



SCHOOL-AGE CHILD CARE (SACC) 2021 SUMMER REGISTRATION

All registration information must be completely filled out before your child is registered (complete all child care forms in black ink).

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

Child(ren's) Information

1. Name (Last, First) _____ Age as of 6/14/21 _____ School _____ Grade Sept. 2021 _____ Birth Date _____

2. Name (Last, First) _____ Age as of 6/14/21 _____ School _____ Grade Sept. 2021 _____ Birth Date _____

Check Location

Calvary Lutheran Ferguson Family YMCA Langlade School Meadowbrook School West Side YMCA

Check the weeks your child(ren) will be attending Child's start date: _____

Week 1 June 14 - June 18 Week 4 July 5 - July 9 Week 7 July 26 - July 30 Week 10 Aug 16-18/ 3 days (Langlade)

Week 2 June 21 - June 25 Week 5 July 12 - July 16 Week 8 Aug 2 - Aug 6 Aug 16-20/ 5 days (FFY, WSY, Calvary & Meadowbrook)

Week 3 June 28 - July 2 Week 6 July 19 - July 23 Week 9 Aug 9 - Aug 13

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 are enrolling your child in 6 weeks or less of School-Age Child Care, skip this Day Camp section)

All children (ages 5-12) attending at least 7 weeks of SACC are able to attend one week of day camp (2-week maximum). For an additional (\$10 Kids Camp) or (\$10 Camp Wabansi) plus your weekly summer rate, your child can experience one week of day camp. If you choose to attend a second week of day camp, you will be charged the regular day camp rate (See Optional Day Camp Section in 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 is not interested in attending either day camp.

My Child would like to attend **KIDS CAMP** (ages 5-10) Yes No If yes, 1 Week 2 Weeks

Please list & prioritize theme weeks of interest to your child: 1. _____ 2. _____ 3. _____

There is no bus transportation to and from kids camp. You will need to drop off and pick up at camp.

While at Kids Camp, my child would like to be in a group with: _____

My Child would like to attend **CAMP WABANSI** (ages 7-12) Yes No If yes, 1 Week 2 Weeks

Would they like to attend: Traditional Camp (ages 7-12) or Specialty Camp (ages 10-12)

If Specialty Camp, please list & prioritize specialty camps of interest: 1. _____ 2. _____ 3. _____

My child's bus stop for Wabansi will be: West Side YMCA Langlade School (There is no bus stop at Ferguson Family YMCA, Meadowbrook, or Calvary)

While at Wabansi, my child would like to be in a group with: _____

If you register your child(ren) for any other YMCA programs throughout the summer, please call the SACC office with the details (Overnight Camp, Swim Lessons, etc.)

Upon registering, you MUST pay the following: (\$30 registration fee per child AND first FULL week of care.)

Total fee enclosed: \$ _____ (Make checks payable to YMCA) Financial Assistance Requested Yes No

Office Use Only: Paid _____ Immun. Kids Camp _____ Wabansi _____ Uni _____ TAP _____

Draft _____ Computer 3rd Party _____ AC _____ BC Site Copies Confirmation Sp. Concern



SCHOOL-AGE CHILD CARE (SACC) 2021 SUMMER REGISTRATION

All registration information must be completely filled out before your child is registered (complete all child care forms in black ink).

Did your child(ren) participate in the: 2019 SUMMER PROGRAM Yes No 2020 SUMMER PROGRAM Yes No **OR** 2020-21 BEFORE/AFTER SCHOOL PROGRAM? Yes No If yes, which site? _____

Child(ren) Information

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

Please list your main email address to receive School-Age correspondence.

Parent or Guardian Information

| Relationship to Child | Name (Last, First) | Home Address (Street, City, State) | Zip Code | Home Phone | Cell Phone | Work Name & Address | Work Phone |
|-----------------------|--------------------|------------------------------------|----------|------------|------------|---------------------|------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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 | Home Phone | Cell Phone | Work Name & Address | Work Phone |
|-----------------------|--------------------|------------------------------------|----------|------------|------------|---------------------|------------|
| | | | | | | | |

Persons Authorized to Pick Up Child(ren) - Include Parents

| Relationship to Child | Name (Last, First) | Home Address (if not listed above) | Home Phone | Cell Phone | Work Name & Address (if not listed above) | Work Phone |
|-----------------------|--------------------|------------------------------------|------------|------------|---|------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Parent's Marital Status Married Single Divorced Separated Spouse Deceased

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



2021 SUMMER SACC

School-Age Child Care (SACC) Summer Medical Registration

First Child's Name: _____

Medication

Will your child require any medication while at the summer program? Yes No

If yes, please list medication: _____ (You will be required to complete a "Medication Authorization Form")

Health History

Check any special medical condition(s) that your child may have (you must check at least one box in this section).

