WASHINGTON–CALDWELL Y BASE REGISTRATION FORM

Child’s Name ____________________ Grade _______ School Location ___________

A $25 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.

☐ I RECEIVE CHILD CARE BENEFITS (WISCONSIN SHARES). I understand that I am responsible for payments that are not covered (Co-pays) and must set up an Auto Payment for any Co-pays required of me. An authorization letter must be submitted with this registration form. Please email us at registrar@gwcymca.org for Provider & Location Number.

HALF-DAY CARE
On scheduled district half days, Y BASE will offer a half-day program at each school until 6:00 PM for $30/day. Select desired dates below:
☐ Nov. 10  ☐ Mar. 22  ☐ June 5

SCHOOL’S OUT FUN DAYS AT THE Y
On days when school is not in session, the YMCA will offer full day child care at the Mukwonago YMCA. The tuition for the School’s Out Fun Day Program, $40 for YMCA Members or $50 for Program Participants, is in addition to the cost of Y BASE. To register for School’s Out Fun Days, please fill out and submit our School’s Out Fun Day form) or contact registrar@gwcymca.org.

I authorize the YMCA of Greater Waukesha County to add fees for additional time added to my child’s schedule including early releases to my regular payment using the payment method on file._________  Initial

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.

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 ____________

OFFICE USE ONLY  DATE RECEIVED  TIME RECEIVED  STAFF INITIALS
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

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 ______________________
Phone Numbers: Home __________________________________ Work __________________________________ Cell __________________________________
#2 First Name ______________________ Last Name ______________________ Relationship to child ______________________
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.

   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 □ DTP □DTaP □DT
   Polio
   Hib (Haemophilus Influenzae Type B)
   Pneumococcal Conjugate Vaccine (PCV)
   Hepatitis B
   Measles-Mumps-Rubella (MMR)
   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 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 gwycymca.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 gwycymca.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.
□ 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 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 25% Deet).
□ If no, I will only allow my child to use the repellent provided by parent: Brand Name ______________________ Strength ______________________