



# WHEN SCHOOL'S OUT, CAMP IS IN



## CHILD CARE

### Rite-Hite Family YMCA Semester 1

The YMCA's Camp Is In days offers supervised care for campers 4-12 years old and is offered on days when many local schools are not in session. Enroll your camper for a fun-filled day of activities including games, sports and crafts. Snacks are provided.

Campers must bring a bag lunch daily and swimsuit unless otherwise noted.

### Camp Is In Sample Schedule:

6:30 - 9:00am	Arrival, Morning Snack & Free Play
9:00 - 9:30am	Small Group Activity
9:30-10:30am	Open Gym
10:30am - 12:00pm	Enrichment Activities
12:00 - 12:30pm	Lunch
12:30 - 1:30pm	Rest, Reading and Relaxation
1:30 - 3:30pm	Open Swim
3:30 - 5:00pm	Crafts
5:00 - 6:00pm	Free Time and Pick Up

### Payment and Fees:

#### \$32/Full Day

Email, fax or mail this completed form no later than seven days prior to date enrolled. (See back for instructions).

Payment is due at the time of registration.

Program runs 6:30am - 6:00pm.

We need to have at least seven children enrolled by the deadline to run the program. Spots are limited.

Photo ID is required in order to pick up your child from School's Day Out.

Student Name \_\_\_\_\_ Student Age \_\_\_\_\_ Student Grade \_\_\_\_\_

Student School \_\_\_\_\_

Please complete the attached registration form and send it, along with payment by one of the following methods:

**MAIL:**

YMCA School Age Registration  
161 W. Wisconsin Avenue, Suite 4000  
Milwaukee, WI 53203

**FAX:**

(414) 224-3323. After you fax your information please call (414) 274-0759 to make sure the information was received.

**SCAN AND EMAIL:**

to schoolage@ymcamke.org.

**DROP OFF**

your completed registration forms with payment in an envelope at the front desk of any YMCA of Metropolitan Milwaukee location. Label the envelope "School Age Registration." Your registration will not be entered at the YMCA, but will be sent out to our camp registrar.

**Camp Is in Days Available at Rite-Hite Family YMCA for Semester 1**

- September 25
- September 28
- October 2
- October 16
- October 22
- October 23
- October 29
- October 30
- November 6
- November 13
- November 25
- December 4
- December 11
- December 21
- December 22
- December 23
- December 28
- December 29
- December 30

- My child is in the School Age Program for the 2015-2016 school year. (No Health History or Emergency Care Plan needed)
- My child has attended a School's Out Day during this academic school year and I already have completed the Health History form.
- My child is new this academic school year (Sept 2015-June 2016). Must complete Health History and Emergency Care Plan form—attached.

**Payment Information**

Please note, registrations will not be processed without a method of payment indicated.

I am paying:

- I receive Child Care Benefits (Wisconsin Shares). I understand that I am responsible for payments that are not covered and must set up an Auto Payment for any Co-pays I might have. Please select one option below for auto-payment.

**Bank Draft Account Information** (please attach a voided check for verification and processing.)

Name of Financial Institution \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

**Credit/Debit Card Account Information**

Print your name as it appears on card \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_

If cancellations of registered days are not received within three (3) business days, you will be charged the entire amount to the account on file. This policy includes all families who receive third party (Wisconsin Share) for payment.

**Parent/Guardian Authorization**

I approve this application, authorize payment by above specified means, and certify that the applicant is capable of participation in this program. I understand that by signing this form, I am responsible for all fees for the YMCA School's Out Day Program. I understand Schools Out Day fees must be paid at time of registration or set up on monthly auto pay. I understand fees are established based on schedule, not attendance. Any schedule change must be within three business days of scheduled date in writing through email or mailing address listed in the brochure. Failure to notify any schedule change will result in your account being charged. I understand that no refunds will be given if the child leaves early because of homesickness or disruptive behavior as determined by the School's Out Day staff. By signing this form, I certify approval of good health of my child, and, in the event that I cannot be reached in an emergency, authorize the YMCA staff/volunteers to render first aid; give permission to the physician selected by the YMCA of Metropolitan Milwaukee to hospitalize, secure proper treatment for and to order injections, anesthesia, or surgery for my child as named above. Prudent attempts will be made to contact the parent/guardian immediately. I understand in signing this form, I agree to release the YMCA of Metropolitan Milwaukee from any liability for the risks of illness, accidents or injury. I grant permission for the applicant to participate in all planned School's out Day activities, including off-site trips by walking or bus. The YMCA of Metropolitan Milwaukee is not responsible for lost, stolen or damaged personal articles. Permission is also given to use any video or photographs that my child may be in for future YMCA promotions. I agree to waive any claims against the YMCA and its members and volunteers to injuries or damages that may result from the conduct of other persons, including participants in the YMCA programs. I also understand that the YMCA of Metropolitan Milwaukee reserves the right to withdraw a child from the program, at the YMCA's discretion, if the enrollment of the child negatively affects the integrity of the program and/or the YMCA's legal obligations through and under the Division of Children and Family Services (DCF 251).

