



East Troy Y BASE 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
AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PRICING (tuition fee per child per week)

	AM	PM	AM & PM
1 Day	\$6	\$11	\$16
2 Days	\$12	\$22	\$32
3 Days	\$18	\$33	\$48
4 Days	\$24	\$44	\$64
5 Days	\$30	\$55	\$80

EARLY RELEASE ONLY PRICING - \$26 PER DAY

Please select half days you would like coverage:

- Monday, October 15
- Friday, December 21
- Monday, March 4
- Wednesday, June 5

SCHOOL'S OUT FUN DAYS AT THE Y

The Y will offer care at the Mukwonago YMCA for days that the East Troy School District is closed. Please visit gwcymca.org/Schools-Out-Fun-Days for listing of dates. Y BASE participants will receive member pricing (\$32) for these days. Please contact Kim Sippl to register for these dates of care, ksippl@gwcymca.org or 262-363-7924.

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 ksippl@gwcymca.org for Provider & Location Number.

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 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 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 \$10 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 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 BASE. 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 BASE program.
- I understand fees are established based on schedule, not attendance, and that I am responsible for all fees.
- I understand Y BASE 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 _____

CONTACT US

MUKWONAGO YMCA
 245 E Wolf Run
 Mukwonago, WI 53149
 262-363-7950

ENROLLMENT & REGISTRATION QUESTIONS
 262-363-7929
kchilicki@gwcymca.org

PROGRAMMING & LOCATION SPECIFIC INFO
 262-363-7929
kchilicki@gwcymca.org

WEBSITE
gwcymca.org/YBASE
 (Includes programming information, parent handbook & forms)

For Office Use Only

DATE RECEIVED _____

TIME RECEIVED _____

STAFF INITIALS _____



2018 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, 2018) _____ 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/guardians 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/Work 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/Work Address _____

Emergency Contacts/Others Authorized to Pick Child Up Must put one person other than parent or guardian. Can add more on 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

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 (x). 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 <input type="checkbox"/> DTP <input type="checkbox"/> DTaP <input type="checkbox"/> 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. <input type="checkbox"/> Yes, Year _____ <input type="checkbox"/> 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.

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. Visit gwcymca.org for forms.

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 _____