MUKWONAGO YMCA AT WASHINGTON–CALDWELL ELEMENTARY 4K WRAP CARE OPTIONS

Please select the Wrap Care option and days per week you wish to register for. For current pricing, see our rate sheet. Care is available between 11:30 AM – 3:40 PM. If care is needed beyond traditional Wrap Care, please see info on our Y BASE program.

☐ Half Day  ☐ 5 Days per Week  ☐ 3 Days per Week  ☐ 2 Days per Week

<table>
<thead>
<tr>
<th>MONDAYS</th>
<th>TUESDAY</th>
<th>WEDNESDAYS</th>
<th>THURSDAYS</th>
<th>FRIDAYS</th>
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<td>HOURS NEEDED</td>
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<td>☐ Other: ________</td>
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A $50 REGISTRATION FEE IS DUE AT THE TIME OF REGISTRATION.

Please note, registrations will not be processed without a non-refundable registration fee and Payment Authorization Form.

☐ I authorize the Y to charge the payment method on file for the $50 registration fee.

PAYMENT INFORMATION

Registration will not be processed unless it is accompanied by a non-refundable $50 registration fee and a Payment Authorization Form. It is your responsibility to contact the YMCA Registrar in writing by the 10th of the prior month to terminate your monthly payment plan or to change your payment information. A $15 late fee will be assessed for all late payments, returned checks, or problem payments with monthly drafts. I understand that I am financially responsible for all payments. Should my monthly 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 understand that I am responsible for the monthly tuition or my spot may be forfeited.
- I understand that no refunds are given.
- I understand that to withdraw my child from the program, I must provide written notice to the YMCA Business Desk by the 10th of the prior month. No credits will be issued.
- I grant permission for the applicant to participate in all planned activities and trips by walking, van, or bus.
- I understand my child must be potty trained to attend Wrap Care.
- I understand my child may not attend class if they display symptoms of a communicable illness.
- In case of accident or illness, the YMCA is authorized to secure emergency medical treatment. Prudent attempts will be made to contact the parents immediately.
- The YMCA is not responsible for lost, stolen or damaged personal articles.
- 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 agree to waive any claims against the YMCA and its members and volunteers for injuries or damages that may result from the conduct of other persons including participants in YMCA programs.
- I understand that there are no pets on location.
- I understand if my child requires alternate arrival or release, I will complete a separate form with updated information on it.
- I understand that current immunization information (page 2 of Registration Form) must be completed at the time of registration.
- I understand failure to complete all mandatory forms will result in a forfeited spot in Wrap Care.
- I understand that I am responsible for the monthly tuition or my spot may be forfeited.

Parent/Guardian Signature ___________________ Date __________

CONTACT US

MUKWONAGO YMCA
245 E Wolf Run, Mukwonago 53149
262-363-7950
registrar@gwcymca.org
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 June 12, 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 ___________________________ Phone ___________________________

11. List the MONTH, DAY AND YEAR the child received each of the following immunizations. DO NOT USE a (‘) or (’). If you do not have an immunization record for this child, contact your doctor or local health department to obtain the records.

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<thead>
<tr>
<th>TYPE OF VACCINE</th>
<th>1st Dose M/D/Y</th>
<th>2nd Dose M/D/Y</th>
<th>3rd Dose M/D/Y</th>
<th>4th Dose M/D/Y</th>
<th>5th Dose M/D/Y</th>
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<tr>
<td>Diphtheria-Tetanus-Pertussis Spec’y □ DTP □ DTaP □ DT</td>
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<td>Polio</td>
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<td>Hib (Haemophilus Influenzae Type B)</td>
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<td>Pneumococcal Conjugate Vaccine (PCV)</td>
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<tr>
<td>Hepatitis B</td>
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<td>Measles-Mumps-Rubella (MMR)</td>
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<td>Varicella [chickenpox] vaccine</td>
<td>Has child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known. □ Yes, Year ______ □ No or Unsure (Vaccine is required)</td>
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□ 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, will only allow my child to use the repellent provided by parent: Brand Name ___________________________ Strength ___________________________