



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BUILDING BRIGHT MINDS

**SCHOOL AGE CHILD CARE
REGISTRATION & INFORMATION**

YMCA of Greater Waukesha County

CONTACT US

MUKWONAGO YMCA

245 E. Wolf Run
Mukwonago, WI 53149
262-363-7950
mkybase@gwycymca.org



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
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BILLING & REGISTRATION QUESTIONS

414-635-1880
registrar@gwycymca.org

WEBSITE

gwycymca.org/YBASE
(Includes programming information, parent handbook & forms)

GET AHEAD FOR THE NEXT SCHOOL YEAR!

Register effortlessly at GWCYMCA.ORG.

Act fast—applications received after August 20th may not be able to start on September 3. Apply now and ensure your spot for the upcoming school year!*

*Subject to availability.

OVERVIEW

BEFORE & AFTER SCHOOL CARE (SERVING 4K-6 GRADE)

Our program prioritizes safety, holistic development, and academic support for children. With a focus on individual needs, we provide a safe space where kids explore interests and talents. Through choice-based activities encompassing homework, physical engagement, and passion pursuits, children gain ownership of their learning, fostering responsibility and engagement. We strive to empower kids to excel in all aspects of their lives.

4K WRAP CARE/EARLY LEARNING PROGRAM

Customized for 4K students at specific locations, our flexible program offers specialized learning that complements their school schedule. While before and after school care is available, enrollment is optional for eligible students. Within our nurturing environment, young learners find a focused space for growth and exploration within their educational journey.

SCHOOL'S OUT FUN DAY (SOFD)

When school's out, keep your child in a safe, fun-filled environment! Join us at the Y for full-day child care from 7:00 AM - 6:00 PM during specific school closures. Available at all five of our fully-equipped branches, it's a day packed with activities and friendships for your child.

LOCATIONS

MUKWONAGO YMCA

EAST TROY SCHOOL DISTRICT
MUKWONAGO SCHOOL DISTRICT (MK)
WASHINGTON-CALDWELL SCHOOL DISTRICT
WATERFORD GRADED SCHOOL DISTRICT
245 E Wolf Run
Mukwonago, WI 53149
262-363-7950

SOUTHWEST YMCA

NEW BERLIN SCHOOL DISTRICT (NB)
11311 W Howard Ave
Greenfield, WI 53228
414-546-9622

WAUKESHA YMCA

MILL CREEK ACADEMY
WAUKESHA SCHOOL DISTRICT (WK)
320 E Broadway
Waukesha, WI 53186
262-542-2557

WEST SUBURBAN YMCA

CHRIST THE LORD LUTHERAN CHURCH & SCHOOL
ELMBROOK SCHOOL DISTRICT
2420 N 124th St
Wauwatosa, WI 53226
414-302-9622

Provider Number: 4000558914

Location Numbers:

Christ the Lord

Lutheran Church & School 033

East Troy Schools

Prairie View Elementary 027

Elmbrook Schools

Brookfield Elementary 017

Burleigh Elementary 016

Dixon Elementary 020

Swanson Elementary 019

Tonawanda Elementary 018

Mill Creek Academy

Mill Creek Academy 029

Mukwonago Schools

Big Bend Elementary 011

Prairie View Elementary 010

Washington-Caldwell Elementary 028

New Berlin Schools

Elmwood Elementary 023

Ronald Regan Elementary 021

Orchard Lane Elementary 022

Poplar Creek Elementary 024

Waterford Schools

Evergreen Elementary 031

Trailside Elementary 030

Woodfield Elementary 032



2024-2025 BEFORE & AFTER SCHOOL CARE | 4K WRAP CARE MUKWONAGO AREA SCHOOL DISTRICT

APPLICATION PROCEDURE

- Complete and submit the application form at gwcymca.org or drop it off at the Mukwonago YMCA.
 - Children under 5 need a Child Health Report by September 1, 2024. The form can be found on our website and is required prior to child start date.
 - Forms will not be accepted at the school.
 - Parents must ensure accuracy in the submitted application information. Any updates or changes must be communicated promptly.
- A non-refundable \$25 application fee per child is required at the time application is processed.
- Applications will be processed in the order they are received and are subject to each site's licensed capacity. Capacities will be posted at each location.
- Confirmation of enrollment or placement on a waitlist will be communicated within 7 business days of application.

SCHEDULE CHANGES & WITHDRAWAL REQUESTS

- Requests for schedule changes or withdrawals must be made by completing the Change/Cancellation Form and submitting it to registrar@gwcymca.org or by dropping it off at Y.
- Changes in the enrollment schedule may result in forfeiture of the original spot if the program is at full capacity.
- Schedule change or withdrawal requests will be processed based on their submission order and the program capacity at each location.
- No refunds or credits will be issued for days not attended.

TUITION PAYMENTS

- Tuition payments will automatically draft on the dates below.
 - A \$15 fee will be charged for return payments.
 - No refunds will be provided.
 - In case of changes made post-tuition draft before the change deadline, a credit will be issued, or additional fees will be collected as necessary.
 - There are no multiple child discounts or referral bonuses.
 - Changes in credit card or bank account information must be made via the payment form. YMCA membership payment changes are processed separately.

SCHEDULE CHANGE DEADLINE
Mondays at noon, one week in advance.