- | | |
|---|---|
| <input type="checkbox"/> No Medical Condition <input type="checkbox"/> Sensitivity to the sun <input type="checkbox"/> Asthma <input type="checkbox"/> Epilepsy/Seizure Disorder <input type="checkbox"/> Heart Problems <input type="checkbox"/> Diabetes <input type="checkbox"/> Any disorder including Cognitively Disabled, LD, ADD, ADHD or Autism (please circle which disorder) <input type="checkbox"/> Cerebral Palsy/Motor Disorder | <input type="checkbox"/> Non-Food Allergies, please specify _____ <input type="checkbox"/> Food Allergies, specify food(s) _____ <input type="checkbox"/> Milk Allergy (attach a statement from the Doctor indicating the acceptable alternative) <input type="checkbox"/> Gastrointestinal or feeding concerns including special diet <input type="checkbox"/> Other Condition(s) requiring special care, please specify _____ _____ _____ |
|---|---|

Emergency Care Plan

If you checked any condition listed above, please answer the following questions. If something does not apply, write NA.

1. Triggers that may cause problems - specify.
2. Signs or symptoms to watch for - specify.
3. Action steps the YMCA staff should follow.
4. Identify any staff to whom you have given specialized training/instructions to help treat symptoms.
5. When to call parents regarding symptoms or failure to respond to treatment.
6. When to consider that the condition requires medical care or reassessment.
7. 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 via bus or 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(ren). Please check one box.
- ____ 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 contact 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 forfeited.
- ____ 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: _____



2021 SUMMER SACC

School-Age Child Care (SACC) Summer Medical Registration

Second Child's Name: _____

Medication

Will your child require any medication while at the summer program? Yes No

If yes, please list medication: _____ (You will be required to complete a "Medication Authorization Form")

Health History

Check any special medical condition(s) that your child may have (you must check at least one box in this section).

- | | |
|---|---|
| <input type="checkbox"/> No Medical Condition <input type="checkbox"/> Sensitivity to the sun <input type="checkbox"/> Asthma <input type="checkbox"/> Epilepsy/Seizure Disorder <input type="checkbox"/> Heart Problems <input type="checkbox"/> Diabetes <input type="checkbox"/> Any disorder including Cognitively Disabled, LD, ADD, ADHD or Autism (please circle which disorder) <input type="checkbox"/> Cerebral Palsy/Motor Disorder | <input type="checkbox"/> Non-Food Allergies, please specify _____ <input type="checkbox"/> Food Allergies, specify food(s) _____ <input type="checkbox"/> Milk Allergy (attach a statement from the Doctor indicating the acceptable alternative) <input type="checkbox"/> Gastrointestinal or feeding concerns including special diet <input type="checkbox"/> Other Condition(s) requiring special care, please specify _____ _____ _____ |
|---|---|

Emergency Care Plan

If you checked any condition listed above, please answer the following questions. If something does not apply, write NA.

1. Triggers that may cause problems - specify.

2. Signs or symptoms to watch for - specify.

3. Action steps the YMCA staff should follow.

4. Identify any staff to whom you have given specialized training/instructions to help treat symptoms.

5. When to call parents regarding symptoms or failure to respond to treatment.

6. When to consider that the condition requires medical care or reassessment.

7. Any additional information that may be helpful to staff.

2021 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, 21, 28 will be drafted in June. Weeks of July 5, 12, 19, 26 will be drafted in July. Weeks of August 2, 9, 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: _____ 3 Digit CVV Code: ___ ___ ___

Authorization:

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

- I understand my payment will continue until my scheduled payments are completed.
- 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.
- 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:

- Atwo week advance written notice must be given prior to withdrawing from a program.**
- Following one month of insufficient funds or declined credit card, the YMCA will send a letter and statement to be paid within 15 days.
- 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.
- 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: _____

PLEASE RETURN THIS DRAFT AGREEMENT ALONG WITH YOUR COMPLETED SUMMER SACC/TAP REGISTRATION FORM.



2021 KIDS CAMP INFORMATION (Ages 5-10)

Use this information for reference when registering for the summer child care program!

WEEKLY KIDS CAMP PROGRAM FEES:

CURRENT YMCA MEMBERS **\$190/Child** **GENERAL PUBLIC** **\$220/Child**

KIDS CAMP INFORMATION

Your child will experience social development, boost their self esteem, learn new skills, and gain character values while surrounded by caring staff in an urban camp setting. Most theme activities occur in the morning from 9:30-11:00. Various group activities occur throughout the day and may include crafts, nature exploration, team building, all camp games, archery, swimming, small group games, skits, songs, and more! Family night is every Wednesday evening. Kids Camp is loads of fun for everyone in attendance! Check out the weekly themes below:

THEME WEEKS

Summer Blastoff – Week 1 (June 14 - 18)

3...2...1...blastoff to summer! Let's kick off the summer fun by exploring all the great things we can do at KIDS Camp! Campers will play new games, learn new songs, and meet new friends in this great kick off to summer! A trip to **Titletown Park** will help us blast this summer into high gear!

Camp T.K.D. – Week 2 (June 21- 25)

Campers of all ages will love this week! Kim's Tae Kwon Do returns to help our campers learn some basic taekwondo skills, which will be age appropriate and supervised. Everyone will get to show off their new skills at our Friday demonstration. Can I get a hi-ya?

