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 FOR HEALTHY LIVING  
 FOR SOCIAL RESPONSIBILITY

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 assistance



# A SAFE PLACE TO LEARN, GROW & THRIVE

## 2023-2024 YMCA AFTER SCHOOL CARE ST. PETER IMMANUEL LUTHERAN SCHOOL

The YMCA of Metropolitan Milwaukee is proud to partner with the St. Peter Immanuel Lutheran School to provide care for students enrolled in after school care for children in grades 4K-8, conveniently located at St. Peter Immanuel Lutheran School.

Our licensed program is led by qualified, caring staff and designed to compliment the school day with fun activities that also support character development, healthy lifestyle choices, and academics -- all while having fun!

### WHY THE Y?

- Convenient locations
- Safe & state licensed care
- Fun & friendship
- Caring & trained staff
- Coordinated Approach to Child Health (CATCH)
- Affordable & tax deductible
- Accepts WI Shares & other Third Party payments
- Flat monthly fees

### ACTIVITIES INCLUDE:

- Homework help
- STEAM activities
- Arts & crafts projects
- Physical activities
- Choice activities
- Outside play
- Healthy snack time
- Social-emotional learning

### 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 recognition:



**Caring:** Considerate to the needs and feelings of others



**Honesty:** Being trustworthy and truthful



**Respect:** Treating yourself, others, and the environment with dignity



**Responsibility:** Accepting accountability for your actions and role in the community.

### WI SHARES & THIRD PARTY PAYMENTS

Provider # 1000558721  
 Location # TBD

### REGISTRATION & BILLING

(p) 414-274-0759  
 (e) [schoolage@ymcamke.org](mailto:schoolage@ymcamke.org)  
 (w) [www.ymcamke.org/school-age](http://www.ymcamke.org/school-age)

### PROGRAM INFORMATION

Program Director:  
 Brittany Fowler  
 (p) 414-274-0805  
 (e) [bfowler@ymcamke.org](mailto:bfowler@ymcamke.org)

## SOCIAL EMOTIONAL LEARNING

Utilizing Second Step Curriculum, Social Emotional Learning (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 program, we use SEL to help children learn, understand, control, and manage their own emotions and strengthen their social skills.

## COORDINATED APPROACH TO CHILD HEALTH

Our programs utilize the Coordinated Approach to Child Health (CATCH) curriculum, a direct education intervention aiming to prevent childhood obesity in school-age children. The two main behavioral targets are helping children identify and choose healthy foods and increasing moderate-to-vigorous physical activity while having fun!

## PROGRAM TIME & SAMPLE SCHEDULE

### AFTERNOON PROGRAM

<b>PROGRAM RUNS</b>	<b>3:00 – 6:00 PM</b>
<b>3:00–3:15 PM</b>	Arrival & Attendance
<b>3:15– 3:45 PM</b>	Snack
<b>3:45–4:15 PM</b>	Homework Help
<b>4:15–4:45 PM</b>	Physical Fitness
<b>4:45–5:15 PM</b>	Planned Activities
<b>5:15–6:00 PM</b>	Free Time & Clean Up

## DROP OFF & PICK UP

Use the door closest to the playground to pick up your child. Please call 414-303-2742.

## HOW TO REGISTER

Register **ONLINE** at [ymcamke.org/schoolage](http://ymcamke.org/schoolage), until space becomes limited. Incomplete registration forms will not be processed. An email will be sent to you once the registration has been completed.

For registration and billing questions, contact our office at 414-274-0759 or [schoolage@ymcamke.org](mailto:schoolage@ymcamke.org).

## FINANCIAL ASSISTANCE & WI SHARES

WI Shares and other third party payments are accepted (see price chart for location and provider number). YMCA financial assistance may be available upon request for families facing financial hardship.

## MONTHLY PROGRAM RATES

Rates are based on a **FLAT MONTHLY RATE**. Rates are established based on schedule, not attendance. There are no credits for time off, holidays, vacations, or absences due to illness or behavior. August, June, and months containing a weeklong break will be prorated.

Child may only attend the session(s) and day(s) selected on the registration form (i.e. registered for Mondays, then can only attend Mondays).

**REGISTRATION FEE:** A \$40 registration fee will be added 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). **A confirmation email will be sent once the registration is processed. Registrations that are missing information will receive a pending email and will not be processed until all missing information is provided.**

**LATE FEE:** A \$1 per minute late fee will be added to the account balance. Late pick-up is only to be approved in emergency situations. Repeated late pick-up may result in the removal from the program.

PROGRAM	RATE	2 DAYS/WEEK	3 DAYS/WEEK	4 DAYS/WEEK	5 DAYS/WEEK
Afternoon	Monthly	\$90	\$130	\$176	\$212
	Weekly	\$22.50	\$32.50	\$44	\$53

Program is sold and invoiced by month. Weekly rates are provided in order to compare with like programs.

WI Shares are accepted. Provider #1000558721. Location #TBD.

There must be a minimum of 12 students enrolled to run the program.

# 2023-24 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.  
 Yes, Year \_\_\_\_\_  
 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)

	M	T	W	Th	F
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I authorize the YMCA of Metropolitan Milwaukee to apply any additional fees due to a change in my child's regular schedule to my form of payment. Additional fees are defined as: Drop-In, Early Release, Late Start and/or Late Pick-Up.

### PARENT/GUARDIAN AUTHORIZATION

Yes I 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.

\*Per licensing requirements.

Yes  No I have reviewed 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 by 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 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 agree 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 INFORMATION

All participants must provide debit/credit card information and will be charged the registration fee at time of sign-up.

#### Credit/Debit Card Account Information

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

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

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

Your payment information will be used for the one-time registration fee, as well as any monthly fees due, including WI Shares or Third Party Copays.

### 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 am responsible for payments not covered (parent share). I have provided the necessary information (above) to cover any additional costs not covered by MY WI Child Care Benefit or other 3rd party benefits.

### CREDIT/DEBIT CARD AUTHORIZATION AGREEMENT

Initial that you agree to each point listed  
\_\_\_\_\_ I authorize the YMCA of Metropolitan Milwaukee to charge the credit/debit card named above.

\_\_\_\_\_ The charge to my card will take place on or about the first of each month.

\_\_\_\_\_ It is my responsibility to check my credit card statement and report any discrepancies to the School Age Billing & Registration Office within 10 days of the charge in question.

\_\_\_\_\_ I am financially responsible for all payments. Should my payment not be honored by my financial institution for any reason, I am 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 of 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 or 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 registration form to the YMCA of Metropolitan Milwaukee.

Provider and location numbers can be found listed on the information/registration form or call our School Age Billing & Registration Office (414-274-0759) for these numbers.

I approve this application, authorize payment by the above specified means, and certify that the applicant is capable of participating 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 two weeks after the 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 Billing & Registration representative will follow request.

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

\_\_\_\_\_  
Date