PAYMENT AUTHORIZATION AGREEMENT
Registration will not be processed unless it is accompanied by a completed Payment Authorization Form. A $25 non-refundable registration fee is due. 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 Billing and Registration Department 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.

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 fees are established based on schedule, not attendance, and that I am responsible for all fees.

CONTRACT US
WEST SUBURBAN YMCA
2420 124th Street, Wauwatosa, WI 53226
414-302-9622
BILLING & REGISTRATION QUESTIONS
414-635-1880
registrar@gwymca.org
PROGRAMMING & LOCATION SPECIFIC INFO
414-454-4629
wsschoolage@gwymca.org
WEBSITE
gwymca.org/YBASE-Elmbrook
(Includes programming information, parent handbook & forms)
2023-2024 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's First Name ___________________ Middle Initial __ Last Name ___________________ Gender □ M □ F □ Other __________
Birth date ______ / ______ / ______ Age (as of Sept 1, 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) ________________________________
Phone Numbers: Home _________________________ Work _________________________ Cell _________________________
Preferred method of contact _________________________ E-Mail _________________________
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 _________________________ Work _________________________ Cell _________________________
Preferred method of contact _________________________ E-Mail _________________________
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 _________________________

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

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 Specify □ 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 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 camp 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.]
   □ Yes □ No
   □ My child may use sunscreen. Does Y Staff need to apply sunscreen to my child?
   □ My child may use insect repellent. Does Y Staff need 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, will only allow my child to use the repellent provided by parent:
   Brand Name ___________________ Strength _________________________
   □ My child may use insect repellent provided by the YMCA if theirs runs out or is missing (Generic 30%).
   □ If no, will only allow my child to use the repellent provided by parent:
   Brand Name ___________________ Strength _________________________