Patriotic Party – Week 3 (June 28 - July 2)

The 4th of July is just around the corner so it's time to party in the good ole' USA! We'll celebrate America's birthday with flags, patriotic games, and craft projects! Campers will also get to tie dye some 4th of July gear! This week is all about the RED, WHITE & BLUE (and you!)

Splashdown – Week 4 (July 5 – 9)

Splash! – Summer is not complete without all the water fun a kid can stand! This week will focus on all our favorite games and activities to keep us cool when the temperatures rise, and we don't dry off until it is time to go home!

Get Messy – Week 5 (July 12 - 16)

Get ready for a wacky week of icky, sticky, silly stuff created by you! Come dressed to get messy. Campers will get to explore and play in all sorts of messy activities this week, from art projects to science experiments. There might even be a messy camp game or two! But don't worry grown-ups...the mess will stay at camp!

Beach Party – Week 6 (July 19 - 23)

Hey everyone, welcome to the party! This week camp transforms into a beach, with beach themed craft projects, playing in the sand, beach games, and even some fun dancing at a luau. Later in the week, we take the party to **Bay Beach Amusement Park**. Life is just more fun at the beach!

Go For the Gold – Week 7 (July 26 – 30)

The summer Olympics have kicked off, so it is time for the KIDS Camp Olympics! Join us for a week full of friendly competition! We will put a camp spin on three legged races, noodle throws, tug-of-war, and so much more. Everyone is a gold medalist in this awesome week!

Into the Wild – Week 8 (August 2 - 6)

Let's explore the wild world around us! This week, campers become explorers, taking nature hikes, hunting for creepy crawlies, watching the birds, and learning about the animals that call Wisconsin home. Campers and counselors will have a great time creating some nature-inspired craft projects too. Our explorations will take us over to the **Wildlife Sanctuary** as well. The outdoors has never looked so fun!

Water Works – Week 9 (August 9 – 13)

Water week was so great the first time; we are going to do it again! Splash and explore this week while learning about the wonders of water, the creatures of the sea and our amazing blue planet! There will be new games, new crafts, and loads of water fun! Get ready for a wonderfully wet water week.

Summer Sendoff – Week 10 (August 16 - 20)

Summer started with a blast and ends with a bang! Everyone will get to relive all the fun they had at camp by doing everyone's favorites old and new. Campers will also help Platy, the camp mascot, celebrate his birthday! The fun will continue down at **Pamperin Park**. While the summer has to end, the memories we make at camp will last a lifetime!

***Note: Field trips are subject to change based on weather, availability and COVID restrictions.**

2021 CAMP WABANSI INFORMATION (Ages 7-14)

Use this information for reference when registering for the summer child care program!

WEEKLY CAMP WABANSI PROGRAM FEES:

| | | | | |
|---------------------|----------------|---------------------|-----------------------|---------------------|
| CURRENT YMCA | MEMBERS | \$240/Child* | GENERAL PUBLIC | \$255/Child* |
|---------------------|----------------|---------------------|-----------------------|---------------------|

CAMP WABANSI INFORMATION

When your child tells you about their adventures at YMCA Camp Wabansi, you'll hear all about swimming, singing camp songs, shooting bows and arrows, building campfires, creating art, close encounters with wild life, playing sports, taking nature hikes, team-building, and endless fun. In fact, they are returning home with new skills, interests, character values, and amazing memories. When you snap a photo of your child being recognized by their own counselor at Family Night for the way they cared for a fellow camper, played with good sportsmanship, or acted as a role model for others, you will truly know the essence of the Camp Wabansi experience. In order to mitigate the risk of COVID exposure, there will not be an overnight stay option on Thursday nights this year.

*****Children interested in attending day camp at Camp Wabansi have the option of signing up for Traditional Camp or Specialty Camp, depending on their age*****

- Traditional Camp – Ages 7-12 (Weeks 2, 3, 5, 6, 7, 8, 9, 10 (week 10 Mon-Thursday only)**
Weekly themes, daily traditions, and character-building outdoor adventures are the core of the traditional camp program.
- Specialty Camp – Ages 10-14 (See specific weeks below)**
Advanced programs for ages 10-14. Field trips and higher skills enhance the camp. Additional fees apply to each specialty camp.

Survivor Camp (Week 3, 9) Ages 10-14 only
Members \$269 General Public \$284

Your group will be challenged with many outdoor skills including fire-building, basic first-aid, raft-building and making shelters. They will create some awesome meals over the fire and their tribe and counselors will camp out in Wabansi's famous "Yabwe" campsite and experience a special tribal council ceremony.

Zippin' Adventure (Week 7) Ages 10-14 only
Members \$374 General Public \$389

Ready to Zip? "Zip Ready!" "Zipping" "Zip On!" Wondering what that is all about? That's exactly what you'll hear called out across the beautiful Door County countryside just before you take the jump down the zip line! We're taking trips up to Door County Adventures for the thrill of a lifetime. Your camper will participate in a zip line excursion as well as kayaking and other great camp activities. All activities are conducted under the supervision of certified zip line operators and adventure guides.

***LEARN MORE ABOUT CAMP WABANSI AT WWW.CAMPWABANSI.ORG**