

# 2023 REGISTRATION FORM, HEALTH HISTORY & EMERGENCY CARE PLAN

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

(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 Day Camp 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 Day Camp? 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 \_\_\_\_\_

# 2023 SUMMER DAY CAMP REGISTRATION FORM

CAMPER'S NAME \_\_\_\_\_ T-SHIRT SIZE YS YM YL S M L XL  
 CAMP LOCATION \_\_\_\_\_ CAMPER'S START DATE \_\_\_\_\_  
 NAME OF SCHOOL YOUR CHILD ATTENDS \_\_\_\_\_

CAMP WEEKS		4-5 DAY OPTION	3 DAY OPTION	FULL WEEK ONLY OPTION	CAMP LOCATIONS	ADD-ON: SCIENCE CAFE
Final payment & registration are due ten (10) days prior to the start of chosen week of camp.		<b>TRADITIONAL DAY CAMP</b> Ages 4-12  Age 4: \$244/M, \$256/NM Ages 5-13: \$219/M, \$246/NM	<b>TRADITIONAL DAY CAMP</b> Ages 4-12  Age 4: \$195/M, \$215/NM Ages 5-13: \$165/M, \$185/NM	<b>LEADERS IN TRAINING</b> Ages 13-17  Week 1: \$219/M, \$246/NM Weeks 2-11: \$120 (per week)  LITs who pass Week 1 Training Week are required to complete a minimum of three (3) additional weeks of camp.	Rite-Hite Family YMCA YMCA at Lincoln Park (MKE Co. Parks) YMCA at Wellpoint Care Network YMCA at Wilson Park (MKE Co. Parks)	Agnes 7-17  \$75 (per week)  Add-on program that runs 10 AM-3 PM during select camp weeks.
Payment due dates		Mark which days you would like care.	Mark which days you would like care.	Choose which camp weeks attending. Three additional weeks minimum.	Print camp location.	Select add-on week.
WK1: June 12-16	June 2	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	<input type="checkbox"/>		
WK2: June 19-23	June 9	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	<input type="checkbox"/>		<input type="checkbox"/> Lincoln Park
WK3: June 26-30	June 16	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	<input type="checkbox"/>		
WK4: July 5-7	June 23	<input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	<input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	<input type="checkbox"/>		
WK5: July 10-14	June 30	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	<input type="checkbox"/>		
WK6: July 17-21	July 7	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	<input type="checkbox"/>		<input type="checkbox"/> Wellpoint
WK7: July 24-28	July 14	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	<input type="checkbox"/>		
WK8: July 31 - Aug 4	July 21	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	<input type="checkbox"/>		<input type="checkbox"/> Rite-Hite
WK9: Aug 7-11	July 28	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	<input type="checkbox"/>		
WK10: Aug 14-18	Aug 4	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	<input type="checkbox"/>		<input type="checkbox"/> Wilson Park
WK11: Aug 21-25	Aug 11	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	<input type="checkbox"/>		

M: Y Member, NM: Non Members

\*We cannot accommodate requests for campers to be in the same group. For a complete listing of offerings and descriptions, visit [ymcamke.org/camp](http://ymcamke.org/camp).

## PAYMENT INFORMATION

REGISTRATIONS WILL NOT BE PROCESSED WITHOUT A METHOD OF PAYMENT

I hereby authorize the YMCA of Metropolitan Milwaukee to automatically charge my credit card as indicated. Any cancellations or changes must be made prior to payment being made. I understand that it is my responsibility to notify the YMCA of any changes in my credit/debit card, including the expiration date. This agreement will remain in effect until YMCA of Metropolitan Milwaukee receives a written notice of cancellation from me or until the end of camp.

### Credit/Debit Card Account Information

Print you name as it appears on card \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ / \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature \_\_\_\_\_

## PAYMENT OPTIONS

### PLEASE NOTE, THERE IS A \$30 REGISTRATION FEE PER CHILD AT TIME OF REGISTRATION

- Weekly Payment: All registered weeks of camp will be automatically charged 10 days before start of camp.
- Full Payment: Today I will be paying the full amount for all weeks of day camp registered.
- I Receive Third Party Payments (such as My WI Child Care & Child Care Aware): I understand that I am responsible for any amounts not covered by subsidy provider. A current "Authorization" must be on file before your child's registration will be accepted and registered.

## YMCA FINANCIAL ASSISTANCE

Individuals and families may apply for financial assistance for membership or programs, such as Summer Day Camp. Assistance is based upon a number of factors, including total household income and number of dependents. The process is confidential.

- I currently receive financial assistance.
- I have submitted a financial assistance application.
- I would like to learn more about financial assistance.

## OPTIONAL

Ethnicity:  Native American  Caucasian/White  Asian/Pacific Islander  Hispanic  
 African American/Black  Alaskan Native  Other

Were the following statements often true, sometimes true, or never true for your household in the last 12 months:

1. "We were worried whether our food would run out before we got money to buy more." \_\_\_\_\_
2. "The food we bought just didn't last, and we didn't have money to get more." \_\_\_\_\_

## PARENT/GUARDIAN AUTHORIZATION

I approve this application and certify that the applicant is capable of such an experience. I agree to pay the balance of camp fees by Friday at 5pm ten days prior to the start of each camp session. No refunds will be given unless the camp is canceled by the YMCA or a doctor's authorized medical reason has been given. I understand that no refunds will be given if the child leaves early because of homesickness or disruptive behavior as determined by the Camp Director. Your child's spot is not confirmed until the weekly fee is paid in full prior to the start of the week.

By signing this form, I certify approval of good health of the camper, and, in the event that I cannot be reached in an emergency, authorize the YMCA staff/volunteers to render first aid; give permission to the physician selected by the YMCA of Metropolitan Milwaukee to hospitalize, secure proper treatment for and to order injections, anesthesia, or surgery for my child as named above. Prudent attempts will be made to contact the parent/guardian immediately. I understand in signing this form, I agree to release the YMCA of Metropolitan Milwaukee from any liability for the risks of illness, accidents or injury.

I grant permission for the applicant to participate in all planned camp activities, including out-of-camp trips by walking or bus and including rock wall climbing, high ropes course, hiking and horseback riding.

The YMCA of Metropolitan Milwaukee is not responsible for lost, stolen or damaged personal articles. Permission is also given to use any video or photographs that my child may be in for future YMCA promotions. I agree to waive any claims against the YMCA and its members and volunteers to injuries or damages that may result from the conduct of other persons, including participants in the YMCA programs. I also understand that the YMCA of Metropolitan Milwaukee reserves the right to withdraw a child from the program, at the YMCA's discretion, if 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 252).

I understand that a copy of the Wisconsin Rules for Licensing Day Camps and the YMCA Day Camp Policy Handbook will be available for my review online at [ymcamke.org](http://ymcamke.org).

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_