



BUILDING BRIGHT MINDS

SCHOOL AGE CHILD CARE REGISTRATION & INFORMATION

YMCA of Greater Waukesha County
2026-2027 | Grace Lutheran School

CONTACT US



TRI COUNTY YMCA

N84W17501 Menomonee Ave.
Menomonee Falls, WI 53051
262-255-9622

BILLING & REGISTRATION QUESTIONS

414-635-1880
registrar@gwcymca.org

WEBSITE

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

GET AHEAD FOR THE NEXT SCHOOL YEAR!

Register effortlessly at [GWCYMCA.ORG](https://www.gwcymca.org).

Act fast—applications received after August 10 may not be able to start on August 26. Apply now and ensure your spot for the upcoming school year!*

*Subject to availability.

OVERVIEW

BEFORE & AFTER SCHOOL CARE (SERVING 3K-8TH GRADE)

Our program prioritizes safety, holistic development, and academic support for children. With a focus on individual needs, we provide a safe space where kids explore interests and talents. Through choice-based activities encompassing homework, physical engagement, and passion pursuits, children gain ownership of their learning, fostering responsibility and engagement. We strive to empower kids to excel in all aspects of their lives.

3K WRAP CARE/EARLY LEARNING PROGRAM

Customized for 3K students at specific locations, our flexible program offers specialized learning that complements their school schedule. While before and after school care is available, enrollment is optional for eligible students. Within our nurturing environment, young learners find a focused space for growth and exploration within their educational journey.

SCHOOL'S OUT FUN DAY (SOFD)

When school's out, keep your child in a safe, fun-filled environment! Join us at the Y for full-day child care from 7:00 AM - 6:00 PM during specific school closures. Available at all five of our fully-equipped branches, it's a day packed with activities and friendships for your child.

LOCATIONS

MUKWONAGO YMCA

EAST TROY SCHOOL DISTRICT
MUKWONAGO SCHOOL DISTRICT
WASHINGTON-CALDWELL SCHOOL DISTRICT
WATERFORD GRADED SCHOOL DISTRICT

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

SOUTHWEST YMCA

NEW BERLIN SCHOOL DISTRICT

11311 W Howard Ave
Greenfield, WI 53228
414-546-9622

TRI COUNTY YMCA

GRACE LUTHERAN SCHOOL

N84 W17501 Menomonee Ave
Menomonee Falls, WI 53051
262-255-9622

WAUKESHA YMCA

CHRISTIAN EDUCATION LEADERSHIP ACADEMY
CHRIST THE LORD LUTHERAN CHURCH & SCHOOL
MILL CREEK ACADEMY
WAUKESHA SCHOOL DISTRICT

320 E Broadway
Waukesha, WI 53186
262-542-2557

WEST SUBURBAN YMCA

ELMBROOK SCHOOL DISTRICT
WAUWATOSA LUTHERN SCHOOL
ST. JOSEPH SCHOOL

2420 N 124th St
Wauwatosa, WI 53226
414-302-9622

Provider Number: 4000558914

Location Numbers:

Christ the Lord
Lutheran Church & School 033

Christian Education
Leadership Academy 035

East Troy Schools
Prairie View Elementary 027

Elmbrook Schools
Brookfield Elementary 017
Burleigh Elementary 016
Dixon Elementary 020
Swanson Elementary 019
Tonawanda Elementary 018

Grace Lutheran School 037

Mill Creek Academy 029

Mukwonago Schools
Big Bend Elementary 011
Prairie View Elementary 010

New Berlin Schools
Elmwood Elementary 023
Ronald Regan Elementary 021
Orchard Lane Elementary 022
Poplar Creek Elementary 024

St. Joseph School 038

Washington-Caldwell Elementary 028

Wauwatosa Lutheran School TBD

Waterford Schools
Evergreen Elementary 031
Trailside Elementary 030
Woodfield Elementary 032

Y TIME
Waukesha YMCA 007



2026-2027 BEFORE & AFTER SCHOOL CARE | 3K WRAP CARE GRACE LUTHERAN SCHOOL

APPLICATION PROCEDURE

- Complete and submit the application form at gwcymca.org or drop it off at the Tri County YMCA.
 - Children under 5 need a Child Health Report by September 1, 2026. The form can be found on our website and is required prior to child start date.
 - Forms will not be accepted at the school.
 - Parents must ensure accuracy in the submitted application information. Any updates or changes must be communicated promptly.
- A non-refundable \$25 application fee per child is required at the time application is processed.
- Applications will be processed in the order they are received and are subject to each site's licensed capacity. Capacities will be posted at each location.
- Confirmation of enrollment or placement on a waitlist will be communicated within 7 business days of application.