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

# 2015-16 Registration, Health History and Emergency Care Plan

YMCA of Metropolitan Milwaukee School Age Programs One form per child. A new form must be filled out each school year.

## Child Information

Child's First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Gender  M  F Birth date \_\_\_ / \_\_\_ / \_\_\_

This will be my child's \_\_\_\_\_ year at YMCA School Age Age (at start of program) \_\_\_\_\_ Child resides with  Mother  Father  Both Other \_\_\_\_\_

## Parent/Guardian Information – Both parents must be listed or use N/A if not applicable.

#1 Parent/Guardian First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Gender  M  F Birth date \_\_\_ / \_\_\_ / \_\_\_

Address – Home (Street ,City, State, Zip) \_\_\_\_\_

My address changed since last school year. Home Phone Number: \_\_\_\_\_ E-Mail \_\_\_\_\_

Where can we reach you while your child is at YMCA School Age programs? Work Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Daytime Address \_\_\_\_\_

#2 Parent/Guardian First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Gender  M  F Birth date \_\_\_ / \_\_\_ / \_\_\_

Address-Home (Street ,City, State, Zip) \_\_\_\_\_

My address changed since last school year. Home Phone Number: \_\_\_\_\_ E-Mail \_\_\_\_\_

Where can we reach you while your child is at YMCA School Age programs? Work Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Daytime Address \_\_\_\_\_

## Emergency Contacts/ Others Authorized to Pick Child Up – Must put one other person other than parent or guardian. \*Can add more on a separate sheet of paper.

#1 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address – Home (Street ,City, State, Zip) \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

#2 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address – Home (Street ,City, State, Zip) \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

## 12 Medical and Behavior Questions to help us provide the best care possible (ALL lines MUST be filled out. If something does not apply, please use N/A)

### 1. Has Your Child Had Any of the Following, if so, please explain

- Asthma
  - Autism
  - Diabetes
  - ADD/ADHD
  - Epilepsy/Seizures
  - Cerebral Palsy/Motor Disorder
  - Cognitively or Learning Disabled
  - NONE (QUESTIONS 1-8)**
  - 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 \_\_\_\_\_
  - Status of vision, hearing and 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. Additional information that may be helpful to us \_\_\_\_\_

### 9. Emergency Numbers

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

### 10. List the MONTH, DAY AND YEAR the child received each of the following immunizations. DO NOT USE a (v) 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, or 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.					

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 day camp. Visit [ymcamke.org/schoolage](http://ymcamke.org/schoolage) for forms.

### 11. Is the child currently taking any medications? Yes No

If yes, what kind and why \_\_\_\_\_

If medication needs to be administered during YMCA School Age programming, a Medication Permission Form MUST be completed. Visit [ymcamke.org/schoolage](http://ymcamke.org/schoolage) for forms.

### 12. Sunscreen/Insect repellent if provided by a parent, each bottle must be labeled

- I authorize the center to apply sunscreen to my child
- I authorize the center to allow my child to self-apply sunscreen
- My child may use any sunscreen provided by YMCA School Age programs (NO-AD Brand SPF 30) if theirs runs out or is missing.

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

Brand Name \_\_\_\_\_ Strength \_\_\_\_\_

- I authorize the center to apply repellent to my child
- I authorize the center to allow my child to self-apply repellent
- My child may use any repellent provided by YMCA School Age programs (Off Brand 25% DEET) if theirs runs out or is missing.

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

Brand Name \_\_\_\_\_ Strength \_\_\_\_\_