



# 2026 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 June 15, 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 <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					

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](http://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](http://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 \_\_\_\_\_

CAMPER'S NAME T-SHIRT SIZE \_\_\_\_\_  YXS  YS  YM  YL  YXL  S  M  L  XL  2XL  3XL  4XL

NAME OF SCHOOL YOUR CHILD ATTENDS \_\_\_\_\_ SWIM ABILITY  Beginner  Intermediate  Advanced

CAMPER'S START DATE \_\_\_\_\_  CAMPER IS TAKING DOUBLE EAGLE BUS TO AND FROM  Waukesha  Mukwonago

CAMP WEEKS		SUMMER DAY CAMP	FULL WEEK ONLY OPTION	CAMP LOCATIONS	ADD-ON: SWIM LESSONS
Final payment & application due by 12 PM on Monday prior to the start of the camp week.  *Camps are prorated for shortened week. No camp available July 3 at Elmbrook STEAM & Elmbrook Wrap Camp. Please see Summer Day Camp trifold or website for affected camps.  Payment due dates		Ages 5-13*  *Mukwonago & Waukesha Junior Camp can accept 4-year-olds  Mark which weeks you would like care.	<b>SPECIALTY CAMP</b> Ages 7-13 <b>CAMP DOUBLE EAGLE</b> Ages 7-13 <b>ELMBROOK STEAM CAMP</b> (No Camp Weeks 1 or 9, No Swim Available) Ages 5-13  Print camp option. Leave blank if not enrolling for Specialty Camps.	Elmbrook STEAM Camp (Tonawanda Elementary) WK Y at CMH Sullivan Campus Camp Double Eagle* Mukwonago Southwest Tri County Waukesha West Suburban  Print camp location. For Camp Double Eagle, print pick up/drop off location.	<b>ADD-ON: SWIM LESSONS</b> <b>Ages &amp; Times</b> See website for details. <b>M: \$35   PP: \$70</b> 30 minute lessons Mon - Thu  Camp Double Eagle swim lessons are held at the Mukwonago Y.
WK1: June 15-19	June 8	<input type="checkbox"/>			N/A
WK2: June 22-26	June 15	<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No
WK3: June 29-July 3*	June 22	<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No
WK4: July 6-10	June 29	<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No
WK5: July 13-17	July 6	<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No
WK6: July 20-24	July 13	<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No
WK7: July 27-31	July 20	<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No
WK8: Aug 3-7	July 27	<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No
WK9: Aug 10-14	Aug 3	<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No
WK10: Aug 17-21	Aug 10	<input type="checkbox"/>			N/A

SUMMER SCHOOL WRAP CAMP WEEKS		WEEK OPTIONS	CAMP LOCATIONS
Must be enrolled in Summer School. Final payment & application due by 12 PM on Monday prior to the start of the camp week.  *5-day camps during week 4 are prorated. No Wrap & STEAM Camp July 3.  Payment due dates		<b>MUKWONAGO</b> Weeks 3-6   4 Days (MON-THU) <b>ELMBROOK</b> (Burleigh Elementary, No Swim Available) Weeks 2-6   5 Days Only (MON-FRI) <b>NEW BERLIN</b> Weeks 2-6   5 Days or 4 Days (MON-THU)	<b>EB</b> Elmbrook <b>MKBB</b> Big Bend <b>MKPV</b> Prairie View <b>NB</b> New Berlin  Please select school district.
WK2: June 22-26	June 15	<input type="checkbox"/> 4 DAYS   <input type="checkbox"/> 5 DAYS	<input type="checkbox"/> EB <input type="checkbox"/> NB
WK3: June 29-July 3*	June 22	<input type="checkbox"/> 4 DAYS   <input type="checkbox"/> 5 DAYS	<input type="checkbox"/> EB <input type="checkbox"/> MKBB <input type="checkbox"/> MKPV <input type="checkbox"/> NB
WK4: July 6-10	June 29	<input type="checkbox"/> 4 DAYS   <input type="checkbox"/> 5 DAYS	<input type="checkbox"/> EB <input type="checkbox"/> MKBB <input type="checkbox"/> MKPV <input type="checkbox"/> NB
WK5: July 13-17	July 6	<input type="checkbox"/> 4 DAYS   <input type="checkbox"/> 5 DAYS	<input type="checkbox"/> EB <input type="checkbox"/> MKBB <input type="checkbox"/> MKPV <input type="checkbox"/> NB
WK6: July 20-24	July 13	<input type="checkbox"/> 4 DAYS   <input type="checkbox"/> 5 DAYS	<input type="checkbox"/> EB <input type="checkbox"/> MKBB <input type="checkbox"/> MKPV <input type="checkbox"/> NB

