The YMCA of Greater Waukesha County offers safe, quality care at the Y for your child when their school is closed. Join us at a School’s Out Fun Day (SOFD) for fun games, sports, swimming, arts & crafts and so much more! Please bring a water bottle, a bag lunch, swimsuit and towel.

REGISTRATIONS
Registrations must be received NO LATER than 2 business days prior to program date(s) chosen. All information requested (front and back) must be completed. Children cannot attend unless all information is completed. Registration Form can be turned in to the Business Desk. Forms can also be emailed to the YMCA Registrar.

PAYMENT AND FEES
Members & Y BASE Participants: $40/day. Non-Members: $50/day. Payment is due at time of registration.

PARTICIPANT INITIATED PROGRAM CANCELLATION
If you withdraw from a School’s Out Fun Day at least two business days prior to the date enrolled, a YGWC credit will be issued minus a $5 transaction fee. No refund will be issued. No YMCA of Greater Waukesha County credit or refund will be issued if your child does not attend a School’s Out Fun Day.

YMCA INITIATED PROGRAM CANCELLATION
If the Y cancels a program you are enrolled in, you may transfer to another program, receive a full refund, or be issued a YGWC credit. A minimum of six participants per scheduled date is required in order for each School’s Out Fun Day to run.

WHAT TO BRING TO A SCHOOL’S OUT FUN DAY
Please pack the following items daily: a healthy nonperishable lunch, swim suit, towel, goggles (optional), change of clothes, water bottle and a backpack. Label everything! No toys/electronics or money for the vending machine. The YMCA will provide a healthy snack.

PARENT/GUARDIAN AUTHORIZATION
I authorize the following:

- I approve this application and certify that the applicant is capable of such an experience.
- I agree to pay the balance of tuition at registration.
- I understand that no refunds are given.
- I understand a YMCA credit will be issued minus a $5 transaction fee, only if I cancel 2 business days prior to the start of the School’s Out Fun Day registered for.
- I grant permission for the applicant to participate in all planned activities in and outside of the building.
- I understand The YMCA is not responsible for lost, stolen or damaged personal articles.
- I authorize the YMCA to have and use photographs, slides and videotapes of the person named in this application as may be needed for its public relations programs.
- I agree to waive any claims against the YMCA and its members and volunteers for injuries or damages that may result from the conduct of other persons including participants in YMCA programs.
- I understand that there are no pets on location.
- I understand if my child requires alternate arrival or release, I will complete a separate form with updated information on it.
- Third Party Payments: (Waukesha Y Only) I understand if my child’s tuition is paid or assisted by a third party, it is ultimately my responsibility for all payments and balances due. In addition, if I do not properly withdraw my child from this program within 7 days I will be responsible for the payment.

Parent/Guardian Signature  Date

Washington-Caldwell SOFD Dates
- Thursday, 10/26/2023
- Friday, 10/27/2023
- Wednesday, 11/22/2023
- Friday, 11/24/2023
- Tuesday, 12/26/2023
- Wednesday, 12/27/2023
- Thursday, 12/28/2023
- Friday, 12/29/2023
- Friday, 2/23/2024
- Monday, 3/25/2024
- Tuesday, 3/26/2024
- Wednesday, 3/27/2024
- Thursday, 3/28/2024
- Friday, 3/29/2024
CHILD INFORMATION

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) __________________________

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. 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 __________________________