YCHILD CARE

2010 SUMMER REGISTRATION FORM

(Complete both child care forms in **black** or **blue** ink)

Child(ren)'s Information:

Current YMCA Membership ☐ Yes ☐ No If yes, ☐ Family Membership ☐ Youth Membership

1) Name (Last, First) ______ Age as of June 14, 2010 ______ School ______ Grade Sept., 2010 ______ Birth Date ______

2) Name (Last, First) ______ Age as of June 14, 2010 ______ School ______ Grade Sept., 2010 ______ Birth Date ______

Check Location:

☐ Calvary Lutheran ☐ Downtown YMCA ☐ East High ☐ Langlade Elementary ☐ Webster Elementary ☐ West Side YMCA

Check the weeks your child(ren) will be attending:

Week 1 - ☐ June 14 - June 18
Week 2 - ☐ June 21 - June 25
Week 3 - ☐ June 28 - July 2
Week 4 - ☐ July 5 - July 9
Week 5 - ☐ July 12 - July 16
Week 6 - ☐ July 19 - July 23
Week 7 - ☐ July 26 - July 30
Week 8 - ☐ Aug 2 - Aug 6
Week 9 - ☐ Aug 9 - Aug 13
Week 10 - ☐
- Aug 16 - Aug 18 (3 days - Langlade, Webster & East)
- ***(Please Note - Site Ending Dates Vary)***
- Aug 16 - Aug 20 (5 days - DT YMCA, WS YMCA & Calvary)

Child's Start Date this Summer: ______

Check the following day camp information if interested in attending 1 or 2 weeks of camp as part of your child's summer experience. If you're enrolling your child(ren) for 6 or less weeks of School-Age Child Care, Skip this Day Camp Section.

All children (ages 5 to 12) attending at least 7 weeks of SACC are able to attend one week of day camp (2 week Maximum). There is no additional charge for the first week. (See Optional Day Camp Section in the brochure.) Please fill out all pertinent information as it relates to the camp(s) of your choice. All camp weeks will be assigned and announced in your confirmation letter. It is not always possible to honor all weeks of camp requested especially if wanting more than one.

- My child ☐ is interested ☐ is not interested in attending either day camp.

- My child would like to attend Kids Camp (ages 5 to 10) ☐ Yes ☐ No If yes, ☐ 1 Week ☐ 2 Weeks
  Please list and prioritize theme weeks of interest to your child: 1) ______ 2) ______ 3) ______
  My child's bus stop for Kids Camp will be: ☐ DT YMCA ☐ WS YMCA ☐ Langlade School (There is no bus stop at East, Webster or Calvary)
  While at Kids Camp, my child would like to be in a group with: ______

- My child would like to attend Camp Wabansi (ages 7 to 12) ☐ Yes ☐ No If yes, ☐ 1 Week ☐ 2 Weeks
  Would they like to attend ☐ General Camp (ages 7 to 12) or ☐ Speciality Camp (age 9 to 12)
  If Speciality Camp, list and prioritize speciality camps of interest 1) ______ 2) ______ 3) ______
  My child's bus stop for Wabansi will be: ☐ DT YMCA ☐ WS YMCA ☐ Langlade School (There is no bus stop at East, Webster or Calvary)
  While at Wabansi, my child would like to be in a group with: ______

If you have registered or are considering registering your child(ren) for any weeks of Camp U-Nah-Li-Ya or the Teen Adventure Program please check the appropriate box:

☐ Camp U-Nah-Li-Ya (ages 7 to 17) ☐ Teen Adventure Program (ages 11 to 14) *Call the SACC office with the actual dates after registering your child(ren).

Upon registering you must pay the following: ($30 registration fee per child and first week of care)

*Total fee enclosed $ ______ (make checks payable to YMCA) Financial Assistance Requested ☐ Yes ☐ No

Over ➡

Office Use Only: Paid ______ Immun. ☐ Confirmation ☐ Kids Camp ______ Wabansi ______ Uni ______ TAP ______
Draft ☐ ______ Computer ☐ ☐ ☐ 3rd Party ☐ ______ SK ☐ ______ BC ☐ ______ Site Copies ☐

Y CHILD CARE

2010 SUMMER REGISTRATION FORM
(Complete both child care forms in **black** or **blue** ink)

All registration information must be completely filled out before your child is registered. (both child care forms)

Child(ren)'s Information

Name (Last, First)	Sex	Home Address (Street, City, State)	Zip Code	Telephone #
1)				
2)				

Please list your main E-mail address here to receive school-age childcare correspondence

____

Parent or Guardian

Relationship to Child	Name (Last, First)	Home Address (Street, City, State)	Zip Code	Hm. Ph. #	Cell Ph. #	Work Name and Address	Work Phone #
Mother							
Father							
Guardian							

Emergency Contact - List information of person to contact when mother, father or guardian cannot be reached.