WEEK OF CARE	TUITION DRAFT DATE	WEEK OF CARE	TUITION DRAFT DATE
September 2 - September 6, 2024	Tuesday, August 20, 2024	January 20 - January 24, 2025	Sunday, January 5, 2025
September 9 - September 13, 2024		January 27 - January 31, 2025	Monday, January 20, 2025
September 16 - September 20, 2024	Thursday, September 5, 2024	February 3 - February 7, 2025	
September 23 - September 27, 2024		February 10 - February 14, 2025	
September 30 - October 4, 2024	Friday, September 20, 2024	February 17 - February 21, 2025	
October 7 - October 11, 2024		February 24 - February 28, 2025	
October 14 - October 18, 2024	Saturday, October 5, 2024	March 3 - March 7, 2025	Thursday, February 20, 2025
October 21 - October 25, 2024		March 10 - March 14, 2025	Wednesday, March 5, 2025
October 28 - November 1, 2024	Sunday, October 20, 2024	March 17 - March 21, 2025	
November 4 - November 8, 2024		March 24 - March 28, 2025	Thursday, March 20, 2025
November 11 - November 15, 2024	Tuesday, November 5, 2024	March 31 - April 4, 2025	
November 18 - November 22, 2024		April 7 - April 11, 2025	Saturday, April 5, 2025
November 25 - November 29, 2024	Wednesday, November 20, 2024	April 14 - April 18, 2025	
December 2 - December 6, 2024		April 21 - April 25, 2025	
December 9 - December 13, 2024		April 28 - May 2, 2025	Sunday, April 20, 2025
December 16 - December 20, 2024	Thursday, December 5, 2024	May 5 - May 9, 2025	Monday, May 5, 2025
December 23 - December 27, 2024		May 12 - May 16, 2025	
December 30 - January 3, 2025	Friday, December 20, 2024	May 19 - May 23, 2025	Tuesday, May 20, 2025
January 6 - January 10, 2025		May 26 - May 30, 2025	
January 13 - January 17, 2025	Sunday, January 5, 2025	June 2 - June 6, 2025	

*Tuition will be prorated for days that children do not have school based on their school district calendar.

4K WRAP CARE		2 DAYS	3 DAYS	5 DAYS
AM or PM	Weekly Tuition	\$43	\$63	\$102.50

BEFORE & AFTER SCHOOL CARE		1 DAY	2 DAYS	3 DAYS	4 DAYS	5 DAYS
AM	Weekly Tuition	\$10	\$20	\$30	\$40	\$46
PM	Weekly Tuition	\$15	\$30	\$45	\$60	\$70
AM & PM	Weekly Tuition	\$25	\$50	\$75	\$100	\$112.50

YMCA HOUSEHOLD MEMBERSHIP INCENTIVE

Program families are eligible to receive a reduced rate on a household membership with the YMCA of Greater Waukesha County.

Families with a child enrolled in three or more days of care, either AM or PM, are eligible to receive a \$10/month rate reduction towards a household membership. Families with a child enrolled three or more days of care, both AM and PM, are eligible to receive a \$20/month rate reduction towards a household membership.

PLEASE NOTE: If you are a current YMCA of Greater Waukesha County member, please email registrar@gwcymca.org and add the program incentive to your membership today. Once enrolled, if you change your schedule and no longer qualify for your current incentive package, the Y will readjust your membership rate to the full amount. Families must be registered for the 2024-2025 school year to receive the membership incentive over the summer months.



Mukwonago Area School District | School Age Child Care Application

Child's Name _____ Grade _____ School Name _____

Child's Start Date _____ / _____ / _____

		MON	TUE	WED	THU	FRI
Before & After School Care	AM 6:30-8:30 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	PM 3:30-6:00 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4K Wrap Care	8:30-9:00 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	11:30 AM - 3:30 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	8:30 AM - 12:30 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3:00-3:30 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A NON-REFUNDABLE PAYMENT OF \$25 IS REQUIRED FOR BEFORE & AFTER SCHOOL CARE, AND \$50 IS REQUIRED FOR 4K WRAP CARE.

I WANT TO REGISTER FOR HALF-DAY CARE - \$30/DAY
 Y BASE will offer a half-day program at each school until pick up before 6:00 PM.
 Sep 26 Jan 23 Feb 13 Apr 17
 *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. An authorization letter must be submitted with this registration form.

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

MEDIA RELEASE

By checking "Yes," I as the parent/guardian, give consent for YGWC to capture pictures, videos, and audio of the participant during YMCA programs for promotional and informational purposes. Please note that should you decide to revoke this consent at any time, it will not apply to any previously captured content. Yes No

PAYMENT AUTHORIZATION AGREEMENT

Applications will not be processed unless it is accompanied by a non-refundable payment of \$25 and a Payment Authorization Form. I understand that the draft to my account/charge to my credit card will take place twice per month. It is my responsibility to check my bank statement/credit card statement and report any discrepancies to the Registrar within 10 days of the draft in question. I understand that I am financially responsible for all payments. Should my draft 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.

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 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.



BACK

Parent/Guardian Signature

Date

OFFICE USE ONLY DATE RECEIVED TIME RECEIVED STAFF INITIALS



2024-2025 APPLICATION 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, 2024) _____ 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. Does 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 (IPV)					
Hib (Haemophilus Influenzae Type B)					
Pneumococcal Conjugate Vaccine (PCV)					
Hepatitis B					
Measles-Mumps-Rubella (MMR)					
Varicella (chickenpox) vaccine					

- 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 (When 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 _____