



2023-2024 West Suburban Y Before & After School Enrichment (Y BASE) & 4K Wrap Registration Form

Child's Name _____ Grade _____ School Location _____

Child's Start Date _____ / _____ / _____

4K WRAP CARE SCHEDULE

During the school day for 4 year olds

(Please indicate your child's schedule below)

Table with 4 columns: Time Slot, 5 Day Mon-Fri, 3 Day M/W/F, 2 Day T/Th. Rows include AM 8:50 AM - 12:55 PM and PM 11:35 AM - 3:40 PM.

Y BASE SCHEDULE

Before and/or After Full School Day

(Please indicate your child's schedule below)

Table with 6 columns: Time Slot, M, T, W, Th, F. Rows include AM 6:30-8:50 AM and PM 3:40-6:00 PM.

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 WANT TO REGISTER FOR HALF-DAY CARE (Friday, October 27) Y BASE will offer a half-day program at each school until pick up before 6:00 PM.

\$40 until 6:00 PM

*If your child is not picked up by 6:00 PM, you will be charged \$1/minute.

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.

Provider Number: 4000558914 Location Numbers: Burleigh 016, Brookfield 017, Dixon 020, Swanson 019, Tonawanda 018

I authorize the YMCA of Greater Waukesha County to add fees for additional time added to my child's schedule, including early releases, to my regular payment using the payment method on file.

Initial

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.

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-Elmbrook (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.					

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 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.

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 _____