



# 2023-2024 West Suburban Y Before & After School Enrichment (Y BASE)

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ School Location \_\_\_\_\_

## Christ the Lord Lutheran Church & School

Child's Start Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Y BASE SCHEDULE

Before and/or After Full School Day

(Please indicate your child's schedule below)

	M	T	W	Th	F
AM   7:00-8:00 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM   3:20-5:30 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pricing varies by program. For current pricing, please see our 2023-2024 Enrollment & Tuition Form.

A NON-REFUNDABLE \$25 REGISTRATION FEE IS DUE AT THE TIME OF REGISTRATION

NOTE: Registrations will not be processed without a completed Payment Authorization Form.

- I RECEIVE YMCA FINANCIAL ASSISTANCE  
I understand I am responsible for any payment balance not covered by financial assistance.
- 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. An authorization letter must be submitted with this registration form.

Provider Number: 4000558914

Location Numbers: Christ the Lord - TBD

### PAYMENT AUTHORIZATION AGREEMENT

Registration will not be processed unless it is accompanied by a completed Payment Authorization Form. A \$25 non-refundable registration fee is due. I understand that the draft to my account/charge to my credit card will take place bi-weekly. It is my responsibility to check my bank statement/credit card statement and report any discrepancies to the Billing and Registration Department within 10 days of the draft in question. I understand that I am financially responsible for all payments. Should my bi-weekly amount not be honored by my financial institution for any reason, I agree to be responsible for that payment plus a \$15 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 Payment Authorization 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 programming. No exceptions.
- 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 Y programming.
- I understand fees are established based on schedule, not attendance, and that I am responsible for all fees.
- I understand program fees must be paid bi-weekly and 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 \_\_\_\_\_

OFFICE USE ONLY    DATE RECEIVED    TIME RECEIVED    STAFF INITIALS

## CONTACT US

WEST SUBURBAN YMCA  
2420 124th Street, Wauwatosa, WI 53226  
414-302-9622

BILLING & REGISTRATION QUESTIONS  
414-635-1880  
registrar@gwcymca.org

PROGRAMMING & LOCATION SPECIFIC INFO  
414-454-4629  
wsschoolage@gwcymca.org

WEBSITE  
gwcymca.org/YBASE-Christ-the-Lord  
(Includes programming information, parent handbook & forms)



# 2023-2024 REGISTRATION FORM, HEALTH HISTORY & EMERGENCY CARE PLAN

YMCA of Greater Waukesha County One form per child. A new form must be filled out each year.

(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 \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (as of Sept 1, 2023) \_\_\_\_\_ Child resides with  Parent/Guardian #1  Parent/Guardian #2  Both  
Are you a Y Member?  Yes  No If yes, Y Member Number \_\_\_\_\_ Home Branch \_\_\_\_\_

#### 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) \_\_\_\_\_  
Preferred method of contact \_\_\_\_\_ E-Mail \_\_\_\_\_  
Home Phone Number \_\_\_\_\_ 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) \_\_\_\_\_  
Preferred method of contact \_\_\_\_\_ E-Mail \_\_\_\_\_  
Home Phone Number \_\_\_\_\_ 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
- 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. Language(s) spoken at home \_\_\_\_\_
9. Additional Information that may be helpful to us \_\_\_\_\_

10. Emergency Numbers Complete contact information required.  
Physician Name \_\_\_\_\_ Phone \_\_\_\_\_  
Location Address \_\_\_\_\_

#### 11. 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 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 [gwcymca.org](http://gwcymca.org).

12. 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 [gwcymca.org](http://gwcymca.org).

13. 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 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 25% Deet).  
 If no, I will only allow my child to use the repellent provided by parent:  
Brand Name \_\_\_\_\_ Strength \_\_\_\_\_