Relationship to Child	Name (Last, First)	Home Address (Street, City, State)	Zip Code	Hm. Ph. #	Cell Ph. #	Work Name and Address	Work Phone #

Person(s) Authorized to Pick-up Child(ren) (Include Parents)

Relationship to Child	Name	Home Address (If not listed above)	Telephone #	Work Name and Address (If not listed above)	Work Phone #

Parents' Marital Status? ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Spouse Deceased

Note any custody arrangements or restrictions (Attach court order if applicable): ______________________________

Mail to: YMCA School-Age Child Care • 601 Cardinal Lane • Green Bay, WI 54313-6730 *For more information call*: 436-9675

OVER ➡

Y CHILD CARE

The Wisconsin State Department of Health and Social Services requires that every participant's immunization history be on file at the site.

Immunization History Requirements

The following are the minimum **required** immunizations. All children within the range must meet these requirements at daycare entrance.

Age/Grade	Number of Doses					
2 years through 4 years	4 DTP/DTaP/DT	3 Polio	1 MMR	3 HepB	3 Hib 3PCV	1 Varicella
At Kindergarten entrance	4 DTP/DTaP/DT/Td	4 Polio	2 MMR	3 HepB		2 Varicella

First Child's Name: ______________________

List the MONTH, DAY and YEAR your child received each of the following immunizations. DO NOT USE (✔) or (X). If you do not have an immunization record for this child at home, contact your doctor or public health agency to obtain the dates.

TYPE OF VACCINE	First Dose mo/day/yr	Second Dose mo/day/yr	Third Dose mo/day/yr	Fourth Dose mo/day/yr	Fifth Dose mo/day/yr
DTP/DT/Td DIPHTHERIA-TETANUS-PERTUSSIS (Whooping Cough)					
POLIO					
HAEMOPHILUS INFLUENZA b (HIB)					
PNEUMOCOCCAL CONJUGATE (PCV)					
HEPATITIS B					
MEASLES, MUMPS, RUBELLA (MMR)					
VARICELLA (Chicken Pox)					

☐ For religious reasons, this child should not be immunized.
☐ For personal conviction reasons, this child should not be immunized.

Health History

Child's physician/medical facility:
Name: ______________________
Address: ______________________
Phone #: ______________________

Will your child require any medication while at the YMCA Summer Program or at Camp? ☐ Yes ☐ No

If yes, please list medication: ______________________

You will also be required to fill out a "Medication Authorization Form"

Does your child have a history of:
☐ Physical Handicaps ☐ ADD/ADHD ☐ Diabetes
☐ Heart Problems ☐ Asthma ☐ Seizures
☐ Sensitivity To Sun ☐ Non-food allergies ☐ Food allergies
☐ Other Problems (describe) ______________________

If you checked any of the above items, please answer the following 6 questions that apply and write answers on the back of this page.

1) Triggers that may cause problems - specify.
2) Signs or symptoms to watch for - specify.
3) Actions steps for child care providers to take.
4) When to call parents regarding symptoms or failure to respond to treatment.
5) When to consider that condition requires emergency medical care.
6) Any additional information that may be helpful to staff.

Second Child's Name: ______________________

List the MONTH, DAY and YEAR your child received each of the following immunizations. DO NOT USE (✔) or (X). If you do not have an immunization record for this child at home, contact your doctor or public health agency to obtain the dates.

TYPE OF VACCINE	First Dose mo/day/yr	Second Dose mo/day/yr	Third Dose mo/day/yr	Fourth Dose mo/day/yr	Fifth Dose mo/day/yr
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POLIO					
HAEMOPHILUS INFLUENZA b (HIB)					
PNEUMOCOCCAL CONJUGATE (PCV)					
HEPATITIS B					
MEASLES, MUMPS, RUBELLA (MMR)					
VARICELLA (Chicken Pox)					

☐ For religious reasons, this child should not be immunized.
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Child's physician/medical facility:
Name: ______________________
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5) When to consider that condition requires emergency medical care.
6) Any additional information that may be helpful to staff.

