Waukesha Y TIME Registration Form

Child's Name _____ **Grade** _____ **School Location** _____

Child's Start Date _____ /_____ /_____

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

	M	T	W	Th	F
PM	☐	☐	☐	☐	☐

PICK-UP LOCATION
(Please indicate your child's school below)
☐ STEM Randall ☐ STEM Saratoga

PRICING (bi-weekly tuition fee per child)

	Y Members	Program Participants
1 Day	$32	$46
2 Days	$53	$77
3 Days	$73	$106
4 Days	$93	$135
5 Days	$107	$155

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.

FINANCIAL ASSISTANCE
I understand I am responsible for any payment balance not covered by financial assistance and must set up an automatic payment for any co-pays required of me.

☐ **I RECEIVE CHILD CARE BENEFITS (WISCONSIN SHARES)**
Please email us at wkregistrar@gwcymca.org for Provider & Location Number.

☐ **I RECEIVE YMCA FINANCIAL ASSISTANCE**

EARLY RELEASE DAYS
Included in bi-weekly fees. Please check off the days you plan to attend and confirm attendance with Registrar.

☐ Wed. October 26 ☐ Thu. February 16 ☐ Fri. May 26

CHILD'S SWIM ABILITY ☐ Beginner ☐ Intermediate ☐ Advanced

SCHOOL'S OUT FUN DAYS AT THE Y
On days when school is not in session, the Y will offer full day child care at the Waukesha Y. The tuition for the School's Out Fun Day Program, $35 for Y TIME Participants, is in addition to the cost of Y TIME After School Care. To register for School's Out Fun Days, please fill out and a separate registration form found on the website (gwcymca.org/Schools-Out-Fun-Days) or at the Business Office.

PAYMENT AUTHORIZATION AGREEMENT
Registration will not be processed unless it is accompanied by a non-refundable program deposit and 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 TIME 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**

CONTACT US

WAUKESHA YMCA
320 E Broadway, Waukesha, WI 53186
262-542-2557

ENROLLMENT & REGISTRATION QUESTIONS
262-408-2389
wkregistrar@gwcymca.org

PROGRAMMING & LOCATION SPECIFIC INFO
262-409-2974
ybasewaukesha@gwcymca.org

WEBSITE
gwcymca.org/YTIME-Waukesha
(Includes programming information, parent handbook & forms)

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 bank draft permission 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 TIME. No exception.
- 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 TIME program.
- I understand fees are established based on schedule, not attendance, and that I am responsible for all fees.
- I understand Y TIME 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) _____

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. Additional Information that may be helpful to us _____

_____

9. Emergency Numbers Complete contact information required.

Physician Name _____ Phone _____

Location Address _____

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.

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 ☐ DTP ☐ DTaP ☐ DT					
Polio					
Hib (Haemophilus Influenzae Type B)					
Pneumococcal Conjugate Vaccine (PCV)					
Hepatitis B					
Measles-Mumps-Rubella (MMR)			Has child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known. ☐ Yes, Year _____ ☐ No or Unsure (Vaccine is required)		
Varicella (chickenpox) vaccine Vaccine is required only of the child has not had chickenpox disease.					

☐ 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).

☐ 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 OFF 25% Deet).

☐ If no, I will only allow my child to use the repellent provided by parent:

Brand Name _____ Strength _____