SOUTHWEST YMCA PRESCHOOL OPTIONS
Please select the Preschool class you wish to register for:

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

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

2023–2024 PRESCHOOL PRICING

<table>
<thead>
<tr>
<th>Annual Fee</th>
<th>Monthly Fee*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Members</td>
<td>Program Participants</td>
</tr>
<tr>
<td>3 Days</td>
<td>$1,764</td>
</tr>
<tr>
<td>2 Days</td>
<td>$1,206</td>
</tr>
</tbody>
</table>

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

CONTACT US
SOUTHWEST YMCA
11311 W Howard Ave, Greenfield 53228
414–329–3871
registrar@gwcymca.org

PAYMENT INFORMATION
Registration will not be processed unless it is accompanied by a non-refundable $50 registration fee and 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.

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.

_______ Initial

Parent/Guardian Signature Date
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 _______ / _______ / _______
#2 Parent/Guardian First Name ____________________________ Middle Initial ______ Last Name ____________________________ Gender □ M □ F □ Other Birth date _______ / _______ / _______

Home Address (Street, City, State, Zip) ____________________________ Phone Numbers: Home ____________________________ E-Mail ____________________________

Daytime Address/Employer Name & Address ____________________________
#2 Parent/Guardian First Name ____________________________ Middle Initial ______ Last Name ____________________________ Gender □ M □ F □ Other Birth date _______ / _______ / _______
#1 Parent/Guardian First Name ____________________________ Middle Initial ______ Last Name ____________________________ Gender □ M □ F □ Other Birth date _______ / _______ / _______

Home Address (Street, City, State, Zip) ____________________________ Phone Numbers: Home ____________________________ E-Mail ____________________________

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

<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>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria-Tetanus-Pertussis</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Specify □ DTP □ DTaP □ DT</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Polio</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Hib [Haemophilus Influenzae Type B]</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Pneumococcal Conjugate Vaccine (PCV)</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Measles-Mumps-Rubella (MMR)</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Varicella [chickenpox] vaccine</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Vaccine is required only of the child has not had chickenpox disease.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

□ 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.
□ 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.
□ 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 ____________________________