Parent Consent/Authorization

(Please initial each line & provide signature at bottom of page stating you have read and understand each item.)

______ I am aware that a copy of the YMCA Licensing Policies and Wisconsin Licensing Rules for Day Care are available at the program for review at any time.

______ I authorize the YMCA to take my child on all field trips, whether by bus transportation or by walking during any of the YMCA Summer program days my child is enrolled.

______ I ☐ give or ☐ do not give permission for promotional photographs to be taken of my child. *(Please check which box applies)*

______ In the event of an emergency, I authorize any medical treatment that may be needed. I understand that in the event of an injury, I will be contacted first and this waiver will only be necessary if I or my emergency person cannot be reached.

______ I understand that all above said information is confidential and is only used as a guide in understanding my child(ren).

______ I understand that if I withdraw from the program prior to May 14 and written notice is provided, I will receive my first week's payment in return. If written notice is provided after May 14 , my first week's payment and registration fee per child is non-refundable.

______ I understand that if I withdraw from the program in June or thereafter, a two-week written notice must be provided to the SACC office and payment for additional weeks may be required.

______ I understand the information in this brochure as it relates to cancelling a week of care at my child's summer location.

X Parent or Guardian's Signature: ______________________ Date: ____________

Mail to: **YMCA School-Age Child Care, 601 Cardinal Lane, Green Bay, WI 54313-6730**
For Information call: 436-9675

2010 SUMMER SACC/TAP
YMCA Bank Draft or Credit Card Draft Agreement

Upon registration, payment will be made for your first week of the summer program (SACC or TAP). Draft amounts will occur for the remaining summer weeks you have registered for. This does not include any week(s) of Camp U-Nah-Li-Ya. Camp will bill you directly.
Weekly drafts will be drafted on the Monday of the current week attending (Example: If attending week 2 (June 21-25) your draft for this week will occur on Monday, June 21.)
Monthly drafts will be drafted on the 1st or 15th of the month per your request for the weeks of care occurring within that month. (Example: Weeks of June 14, June 21, and June 28 will be drafted in June. Weeks of July 5, July 12, July 19, and July 26 will be drafted in July. Weeks of August 2, August 9, and August 16 will be drafted in August.)

Please fill out the information below and return this form to the SACC/TAP office upon registration.

Child(ren)'s Name: ______________________________ Summer Site: ______________________

Frequency of Draft: _____Weekly OR _____Monthly → (_____1st or _____15th)

If checking or savings draft, please supply the following information:

Type of Account: _____Checking or _____Savings

Bank Name: ______________________ Account Holder's Name: ____________________

Bank Routing No: ______________________ Account Number: ____________________

If credit card draft, please supply the following information:

______Discover Card ______Master Card ______Visa Name as it appears on the card: ______________________

Card Number: ______________________ Expiration Date: ______________

Authorization:
I hereby authorize my financial institution to withdraw the amount based on my payment schedule from the account listed above.

A. I understand my payment will continue until my scheduled payments are completed.
B. It is my responsibility to notify the YMCA immediately of any account change or closing and to provide the YMCA with current account information. To make changes for drafts on the first of the month you must notify the YMCA by the 25th of the month prior. Notification for accounts drafting on the 15th must be in by the 10th of the month.
C. The YMCA reserves the right to refuse entrance into the facility or programs if payments are delinquent. Full payment of delinquent payments will be required for reinstatement into programs.

Cancellation:

A. A two week advance written notice must be given prior to withdrawing from a program.
B. Following one month of insufficient funds or declined credit card, the YMCA will send a letter and statement to be paid within 15 days.
C. Following a second month of insufficient funds or declined credit card, you will be contacted by the program director so that you can make arrangements to pay your balance due.
D. If you do not comply with the arrangements, you will be terminated from the program. Your account will be frozen and you must pay any past due amount before participating in any YMCA program or membership in the future.

Parent/Payee Signature: ______________________________ **Date:** ______________________

RETURN THIS DRAFT AGREEMENT ALONG WITH YOUR COMPLETED SUMMER REGISTRATION FORM.