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 that 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 understand that there are no pets on location.
- 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 withdrawal my child from this program within 7 days I will be responsible for the payment.
- If program enrollment is low, SOFD at the West Suburban YMCA may be cancelled.

Parent/Guardian Signature  Date

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**WEST SUBURBAN Y SOFD DATES**

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CHILD INFORMATION

Child’s First Name ___________________________ Middle Initial ______ Last Name ___________________________

Gender □ M □ F □ Other __________

Home Phone Number ___________________________ Work Phone Number ___________________________ Cell Phone Number ___________________________

Daytime Address/ Employer Name & Address ___________________________

Preferred method of contact __________ E-Mail ___________________________

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
   □ Other __________

MEDICAL AND BEHAVIOR QUESTIONS These questions help us to provide the best care for your child. All information is confidential to Y Staff.

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
   □ Other __________

2. Signs or symptoms to watch for __________

3. Steps the childcare provider should follow __________

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 2nd Dose 3rd Dose 4th Dose 5th Dose

 □ Diphtheria-Tetanus-Pertussis Specify □ DTP □ DTaP □ DT
 □ Polio
 □ Haemophilus Influenzae Type B
 □ Pneumococcal Conjugate Vaccine (PCV)
 □ Hepatitis B

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.)
   □ Yes □ No
   If yes, what kind and purpose __________

14. 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.

15. Other __________

   □ 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.

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

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

   □ My child may use sunscreen __________
   □ My child may use insect repellent __________