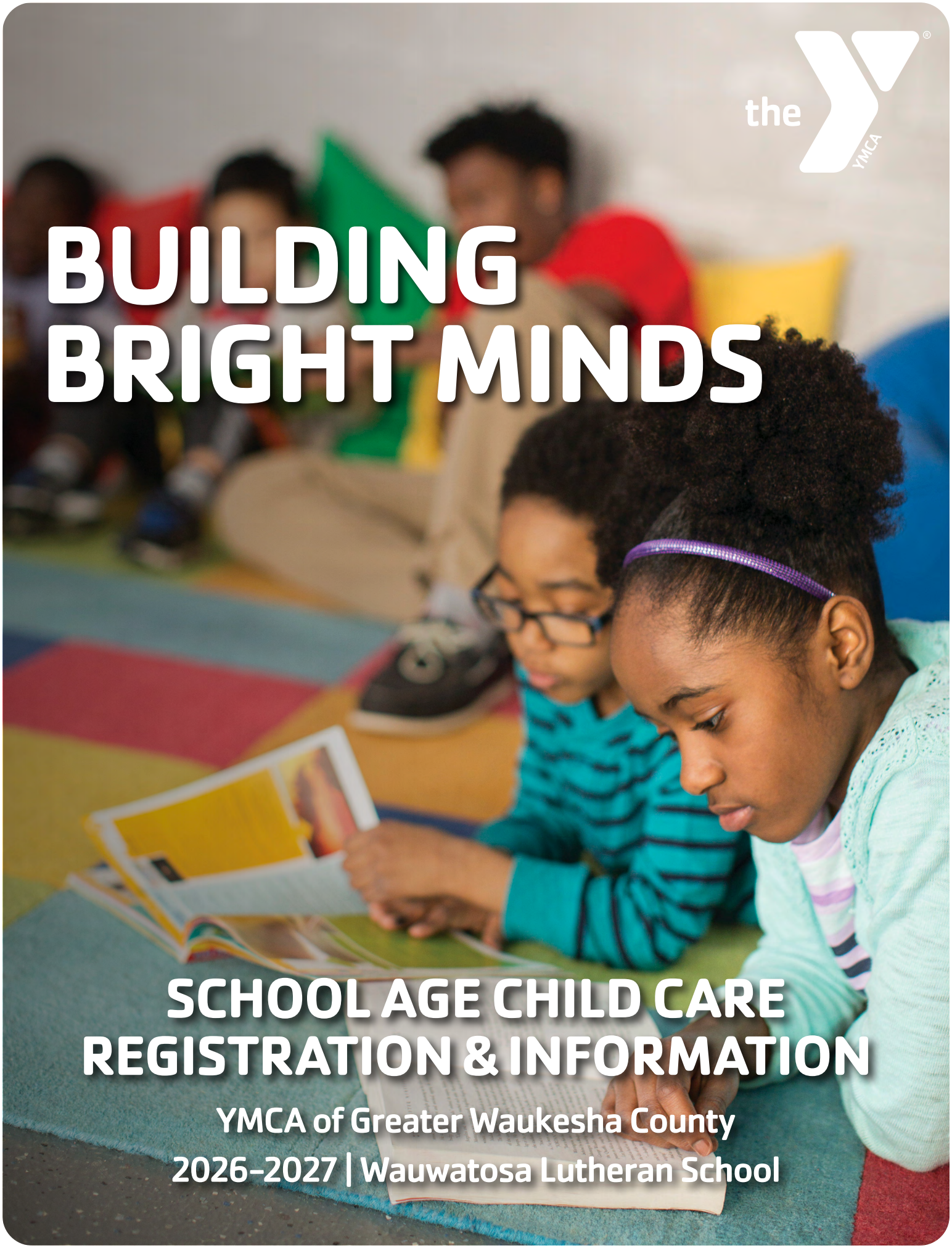

BUILDING BRIGHT MINDS

SCHOOL AGE CHILD CARE REGISTRATION & INFORMATION

YMCA of Greater Waukesha County

2026–2027 | Wauwatosa Lutheran School

CONTACT US

WEST SUBURBAN YMCA
2420 N. 124th Street
Wauwatosa, WI 53226
414-302-9622

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**.

Act fast—applications received after August 17 may not be able to start on September 1. Apply now and ensure your spot for the upcoming school year!*

*Subject to availability.

OVERVIEW

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.

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 AFTER SCHOOL CARE
WAUWATOSA LUTHERAN SCHOOL

APPLICATION PROCEDURE

- Complete and submit the application form at gwcymca.org or drop it off at the West Suburban 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 CHANGE DEADLINE

Mondays at noon, one week in advance.

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.

WEEK OF CARE	TUITION DRAFT DATE	WEEK OF CARE	TUITION DRAFT DATE
Monday, August 31, 2026	Thursday, August 20, 2026	Monday, January 25, 2027	Wednesday, January 20, 2027
Monday, September 7, 2026		Monday, February 1, 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	Tuesday, October 20, 2026	Monday, March 22, 2027	
Monday, November 2, 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		Monday, May 31, 2027	Thursday, May 20, 2027
Monday, January 11, 2027	Tuesday, January 5, 2027	Monday, June 7, 2027	
Monday, January 18, 2027			

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

AFTER SCHOOL CARE		1 DAY	2 DAYS	3 DAYS	4 DAYS	5 DAYS
PM	Weekly Tuition	$14	$25	$37	$49	$59

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

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 (×). 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)			Has child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known. ☐ Yes, Year _____ ☐ No or Unsure (Vaccine is required)		
Varicella (chickenpox) vaccine					

☐ 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 _____

Wauwatosa Lutheran School | School Age Child Care Application

Child's Name _____ **Grade** _____ **School Name** _____

Child's Start Date _____ /_____ /_____

AFTER SCHOOL (Please indicate your child's schedule)

	M	T	W	Th	F
PM | 3:30–6:00 PM	☐	☐	☐	☐	☐

AN INITIAL NON-REFUNDABLE PAYMENT OF $25 IS REQUIRED UPON SUMISSION 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**

WEST SUBURBAN YMCA SCHOOL'S OUT FUN DAYS

☐ Fri, Oct 2	☐ Tue, Dec 29	☐ Wed, Mar 24
☐ Mon, Nov 2	☐ Wed, Dec 30	☐ Thu, Mar 25
☐ Tue, Nov 3	☐ Fri, Jan 15	☐ Fri, Mar 26
☐ Wed, Nov 25	☐ Mon, Jan 18	☐ Mon, Apr 5
☐ Mon, Dec 21	☐ Mon, Jan 25	☐ Mon, Apr 26
☐ Tue, Dec 22	☐ Wed, Mar 10	
☐ Wed, Dec 23	☐ Mon, Mar 22	
☐ Mon, Dec 28	☐ Tue, Mar 23	

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 withdrawal 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.

_____ **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 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