



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WE HAVE FUN AT SCHOOL IN THE SUMMER



Summer School Extended Care at Big Bend Elementary MUKWONAGO YMCA

Here comes summer! We want to make sure your child has an awesome summer - before and after summer school at Big Bend Elementary from June 12 - July 6.

All the same great programming we offer during the school year will be offered. So get ready for: arts and crafts, science and math time, recreational sports, games, fitness, literacy, enrichment, outside activity time, and so much more!

For more information, call or stop by the Mukwonago YMCA!

SUMMER SCHOOL EXTENDED CARE

June 12 - July 6

Mondays - Thursdays

AM Drop Off
as Early as 7 AM

PM Pick Up
as Late as 6 PM

*No camp on Tues. July 4

MUKWONAGO YMCA | 245 E. Wolf Run, Mukwonago, WI 53149 | 262-363-7950 | GWCYMCA.ORG

2017 EXTENDED CARE REGISTRATION FORM, HEALTH HISTORY & EMERGENCY CARE PLAN

YMCA of Greater Waukesha County Summer School Extended Care at Big Bend Elementary | Mukwonago YMCA

One form per child. A new form must be filled out each school year.

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

Student Information

Child's First Name _____ Middle Initial _____ Last Name _____ Gender M F Birth date ____/____/____
 This will be my child's ____ year in Extended Care Age (as of June 1, 2017) _____ Child resides with Mother Father Both Other _____
 YMCA Member Number _____

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 ____/____/____
 Home Address (Street, City, State, Zip) _____
 Preferred method of contact Email Phone E-Mail _____
 Home Phone Number _____ Work Phone Number _____ Cell Phone Number _____
 Daytime Address (Street, City, State, Zip) _____

#2 Parent/Guardian First Name _____ Middle Initial _____ Last Name _____ Gender M F Birth date ____/____/____
 Home Address (Street, City, State, Zip) _____
 Preferred method of contact Email Phone E-Mail _____
 Home Phone Number _____ Work Phone Number _____ Cell Phone Number _____
 Daytime Address (Street, City, State, Zip) _____

Emergency Contacts/Others Authorized to Pick Child Up Must put one other person other than parent or guardian. (Can add more on Alternate Arrival/Release Agreement)

#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 _____

12 MEDICAL AND BEHAVIOR QUESTIONS TO HELP US PROVIDE THE BEST CARE TO YOUR CHILD. ALL INFORMATION IS CONFIDENTIAL TO Y STAFF.

1. Has your child had any of the following?

- 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 & 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 _____
 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 DTP, DTaP, or DT					
Polio					
Hib (Haemophilus Influenzae Type B)					
Hepatitis B					
Measles-Mumps-Rubella (MMR)					
Varicella (chickenpox) vaccine Vaccine is required only of 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 YMCA. Forms available from our website or at your Y's Business Desk.

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

Does Y Staff need to administer medications? Yes No
 *If medication needs to be administered during care, an Authorization to Administer Medication Form MUST be completed. Visit gwcymca.org for forms.

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 **repellent** to my child
 I authorize the YMCA to allow my child to self-apply **repellent**
 My child may use **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 _____

**SUMMER SCHOOL EXTENDED CARE
AT BIG BEND ELEMENTARY SCHOOL**

June 12 - July 6 (No camp on Tues. July 4)

Mondays - Thursdays

AM Care available 7:00 AM - 8:00 AM

PM Care available 12:00 PM - 6:00 PM

Payment is due the Monday before the week of Summer School.

Child's Start Date _____ / _____ / _____

Child's Schedule

(Please indicate your child's schedule below)

	M	T	W	Th
AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PRICING (tuition fee per child per week)

1 DAY

AM \$5 | PM \$25 | AM & PM \$30

2 DAYS

AM \$10 | PM \$50 | AM & PM \$60

3 DAYS

AM \$15 | PM \$75 | AM & PM \$90

4 DAYS

AM \$20 | PM \$100 | AM & PM \$120

CONTACT US

Mukwonago YMCA

245 E Wolf Run
Mukwonago, WI 53149
262-363-7950

**Extended Care Questions,
including Enrollment & Registration**

262-363-7929
enatwick@gwycymca.org

Website

www.gwycymca.org

For Office Use Only

DATE RECEIVED _____

TIME RECEIVED _____

STAFF INITIALS _____

PAYMENT OPTIONS

Please choose ONE of the following methods of payment:

- I receive Child Care Benefits (Wisconsin Shares). I understand that I am responsible for payments that are not covered (Co-pays) and must set up an Auto Payment for any Co-pays required of me. Please check method of payment for Co-pays. Please email us at ksippi@gwycymca.org for Provider & Location Number. An authorization letter must be submitted with this registration form.
- I would like the Y to draft from my checking/savings account or charge my credit card weekly on the Monday prior to the week of care beginning June 5 or 1-week prior to my child's start date.

Bank Draft Account Information (Please attach a voided check for verification and processing)

Name of Financial Institution _____

Routing Number _____ Account Number _____

Checking Savings

Credit/Debit Card Account Information

Print your name as it appears on card _____

Credit Card Number _____

Expiration Date _____ Zip Code _____

- I would like to support the Y's Annual Giving Campaign (Financial Assistance fund) in the amount of \$_____ Bill me on ____/____/_____

PAYMENT AUTHORIZATION AGREEMENT

I hereby authorize the YMCA of Greater Waukesha County to initiate automatic drafts from my account at the financial institution named above or charge the credit card named above. Further, I understand that the draft to my account/charge to my credit card will take place weekly on the Monday prior to the week of care. It is my responsibility to check my bank statement/credit card statement and report any discrepancies to the YMCA Registrar within 10 days of the draft in question. I understand that I am financially responsible for all payments. Should my weekly amount not be honored by my financial institution for any reason, I agree to be responsible for that payment plus a \$10 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 Greater Waukesha County of any change in my bank account or credit card information, including the expiration date, and those changes must be submitted in writing at least 10 days in advance of the billing date. I understand that no refunds are given.

_____ Initial

PARENT/GUARDIAN AUTHORIZATION

- I approve this application and certify that the applicant is capable of such an experience.
- I grant permission for the applicant to participate in all planned activities and out of site trips by walking, van or bus (when applicable).
- 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 agree to release the YMCA of Greater Waukesha County from any liability for the risk of illness, accidents or injury.
- This agreement will remain in effect until the program has ended, the YMCA of Greater Waukesha County receives a written notice of cancellation from me, or until I submit a new bank draft permission form to the YMCA of Greater Waukesha County.
- The YMCA is not responsible for lost, stolen or damaged personal items.
- I understand that there are no pets on location.
- I authorize the YMCA to have and use photographs and videos of the person named in this application as may be needed for its public relations programs, including social media.
- I understand that if my child requires alternative arrival or release, I will complete a separate form with updated information on it.
- I understand that failure to complete all mandatory forms will result in a forfeited spot in Y BASE. No exception.
- I am required to give a two-week written notice for a permanent schedule change and/or withdrawal which affects the number of days my child will attend the YMCA Extended Care program.
- I understand fees are established based on schedule, not attendance, and that I am responsible for all fees.
- I understand YMCA fees must be paid weekly and on the Monday in advance of the service.
- I understand that in signing this form that I agree to adhere to all policies and procedures listed in the parent handbook.

Parent/Guardian Signature _____ Date _____