Fest
- November 19: Y-elodean
- November 24: Turkey Trot
- December 10: Frosty Fest
- December 20: Winter STEM
- December 21: Arctic Animals
- December 22: Winter Around the World
- December 23: 12 Days of Giving
- December 27: Holiday 360
- December 28: Winter Wonderland
- December 29: Winter Olympics
- December 30: Noon Years Eve
- January 17: MLK Day
- January 21: Snow Day
- January 24: Life-size Game Day
- January 28: Life-size Game Day
- February 11: Cupid Shuffle
- February 18: Black History Month
- February 21: Black History Month
- March 18: St. Patrick's Day
- March 21: Superhero Day
- March 22: Sports Day
- March 23: Under The Sea
- March 24: Weird & Wacky Science
- March 25: Garden Party
- March 28: Superhero Day
- March 29: Sports Day
- March 30: Under The Sea
- March 31: Weird & Wacky Science
- April 1: Garden Party
- April 15: Earth Day
- April 29: Earth Day

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 Milwaukee area. Call 414-274-0759 to see if there is a location near you.

### FINANCIAL ASSISTANCE

YMCA financial assistance may be available upon request for families facing financial hardship. WI 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. Immunizations 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** at [ymcamke.org/schoolage](http://ymcamke.org/schoolage).
2. Scan and **EMAIL** all completed forms and payment information to [schoolage@ymcamke.org](mailto:schoolage@ymcamke.org).
3. **DROP OFF** completed forms with payment information at any YMCA of Metropolitan Milwaukee branch: Rite-Hite Family YMCA or Northside YMCA.

### PAYMENT OPTIONS

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

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

**Child's Schedule**

(Please indicate your child's schedule below)

	M	T	W	TH	F
AM Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 \_\_\_\_\_