



KIDS ARE OUR FAVORITE SUBJECT

ENROLL YOUR CHILD TODAY FOR THE 2015-16 SCHOOL YEAR!



WHY THE Y?

- Safe
- Fun
- Affordable
- Convenient
- Qualified staff
- Flexible scheduling
- Free Youth Membership for children enrolled full-time
- Discounted Y programs

The YMCA of Metropolitan Milwaukee's Before and After School Program serves school-aged children with a variety of programs and activities to explore healthy lifestyle choices and develop their interests and talents. Led by qualified, caring staff, the Before and After School Program is located right at your child's school. Here your child will receive help with their homework, participate in games and activities and grow creatively through projects.

Our Before and After School Program is a tax-deductible licensed program that takes place before and/or after your child's school day. Let us make our program your home.

FOR PROGRAM INFORMATION:

P: 414-357-1906

E: rhschoolage@ymcamke.org

FOR BILLING AND REGISTRATION:

P: 414-274-0759

E: schoolage@ymcamke.org

www.ymcamke.org/schoolage

» VALUE-BASED PROGRAMMING

All YMCA School Age staff strive to instill the Y's four core values of honesty, caring, respect and responsibility. These values are emphasized through activities, conversations and special recognition:

- **Caring:**
Considerate to the needs and feelings of others
- **Honesty:**
Being trustworthy and truthful
- **Respect:**
Treating others, the environment and yourself with dignity
- **Responsibility:**
Accepting accountability for your actions and role in the community

» SAMPLE PROGRAM SCHEDULE

This is an example of a typical daily schedule for the Y School Age Education Program:

Afternoon Program:

3:30-4:00 pm	Bathroom/Snack/Social Time
4:00-4:30 pm	Homework/Reading/Choice Activity
4:30-5:00 pm	Play with a Purpose/Physical Activity

Schedule may vary.

» MONTHLY PROGRAM RATES

Rates are based on 180 days of school to calculate a flat **monthly fee** equating to nine equal payments from September to May. Credits will not be given for non-attendance or for days when the school district chooses to close, such as inclement weather.

MONTHLY	1-2 days/wk	3 days/wk	4-5 days/wk
PM Care	\$80	\$112	\$160

Fee includes Early Release Wednesdays.

A \$25.00 Registration Fee will be applied to your account at time of registration. All fees must be paid monthly. Families will receive a 10 percent discount for each additional child registered.

Confirmation: A confirmation email will be sent to you once the registration has been completed.

» FINANCIAL ASSISTANCE

YMCA scholarships may be available upon request for families facing financial hardship. Wisconsin Shares and other third party payments are also accepted. For location and provider number, please refer to the map or call 414-274-0759.

» SCHOOL'S OUT-CAMP'S IN!

This full-day program is offered at the Rite-Hite Family YMCA (swimsuit and towel needed), Parklawn YMCA, and Marian Center when school is not in session. Enroll your child for a fun-filled day of games, crafts, activities, friends and MORE! Dress to be active (tennis shoes) and bring a bag lunch. Remember, when SCHOOL'S OUT-CAMP'S IN!

For a list of locations and dates, please look online at www.ymcamke.org/childcare/locations or call 414-357-1906. Dates may vary by location.

» HOW TO REGISTER

Please complete the two-page registration form by clearly printing the requested information on EVERY line of the form including method of payment. Immunization information is required. Incomplete registration forms will not be processed. **A confirmation email will be sent to you once the registration has been completed.**

There are three ways to register:

E-MAIL

Please scan and email all completed forms and payment information to schoolage@ymcamke.org

MAIL

Mail your completed registration form and payment to:
YMCA School Age Registration
161 W. Wisconsin Avenue, Ste. 4000
Milwaukee, WI 53203

FAX

You can fax completed forms with payment information to 414-224-3323.

After you fax your information, call 414-274-0759 to make sure the information was received.

