Mukwonago YMCA Preschool Registration Form

Child’s Name ____________________________ School District Child Resides In ____________________________

Child Start Date ____________________________

MUKWONAGO YMCA PRESCHOOL OPTIONS
All children must be 3 by September 1, 2023.
All children must be potty-trained.

Please select the Preschool class you wish to register for:

3 Year Old Preschool
☐ 2 Day T/TH 9:00 AM – 11:30 AM

3.5 – 4 Year Old Preschool
☐ 3 Day M/W/F 9:00 AM – 11:30 AM

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 Registrar 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 Preschool.
• 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 Preschool and my child will be taken off rosters. No exceptions.

Parent/Guardian Signature ____________________________ Date ____________________________

CONTACT US
MUKWONAGO YMCA
245 E Wolf Run, Mukwonago 53149
262-363-7950
registrar@gwcymca.org

2023-2024 PRESCHOOL PRICING

<table>
<thead>
<tr>
<th></th>
<th>ANNUAL FEE</th>
<th>MONTHLY FEE*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Members</td>
<td>Program</td>
</tr>
<tr>
<td></td>
<td>Participants</td>
<td>Participants</td>
</tr>
<tr>
<td>3 Days</td>
<td>$1,764</td>
<td>$2,367</td>
</tr>
<tr>
<td>2 Days</td>
<td>$1,206</td>
<td>$1,611</td>
</tr>
</tbody>
</table>

*Annual fee is paid in nine monthly payments in August, September, October, November, December, January, February, March, and April.
## Child Information

1. **Child’s First Name**  
2. **Middle Initial**  
3. **Last Name**  
4. **Gender** □ M □ F □ Other  
5. **Birth date** / /  
6. **Age** (as of June 12, 2023)  
7. **Child resides with** □ Parent/Guardian #1 □ Parent/Guardian #2 □ Both  

### Parent/Guardian Information – Both parents must be listed. Use N/A if not applicable.

1. **First Name**  
2. **Middle Initial**  
3. **Last Name**  
4. **Gender** □ M □ F □ Other  
5. **Birth date** / /  

### Home Address

1. **Street**  
2. **City**  
3. **State**  
4. **Zip**

### Phone Numbers

1. **Home Phone Number**  
2. **Work Phone Number**  
3. **Cell Phone Number**

### Emergency Contacts/Others Authorized to Pick Child Up

1. **First Name**  
2. **Middle Initial**  
3. **Last Name**  
4. **Relationship to child**  
5. **Cell Phone Number**

## Medical and Behavior Questions

These questions help us to provide the best care for your child. All information is confidential to YMCA Staff.

### MEDICAL AND BEHAVIOR QUESTIONS

1. **Has your child had any of the following?**  
   - □ Asthma  
   - □ Autism  
   - □ Diabetes  
   - □ ADD/ADHD  
   - □ Epilepsy/Seizures  
   - □ Cerebral Palsy/Motor Disorder  
   - □ Cognitively Disabled  
   - □ Dietary Restrictions  
   - □ Food/Milk Allergies  
   - □ Sensory Concerns  
   - □ Status of Vision, Hearing & Speech  
   - □ Other Conditions requiring Special Care  

2. **Signs or symptoms to watch for**  

3. **Steps the childcare provider should follow**  

4. **Identify any staff to whom you gave specialized training/instructions**  

5. **When to call parents regarding symptoms or failure to respond to treatment**  

6. **When to consider that the condition requires emergency medical care or reassessment**  

7. **Language(s) spoken at home**  

8. **Additional Information that may be helpful to us**  

9. **Emergency Numbers**  

   - **Physician Name**  
   - **Phone**  
   - **Location Address**  

10. **Emergency Numbers**  

### Immunizations

- **Varicella (chickenpox) vaccine**  
- **Measles-Mumps-Rubella (MMR)**  
- **Hepatitis B**  
- **Diphtheria-Tetanus-Pertussis (DTP)**  
- **Hib (Haemophilus Influenzae Type B)**  
- **Polio**  
- **Hib (Haemophilus Influenzae Type B)**  
- **Pneumococcal Conjugate Vaccine (PCV)**  
- **DTaP**  
- **DT**  

### Medication Administration

- **Does Y Staff need to administer medications?**  
   - □ Yes  
   - □ No  

### Sunscreen/Insect Repellent

- **My child may use**  

<table>
<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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</thead>
<tbody>
<tr>
<td>Diphtheria-Tetanus-Pertussis</td>
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<tr>
<td>Specify □ DTP □ DTaP □ DT</td>
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<tr>
<td>Polio</td>
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<td>Hib (Haemophilus Influenzae Type B)</td>
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<tr>
<td>Pneumococcal Conjugate Vaccine (PCV)</td>
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<tr>
<td>Measles-Mumps-Rubella (MMR)</td>
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<tr>
<td>Varicella (chickenpox) vaccine</td>
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</tbody>
</table>
| Has child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known.  
  - □ Yes  
  - □ Year  
  - □ No or Unsure (Vaccine is required)  

## Does Y Staff need to administer medications?  

- □ Yes  
- □ No  

### Sunscreen/Insect Repellent

- □ 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.

### Does Y Staff need to administer medications?  

- □ Yes  
- □ No  

11. **List the MONTH, DAY AND YEAR the child received each of the following**

12. **Is your child currently taking any medications?**  
   - □ Yes  
   - □ No  

- □ If yes, what kind and purpose

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If you do not have an immunization record for this child, contact your doctor or local health department to obtain the records.

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**

14. **Insect Repellent** (If provided by a parent, each bottle must be labeled.)

- □ 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**