NO SCHOOL NO PROBLEM

School's Out Days
YMCA & St. Francis School District

The YMCA of Metropolitan Milwaukee offers safe, quality care for your child (ages 4–14) when Willow Glen Primary and Deer Creek Intermediate are closed. Join us at a School's Out Fun Day at Willow Glen Primary for a fun-filled day of activities including games, sports, arts & crafts, and more!

Please bring a water bottle, a nonperishable bag lunch, 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 $40/full day.

PAYMENT
Payment is due at the time of registration. WI Shares are accepted. Provider #1000558721. Location #106

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.

YMCA OF METROPOLITAN MILWAUKEE
414-274-0759 | schoolage@ymcamke.org
www.ymcamke.org/schools-out

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

1:30–3:30 PM
Enrichment Activities

3:30–4:00 PM
Arts & Crafts

4:30–6:00 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 2022–2023 school year.

☐ My child is NEW this academic school year (August 2022–May 2023). If new, the attached registration, health history, and emergency plan forms must be completed.

WILLOW GLEN PRIMARY SCHOOL'S OUT DAY DATES

Please check desired dates:

☐ **October 28: Fall Fest**

☐ **November 18: Fall Fest**

☐ **December 16: Winter Wonderland**

☐ **January 23: Pajama Day**

☐ **February 10: Black History Month**

☐ **March 24: March Mad Scientist**

☐ **April 7: Earth Kindness**

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 over 30 before and after school sites in the metro–Milwaukee area. Visit ymcamke.org/schoolage or call 414–274–0759 for 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. Visit ymcamke.org/schools–out or call the School Age office at 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 THREE WAYS TO REGISTER:

1. Register **ONLINE** at ymcamke.org/schools–out.

2. Scan and **EMAIL** all completed forms and payment information to schoolage@ymcamke.org.

3. DROP OFF completed forms with payment information at any YMCA of Metropolitan Milwaukee branch: Briscoe Family YMCA Wellness Center or Rite–Hite Family 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** _____

2022–23 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 School Age? 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 (✗). 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 ☐ DT					
Polio					
Hib (Haemophilus Influenzae Type B)					
Pneumococcal Conjugate Vaccine (PCV)					
Hepatitis B					
Measles–Mumps–Rubella (MMR)				Has child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known. ☐ Yes, Year _____ ☐ No or Unsure (Vaccine is required)	
Varicella (chickenpox) vaccine Vaccine is required only of the child has not had chickenpox disease.					

☐ 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 _____ / _____ / _____

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 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 on or about the first of each month.

_____ 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.

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 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 address listed in this brochure. A confirmation email or phone call from YMCA customer service agent will follow request.

_____ _____

Parent/Guardian Signature   Date