YMCA Provider Number: 1000558721

A Sherman Park Lutheran
(location number-please call 414-274-0759)

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
- ADD/ADHD
- Cognitively or Learning Disabled
- Dietary restrictions _____
- Food/milk allergies _____
- Autism
- Epilepsy/Seizures
- Cerebral Palsy/Motor Disorder
- NONE (QUESTIONS 1-8)

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 (√) 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 of the child has not had chickenpox disease.					Has child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known. <input type="checkbox"/> Yes year _____ <input type="checkbox"/> 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 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 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 _____

Child's Name _____ **School Location** _____

Child Start Date ____ / ____ / ____

Child's Schedule

(Please indicate your child's schedule below)

PM M T W Th F

I hereby authorize the YMCA of Metropolitan Milwaukee to add fees for additional time added to my child's schedule including School's Out Days, early releases and late starts to my regular payment.

Parent/Guardian Authorization

Yes **No** 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 understand that in signing this form, I agree to release the YMCA of Metropolitan Milwaukee from any liability for the risk of illness, accidents or injury.

Yes **No** I have had an opportunity to review the policies of this School Age program and a summary of the Wisconsin Rules for Licensing Child Care Centers. A Parent Handbook and Licensing Rules are available at your request or at www.ymcamke.org/schoolage.

Yes **No** I give permission for my child to participate in field trips and other activities during operating hours.

Transported **Walking**

If pets are added to the program, parents will be notified prior to the pet's addition to the program.

For my child's participation in activities sponsored by or any matters related to the YMCA of Metropolitan Milwaukee, I hereby give my permission and consent, now and for all time (without any further compensation, claim or demand by me) to the YMCA of Metropolitan Milwaukee, and to any advertising agency, entities and third parties collaborating with YMCA of Metropolitan Milwaukee and their representative, if any (the "Organizations") to make, reproduce, edit, broadcast or rebroadcast any video film, footage and other sound track recordings, or photo reproductions of me, and my narrative account of my experience with YMCA activities ("Materials") for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any further compensation to me.

I understand the YMCA of Metropolitan Milwaukee reserves the right to withdraw a child from the program if, at the YMCA's discretion, 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 _____

Payment Options

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 I might have. Please check method of payment for Co-pays and complete all required information. Registration will not be complete without a method of payment. Please call our School Age Office (414-274-0759) for Provider & Location Number, or see page 2.

I would like a monthly bank draft from my checking/savings account in the amount of \$ _____ to be taken out September through May on the first of each month.

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

Name of Financial Institution _____

Routing Number _____ Account Number _____

Checking Savings

I would like the YMCA to charge my credit card \$ _____ on the first of each month.

Credit/Debit Card Account Information

Print your name as it appears on card _____

Credit Card Number _____

Expiration Date _____ Zip Code _____

I would like to support the Y's Annual Giving Campaign (scholarship fund) in the amount of \$ _____. Bill me on ____/____/____

Credit/Debit Card Authorization Agreement

I hereby authorize the YMCA of Metropolitan Milwaukee to initiate automatic drafts from my account at the financial institution named above or charge the credit card named above. Further, I understand that the draft to my account/charge to my credit card will take place on or about the first of each month and if this falls on a weekend or holiday the draft will take place on the next business day. It is my responsibility to check my bank statement/credit card statement and report any discrepancies to the School Age Office within 10 days of the draft in question. I understand that I am financially responsible for all payments. Should my monthly amount not be honored by my financial institution for any reason, I agree to be responsible for that payment plus a \$30 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 Metropolitan Milwaukee 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.

_____ **initial**

This agreement will remain in effect until the program has ended, the YMCA of Metropolitan Milwaukee receives a written notice of cancellation from me, or until I submit a new bank draft permission form to the YMCA of Metropolitan Milwaukee.

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 Age Program. I understand that the \$25.00 registration fee is non-transferable and non-refundable. I understand School Age fees must be paid monthly and in advance of the service. I understand that failure to pay fees may result in a late fee of \$10.00 per week. I understand fees are established based on **schedule, not attendance**. This is a flat monthly fee with no credit for time off, holidays or vacations.

I am required to give a two-week notice for a permanent schedule change and/or withdrawal which affects the number of days my child will attend the YMCA School Age Program. Adjustments to the monthly rate will be made two-weeks after initial date of notice to the Billing Office. **I understand that any schedule change must be made in writing to the email or mailing address listed in this brochure.**

Parent/Guardian Signature _____ **Date** _____