SCHEDULE CHANGES & WITHDRAWAL REQUESTS

- Requests for schedule changes or withdrawals must be made by completing the Change/Cancellation Form Online at gwcymca.org.
- Changes in the enrollment schedule may result in forfeiture of the original spot if the program is at full capacity.
- Schedule change or withdrawal requests will be processed based on their submission order and the program capacity at each location.
- No refunds or credits will be issued for days not attended or emergency school closures.

TUITION PAYMENTS

- Tuition payments will automatically draft on the dates below.
 - A \$15 fee will be charged for return payments.
- No refunds will be provided.
- In case of changes made post-tuition draft before the change deadline, a credit will be issued, or additional fees will be collected as necessary.
- There are no multiple child discounts or referral bonuses.
- Changes in credit card or bank account information must be made via the payment form. YMCA membership payment changes are processed separately.

SCHEDULE CHANGE DEADLINE
Mondays at noon, one week in advance.

WEEK OF CARE	TUITION DRAFT DATE	WEEK OF CARE	TUITION DRAFT DATE
	Wednesday, August 5, 2026	Monday, January 11, 2027	Tuesday, January 5, 2027
Monday, August 24, 2026		Monday, January 18, 2027	
Monday, August 31, 2026	Thursday, August 20, 2026	Monday, January 25, 2027	
Monday, September 7, 2026		Monday, February 1, 2027	Wednesday, January 20, 2027
Monday, September 14, 2026	Saturday, September 5, 2026	Monday, February 8, 2027	
Monday, September 21, 2026		Monday, February 15, 2027	Friday, February 5, 2027
Monday, September 28, 2026	Sunday, September 20, 2026	Monday, February 22, 2027	
Monday, October 5, 2026		Monday, March 1, 2027	Saturday, February 20, 2027
Monday, October 12, 2026	Monday, October 5, 2026	Monday, March 8, 2027	
Monday, October 19, 2026		Monday, March 15, 2027	Friday, March 5, 2027
Monday, October 26, 2026		Monday, March 22, 2027	
Monday, November 2, 2026	Tuesday, October 20, 2026	Monday, March 29, 2027	Saturday, March 20, 2027
Monday, November 9, 2026		Monday, April 5, 2027	
Monday, November 16, 2026	Thursday, November 5, 2026	Monday, April 12, 2027	Monday, April 5, 2027
Monday, November 23, 2026		Monday, April 19, 2027	
Monday, November 30, 2026	Friday, November 20, 2026	Monday, April 26, 2027	Tuesday, April 20, 2027
Monday, December 7, 2026		Monday, May 3, 2027	
Monday, December 14, 2026	Saturday, December 5, 2026	Monday, May 10, 2027	Wednesday, May 5, 2027
Monday, December 21, 2026		Monday, May 17, 2027	
Monday, December 28, 2026	Sunday, December 20, 2026	Monday, May 24, 2027	
Monday, January 4, 2027			

*Tuition will be prorated for days that children do not have school based on their school district calendar.

3K WRAP CARE		3 DAYS FIXED (T, W, TH)	5 DAYS
AM or PM	Weekly Tuition	\$53	\$88

BEFORE & AFTER SCHOOL CARE		1 DAY	2 DAYS	3 DAYS	4 DAYS	5 DAYS
AM	Weekly Tuition	\$10	\$20	\$30	\$40	\$45
PM	Weekly Tuition	\$14	\$28	\$42	\$56	\$65
AM & PM	Weekly Tuition	\$24	\$48	\$72	\$96	\$110

YMCA HOUSEHOLD MEMBERSHIP INCENTIVE

Program families are eligible to receive a reduced rate on a household membership and any plus one membership category with the YMCA of Greater Waukesha County.

Families enrolled in Before & After School Care for three or more days for either AM or PM care would receive a \$10/month incentive on membership.
Families enrolled in five days of Before & After School Care for either AM or PM care would receive a \$20/month incentive membership.

