

SCHOOL'S OUT FUN DAY ENROLLMENT FORM



YMCA of Greater Waukesha County 2024-2025

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 games, sports, swimming, arts & crafts and more! Please bring a water bottle, lunch, swimsuit, and towel.

CHILD'S INFORMATION

Child's Name _____

Child's Swim Ability

- Beginner
 Intermediate
 Advanced

WAUKESHA YMCA SOFD DATES

- Thu, Oct 24
 Fri, Oct 25
 Wed, Nov 27
 Mon, Dec 23
 Thu, Dec 26
 Fri, Dec 27
 Mon, Dec 30
 Mon, Jan 20
 Fri, Feb 14
 Mon, Feb 17
 Mon, Mar 24
 Tue, Mar 25
 Wed, Mar 26
 Thu, Mar 27
 Fri, Mar 28
 Fri, Apr 18
 Mon, Apr 21

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: \$40/day. Non-Members: \$50/day.

A deposit of \$5/day is due at time of registration. The balance of tuition is due by auto withdrawal 5 days before the date of program.

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 deposit of \$5/day 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.
- In case of accident or illness, the YMCA is authorized to secure emergency medical treatment. Prudent attempts will be made to contact the parents immediately.
- 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 withdrawal my child from this program within 7 days I will **be responsible for the payment**.

Parent/Guardian Signature _____

Date _____

For Office Use Only:

DATE RECEIVED

TIME RECEIVED

STAFF INITIALS



2024-2025 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 Sept. 1, 2024) _____ 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 <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 if the child has not had chickenpox disease.					

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.)

- 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).
- 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 _____