**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

**SUMMER DAY CAMP AGREEMENT**

- I approve this application and certify that the applicant is capable of such an experience.
- I understand that a deposit \$30/week is due at the time of application. Third Party Billing, Shares, and CLTS, contact Billing and Registration Office for deposit information.
- I agree to pay the balance of the camp fees seven (7) days prior to the start of each camp session reserved (by noon) or the deposit and application for that week will be forfeited.
- Late payments will result in a \$15 fee per child, per week.
- I understand that no refunds are given.
- I understand a YMCA credit will be issued, less the deposit, only if I cancel seven (7) days prior to the start of the camp week registered for.
- I understand if payment is not received prior to the cancellation deadline, I am still responsible for the full balance, regardless of whether or not my child attends camp.
- Should a payment not be honored by your bank or credit card for any reason, you will be responsible for that payment, plus a \$15 return fee.
- I grant permission for the applicant to participate in all planned activities and out-of-camp trips by walking, van, or bus.
- I understand my child must be fully toilet trained to attend camp.
- 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 items.
- 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 program participants.
- I understand if my child requires alternate arrival or release, I will complete a separate form with updated information on it.
- I understand that there are no pets on location.
- I understand that current immunization information (page 1) must be completed at the time of application. I understand failure to complete all mandatory forms will result in a forfeited camp week and my child will be taken off rosters. No exception.
- I understand that my child will be provided a camp shirt and must wear it on scheduled field trip days. Replacement shirts cost \$5.
- I understand that I must provide a healthy lunch for my child and that refrigeration and microwaves will not be available for use.
- I understand that I must provide my child with a water bottle, labeled with their name, each day of camp.
- I understand that athletic shoes are required footwear that must be worn or sent to program each day, as well as appropriate clothing for protection from the weather.
- I acknowledge that the following policies and resources are provided on our website and in branches for reading, review, and understanding: Day Camp Parent Handbook, "Your Guide to Licensed Child Care," and Licensing Rules Acknowledgment.

YMCA FINANCIAL ASSISTANCE	SUBSIDY PROVIDER INFORMATION
Individuals and families may apply for financial assistance for membership or programs, such as Summer Day Camp. Assistance is based upon a number of factors, including total household income and number of dependents. The process is confidential.  <input type="checkbox"/> I currently receive financial assistance. <input type="checkbox"/> I have submitted a financial assistance application. <input type="checkbox"/> I would like to learn more about financial assistance.	A current Authorization of Service must be on file before your child's application will be accepted (see website). Our family currently receives subsidy from: <input type="checkbox"/> County/ State/ Wisconsin Shares <input type="checkbox"/> Third Party Agency <input type="checkbox"/> Other Agency Name: _____ Paperwork submitted to County/Agency: <input type="checkbox"/> Yes <input type="checkbox"/> No Notes: _____  I understand that I am responsible for any amounts not covered by my Subsidy Provider: Initial _____ YMCA Provider #4000558914  Locations numbers can be found in our Summer Day Camp trifold and online > gwcymca.org/Summer-Day-Camp

I authorize the Y to charge my credit card ending in \_\_\_\_\_ (last 4 digits)  
 for all camp deposits - \$30 per week (required).  
 to schedule camp payments on assigned due dates.  
 to schedule camp swim lesson payments on assigned due dates.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_