Children’s Name ____________________________ Grade __________ School Location ______________________

Child’s Start Date _________/_________/_________

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

<table>
<thead>
<tr>
<th>M</th>
<th>T</th>
<th>W</th>
<th>Th</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM</td>
<td>6:30-7:50 AM</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>PM</td>
<td>3:00-6:00 PM</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

For current pricing, please see our 2023-2024 Enrollment & Tuition form.

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.

_________________________ Initial

CONTACT US
MUKWONAGO YMCA
245 E Wolf Run
Mukwonago, WI 53149
262-363-7950
ENROLLMENT & REGISTRATION QUESTIONS
414-635-1880
registrar@gwcymca.org
PROGRAMMING & LOCATION SPECIFIC INFO
262-363-7944
mkybase@gwcymca.org
WEBSITE
gwcymca.org/YBASE
(Includes programming information, parent handbook & forms)

Parent/Guardian Signature ____________________________ Date __________
## 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
   - Cognitive Disabled
   - Dietary Restrictions
   - Food/Milk Allergies
   - 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>□ DTP □ DTaP □ DT</td>
<td>□ DTP □ DTaP □ DT</td>
<td>□ DTP □ DTaP □ DT</td>
<td>□ DTP □ DTaP □ DT</td>
<td>□ DTP □ DTaP □ DT</td>
</tr>
<tr>
<td>Polio</td>
<td>□ Sabin □ IPV</td>
<td>□ Sabin □ IPV</td>
<td>□ Sabin □ IPV</td>
<td>□ Sabin □ IPV</td>
<td>□ Sabin □ IPV</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>
</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)

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

If yes, what kind and purpose

13. Sunscreen/Insect Repellent
   - If provided by a parent, each bottle must be labeled.
   - My child may use sunscreen.
   - My child may use insect repellent.
   - My child does not use sunscreen.
   - My child does not use insect repellent.

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

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

16. 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.

17. 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.

18. If yes, I will allow my child to use the medication provided by parent:

19. Does Y Staff need to apply sunscreen to my child?

- I authorize the YMCA to apply sunscreen to my child.
- I authorize the YMCA to apply insect repellent to my child.

20. If my child may use sunscreen or insect repellent provided by the YMCA if theirs runs out or is missing (Generic SPF 30).

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

21. 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:

**PAGE 2 OF 2**