PLEASE NOTE: If you are a current YMCA of Greater Waukesha County member, please email registrar@gwcymca.org and add the program incentive to your membership today. Once enrolled, if you change your schedule and no longer qualify for your current incentive package, the Y will readjust your membership rate to the full amount. Families must be registered for the upcoming school year to receive the membership incentive over the summer months.



2026-2027 APPLICATION FORM, HEALTH HISTORY & EMERGENCY CARE PLAN

PAGE 1 OF 2

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, 2026) _____ 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 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 _____

11. 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 ☐ DTP ☐ DTaP ☐ DT					
Polio					
Hib (Haemophilus Influenzae Type B)					
Pneumococcal Conjugate Vaccine (PCV)					
Hepatitis B					
Measles-Mumps-Rubella (MMR)					
Varicella (chickenpox) vaccine					

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 (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 or higher).

☐ 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 _____



Grace Lutheran School | School Age Child Care Application

PAGE 2 OF 2

Child's Name _____ Grade _____ School Name _____

Child's Start Date _____ / _____ / _____

BEFORE & AFTER SCHOOL (Please indicate your child's schedule)

M T W Th F

AM | 6:30-8:00 AM ☐ ☐ ☐ ☐ ☐

PM | 3:05-6:00 PM ☐ ☐ ☐ ☐ ☐

3K WRAP CARE (Please indicate your child's schedule)

3 Days (T, W, TH) 5 Days

AM | 11:30 AM - 3:05 PM ☐ ☐

AN INITIAL NON-REFUNDABLE PAYMENT OF \$25 IS REQUIRED UPON
SUMMISSION OF YOUR APPLICATION FOR SELECTED PROGRAMS.

- ☐ I RECEIVE YMCA FINANCIAL ASSISTANCE
I understand I am responsible for any payment balance not covered by financial assistance.
- ☐ 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.
- 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

TRI COUNTY YMCA SCHOOL'S OUT FUN DAYS

- | | | |
|---------------------------------------|---------------------------------------|--------------------------------------|
| ☐ Fri, Oct 16 | ☐ Mon, Jan 18 | ☐ Fri, Mar 26 |
| ☐ Fri, Oct 30 | ☐ Mon, Jan 25 | ☐ Mon, Mar 29 |
| ☐ Wed, Nov 25 | ☐ Fri, Feb 19 | ☐ Fri, Apr 30 |
| ☐ Mon, Nov 30 | ☐ Fri, Mar 5 | |
| ☐ Wed, Dec 23 | ☐ Mon, Mar 22 | |
| ☐ Mon, Dec 28 | ☐ Tues, Mar 23 | |
| ☐ Tues, Dec 29 | ☐ Wed, Mar 24 | |
| ☐ Wed, Dec 30 | ☐ Thu, Mar 25 | |

SWIM ABILITY

- ☐ Beginner ☐ Intermediate ☐ Advanced

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 Forms can be completed online at gwcymca.org/SOFD, emailed to the Registrar, or at the business desk.

PAYMENT AND FEES

Members: \$42/day. Program Participant: \$55/day.

The balance of tuition is due by auto withdrawal 5 days before the date of program. Third Party Payment (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 the program within 7 days I will be responsible for the payment.

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.

MEDIA RELEASE

By checking "Yes," I as the parent/guardian, give consent for YGWC to capture pictures, videos, and audio of the participant during YMCA programs for promotional and informational purposes. Please note that should you decide to revoke this consent at any time, it will not apply to any previously captured content. ☐ Yes ☐ No

PAYMENT AUTHORIZATION AGREEMENT

Applications will not be processed unless it is accompanied by a non-refundable payment of \$25 and a Payment Authorization Form. I understand that the draft to my account/charge to my credit card will take place twice per month. It is my responsibility to check my bank statement/credit card statement and report any discrepancies to the Registrar within 10 days of the draft in question. I understand that I am financially responsible for all payments. Should my draft 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 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 that in signing this form that I agree to adhere to all policies and procedures listed in the parent handbook available online.

Parent/Guardian Signature

Date

OFFICE USE ONLY

DATE RECEIVED

TIME RECEIVED

STAFF INITIALS