Child’s Name ____________________________ Grade _________ School Location ____________

Child’s Start Date _______ / ________ / ______

CHILD’S SCHEDULE
(Please indicate your child’s schedule below)

<table>
<thead>
<tr>
<th></th>
<th>M</th>
<th>T</th>
<th>W</th>
<th>Th</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM</td>
<td>6:30-8:30 AM</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>PM</td>
<td>3:40-6:00 PM</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

PRICING (tuition fee per child per week)

<table>
<thead>
<tr>
<th></th>
<th>AM</th>
<th>PM</th>
<th>AM &amp; PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Day</td>
<td>$9</td>
<td>$14</td>
<td>$22</td>
</tr>
<tr>
<td>2 Days</td>
<td>$18</td>
<td>$28</td>
<td>$44</td>
</tr>
<tr>
<td>3 Days</td>
<td>$27</td>
<td>$42</td>
<td>$66</td>
</tr>
<tr>
<td>4 Days</td>
<td>$36</td>
<td>$56</td>
<td>$88</td>
</tr>
<tr>
<td>5 Days</td>
<td>$43</td>
<td>$68</td>
<td>$108</td>
</tr>
</tbody>
</table>

PAYMENT AUTHORIZATION AGREEMENT
Registration will not be processed unless it is accompanied by a Payment Authorization Form. I understand that the draft to my account/charge to my credit card will take place bi-weekly. It is my responsibility to check my bank statement/credit card statement and report any discrepancies to the Y BASE Registrar within 10 days of the draft in question. I understand that I am financially responsible for all payments. Should my bi-weekly 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 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 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 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.

Parent/Guardian Signature ____________________________ Date __________

OFFICE USE ONLY DATE RECEIVED TIME RECEIVED STAFF INITIALS
2022–2023 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 September 1, 2022) ___________________ 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) ___________________________________________ Phone Numbers: Home ___________________ Cell Phone Number ___________________
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) ___________________________________________ Phone Numbers: Home ___________________ Cell Phone Number ___________________
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 ___________________ Cell
#2 First Name ___________________ Last Name ___________________ Relationship to child ___________________
Home Address (Street, City, State, Zip) ___________________________________________ Phone Numbers: Home ___________________ 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 □ Other
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. Additional Information that may be helpful to us _______________________________________

9. Emergency Numbers Complete contact information required.
Physician Name ___________________ Phone ___________________
Location Address ___________________ Phone ___________________ Cell Phone Number ___________________

10. 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>□ DTP □ DTaP □ DT</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 A</td>
<td>□</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles-Mumps-Rubella (MMR)</td>
<td>□</td>
<td></td>
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</tr>
</tbody>
</table>

- Varicella (chickenpox) vaccine
- Vaccine is required only of the child has not had chickenpox disease. Has child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known. □ Yes, Year □ No □ Mo or Unsure (Vaccine is required)

□ 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.

11. 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 programming on your child’s first day. Form is available at gwcymca.org.

12. 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 NO-AD SPF 30). □ Yes □ No □ Mo or Unsure (Generic OFF 25% Deet)
□ My child may use insect repellent provided by the YMCA if theirs runs out or is missing (Generic OFF 25% Deet).
□ 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 OFF 25% Deet).

Brand Name ___________________ Strength ___________________

□ 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 programming on your child’s first day. Form is available at gwcymca.org.