



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BUILDING CHARACTER, CONFIDENCE & CREATIVITY



2022 YMCA WRAP CAMP HAMILTON SCHOOL DISTRICT AT WOODSIDE

The YMCA of Metropolitan Milwaukee is proud to partner with Hamilton School District at Woodside Elementary School to provide wrap-around care for students participating in the summer school program.

Our licensed program designed to compliment summer school where kids participate in small group activities, spend time outdoors, learn new skills, and create lasting friendships.

HOW TO REGISTER

Register **ONLINE** at ymcamke.org/schoolage. All Immunizations information is required. Incomplete registration forms will not be processed.

A confirmation email will be sent once registration is processed. Registrations missing information will be pending and not be processed until all missing information is provided.

FINANCIAL ASSISTANCE & WI SHARES

YMCA financial assistance may be available upon request for families facing financial hardship. WI Shares and other third party payments are also accepted. Provider # 1000558721 Location #068

PROGRAM DATES

June 20th–July 15th, No care July 4th Monday–Friday, 7:00–8:30am & 11:30am–5:30pm

PRICING

AM Care: \$48 per week PM Care: \$200 per week \$25 registration fee per child A late fee of \$1/minute will be charged if child is not picked up on time.

WHAT TO BRING

Everyday, children should dress to be active and bring a backpack, cold bag lunch, water bottle, towel, sunscreen, bug spray, tennis shoes, and socks. All items should be clearly labeled with child’s name.

PROGRAM INFORMATION

Anna Kasper and Sonia Haugen Program Directors
414-357-1915 | akasper@ymcamke.org
414-357-1933 | shaugen@ymcamke.org



REGISTRATION & BILLING

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

2022 REGISTRATION FORM, HEALTH HISTORY & EMERGENCY CARE PLAN

YMCA of Metropolitan Milwaukee One form per child. A new form must be filled out each school year.

CHILD'S SCHOOL LOCATION: _____

(ALL SECTIONS MUST BE FILLED OUT. IF SOMETHING DOES NOT APPLY, PLEASE USE N/A)

CHILD INFORMATION

Child's First Name _____ Middle Initial _____ Last Name _____ Gender M F Other Birth date ____/____/____

This will be my child's ____ year at Y School Age Age at start of program ____ Child resides with Parent/Guardian #1 Parent/Guardian #2 Both Other _____

Parent/Guardian Information – Both parents must be listed. Use N/A if not applicable.

#1 Parent/Guardian First Name _____ Middle Initial _____ Last Name _____ Gender M F Other Birth date ____/____/____

Home Address (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 Y School Age? Work Phone Number _____ Cell Phone Number _____

Daytime Address/Employer Name & Address _____

#2 Parent/Guardian First Name _____ Middle Initial _____ Last Name _____ Gender M F Other Birth date ____/____/____

Home Address (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 Y Day Camp? Work Phone Number _____ Cell Phone Number _____

Daytime Address/Employer Name & Address _____

Emergency Contacts/Others Authorized to Pick Child Up One contact that is NOT a parent/guardian is required. Can add more on an Alternate Arrival/Release Form.

#1 First Name _____ Last Name _____ Relationship to child _____

Home Address (Street, City, State, Zip) _____

Phone Numbers: Home _____ Work _____ Cell _____

#2 First Name _____ Last Name _____ Relationship to child _____

Home Address (Street, City, State, Zip) _____

Phone Numbers: Home _____ Work _____ Cell _____

MEDICAL AND BEHAVIOR QUESTIONS These questions help us to provide the best care for your child. All information is confidential to Y Staff.

(ALL SECTIONS MUST BE FILLED OUT. IF SOMETHING DOES NOT APPLY, PLEASE USE N/A)

1. Has your child had any of the following? NONE (QUESTIONS 1-8)

- Asthma Autism Diabetes
- ADD/ADHD Epilepsy/Seizures Cerebral Palsy/Motor Disorder
- Cognitively Disabled 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 _____

Special accommodations at school (IEP, 504, ARD)

Sensory Concerns _____

Status of Vision, Hearing & 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 Complete contact information required.

Physician Name _____ Phone _____

Location 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 <input type="checkbox"/> DTP <input type="checkbox"/> DTaP <input type="checkbox"/> 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 disease.					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 YMCA. Forms available at ymcamke.org.

11. Is your child currently taking any medications? Yes No
If yes, what kind and purpose _____

Does Y Staff need to administer medications? Yes No

I understand that if medication needs to be administered during YMCA programming, an Authorization to Administer Medication Form MUST be completed and medication must be brought to camp on your child's first day. Form is available at ymcamke.org.

12. Sunscreen/Insect Repellent (If provided by a parent, each bottle must be labeled.)

- I authorize the YMCA to apply sunscreen to my child.
- I authorize the YMCA to allow my child to self-apply sunscreen.
 - My child may use sunscreen provided by the YMCA if theirs runs out or is missing (Generic NO-AD SPF 30).
 - If no, will only allow my child to use the sunscreen provided by parent:
Brand Name _____ Strength _____
- I authorize the YMCA to apply insect repellent to my child.
- I authorize the YMCA to allow my child to self-apply insect repellent.
 - My child may use insect repellent provided by the YMCA if theirs runs out or is missing (Generic OFF 25% Deet).
 - If no, I will only allow my child to use the repellent provided by parent:
Brand Name _____ Strength _____

Child's Name _____ **School Location** _____

Child's Start Date _____ / _____ / _____

CHILD'S SCHEDULE

(Please indicate your child's schedule below)

AM PM

Week 1: June 20-24

Week 2: June 27-July 1

Week 3: July 5-8

Week 4: July 11-15

AM Program Runs: 7:00 AM – 8:30 AM

PM Program Runs: 11:30 AM – 5:30 PM

*Week 3 is \$160 due to holiday.

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 \$ _____ 10 days before start of program week.

Credit/Debit Card Account Information

Print you name as it appears on card _____

Credit Card Number _____

Expiration Date _____ Zip Code _____

My WI Child Care Agreement

_____ I receive MY WI Child Care Benefit. I will initiate MY WI Child Care 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 MY WI Child Care 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.

_____ I understand that the charge to my card will take place ten days prior to start of the program week.

_____ I understand it is my responsibility to check my credit card statement and report any discrepancies to the School Age Office within 10 days of the charge 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 credit card information, including the expiration date. Changes must be submitted in writing at least 10 days in advance of the billing date.

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 in advance of the service. No refund/credit will be given if child leaves early, for non-attendance, or is removed from program due to disruptive behavior as determined by the Director. Your child's spot is not confirmed until the weekly fee is paid in full prior to the start of the week. I understand that any cancellations or schedule change must be made in writing to the email address listed in this brochure prior to payment being made. A confirmation email or phone call from YMCA customer service agent will follow request. The YMCA of Metropolitan Milwaukee is not responsible for lost, stolen or damaged personal articles.

Parent/Guardian Signature

Date