TRI COUNTY YMCA PRESCHOOL OPTIONS

Please select the Preschool class you wish to register for:

2 - 3 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

4 - 5 Year Old Preschool
- 5 Day M–F 12:00 PM – 3:00 PM

Lunch Bunch
- 2 Day T/TH 11:30 AM – 12:30 PM
- 3 Day M/W/F 11:30 AM – 12:30 PM
- 5 Day M–F 11:30 AM – 12:30 PM

A $50 REGISTRATION FEE IS DUE AT THE TIME OF REGISTRATION.

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 Participants</td>
</tr>
<tr>
<td>5 Days</td>
<td>$2,835</td>
<td>$3,762</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>
<tr>
<td>5-Day Lunch Bunch</td>
<td>$1,248</td>
<td>$1,871</td>
</tr>
<tr>
<td>3-Day Lunch Bunch</td>
<td>$832</td>
<td>$1,248</td>
</tr>
<tr>
<td>2-Day Lunch Bunch</td>
<td>$624</td>
<td>$937</td>
</tr>
</tbody>
</table>

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

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 participating 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

CONTACT US

TRI COUNTY YMCA
N84 W17501 Menomonee Ave
Menomonee Falls, WI 53051
262-255-9622
registrar@gwcymca.og

A $50 REGISTRATION FEE IS DUE AT THE TIME OF REGISTRATION.

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 ______/_______/_______

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 ____________________

   Additional Information that may be helpful to us ___________________________________________________________________________________

   Food/Milk Allergies

   if child is allergic to milk, attach a statement from a medical professional indicating an acceptable alternative.

   Other Conditions requiring Special Care

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.

   (ALL SECTIONS MUST BE FILLED OUT. IF SOMETHING DOES NOT APPLY, PLEASE USE N/A)

   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 □ DT □ DTP □ DTaP □ DT
   Polio
   Haemophilus Influenzae Type B (HIB)
   Pneumococcal Conjugate Vaccine (PCV)
   Hepatitis B
   Measles-Mumps-Rubella (MMR)
   Varicella (chickenpox) vaccine
   Has child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known.
   □ Yes, Year _______________ □ No or Unsure (Vaccine is required)

   Food/Milk Allergies

   if child is allergic to milk, attach a statement from a medical professional indicating an acceptable alternative.

   Other Conditions requiring Special Care

   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 school 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 allow my child to use 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 sunscreen provided by parent:

   Brand Name ____________________ Strength ____________________

   □ I authorize the YMCA to allow 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 ____________________