

# 2025-2026 KID'S DAY OUT REGISTRATION FORM

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ School: \_\_\_\_\_

Child's Swimming Ability: ☐ Non-swimmer ☐ Beginner ☐ Intermediate ☐ Advanced

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ School: \_\_\_\_\_

Child's Swimming Ability: ☐ Non-swimmer ☐ Beginner ☐ Intermediate ☐ Advanced

CHECK PROGRAM DATES. Indicate location of choice where applicable.

▶ **FERGUSON FAMILY YMCA** 235 N Jefferson St, Green Bay, 54301

▶ **WEST SIDE YMCA** 601 Cardinal Ln, Green Bay, 54313

## SCHOOL ABBREVIATIONS:

**ALL** - All Schools

**ASH** - Ashwaubenon

**EDP** - East De Pere

**GB** - Green Bay

**HS** - Howard/Suamico

**PUL** - Pulaski

**WDP** - West De Pere

**PAR** - Parochial

## FALL / WINTER 2025

FERGUSON  
FAMILY  
YMCA

WEST SIDE  
YMCA

_____	N/A	Fri	Sep 26	EDP, WDP, PUL
_____	_____	Fri	Oct 3	GB, HS
N/A	_____	Fri	Oct 24	WDP, PUL
_____	_____	Fri	Oct 31	ASH, EDP, GB, HS, PAR
N/A	_____	Fri	Nov 14	HS
_____	_____	Wed	Nov 26	ASH, EDP, GB, HS, PUL

FERGUSON  
FAMILY  
YMCA

WEST SIDE  
YMCA

N/A	_____	Mon	Dec 22	ASH, PAR
N/A	_____	Tues	Dec 23	ASH, PAR
_____	N/A	Fri	Dec 26	ALL
_____	_____	Mon	Dec 29	ALL
_____	_____	Tues	Dec 30	ALL
_____	N/A	Fri	Jan 2	ALL

## WINTER / SPRING 2026

FERGUSON  
FAMILY  
YMCA

WEST SIDE  
YMCA

_____	N/A	Fri	Jan 16	GB
_____	_____	Mon	Jan 19	ALL
N/A	_____	Fri	Jan 23	ASH
_____	_____	Fri	Feb 6	GB, HS, PAR
N/A	_____	Fri	Feb 20	ASH, EDP, WDP
N/A	_____	Fri	Feb 27	HS, PUL
_____	_____	Fri	Mar 6	GB, WDP
N/A	_____	Fri	Mar 13	ASH, HS, PAR

FERGUSON  
FAMILY  
YMCA

WEST SIDE  
YMCA

_____	_____	Mon	Mar 30	ALL
_____	_____	Tues	Mar 31	ALL
_____	_____	Wed	Apr 1	ALL
_____	_____	Thu	Apr 2	ALL
_____	_____	Fri	Apr 3	ALL
_____	N/A	Fri	Apr 24	EDP, PAR
_____	_____	Fri	May 1	GB, HS, WDP
_____	N/A	Fri	May 22	GB

- My child is currently attending a YMCA Before and/or After School Program. ☐ **No** ☐ **Yes** If YES, which site: \_\_\_\_\_
- A \$10 registration fee per child is required for children not enrolled in the Before/After School Program. **Amount enclosed \$** \_\_\_\_\_
- Return completed registration form to: Ferguson Family YMCA School-Age Child Care, 235 N Jefferson St. Green Bay, WI 54301
- A two week written notice is required to cancel any KDO date.
- For more information call: YMCA School-Age Child Care at 920 436 9675

Initial off:

\_\_\_\_\_ I authorize the YMCA to take my child on all field trips via bus or walking during any of the KDO program days my child is enrolled.

Print Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

office  
use

\_\_\_\_ / \_\_\_\_ Book \_\_\_\_ / \_\_\_\_ Confirmation \_\_\_\_ Draft \_\_\_\_ AC/WS \_\_\_\_ 3rd Party \_\_\_\_ Imm \_\_\_\_ Copies \_\_\_\_ Sp. Concern



# KID'S DAY OUT REGISTRATION FORM

## 2025-2026 REGISTRATION FORM

(COMPLETE BOTH SIDES IN BLACK INK)

Current YMCA Youth or Family Membership? ☐ YES ☐ NO

Financial assistance requested? ☐ YES ☐ NO

School: \_\_\_\_\_

### CHILD(ren) INFORMATION

Name (Last, First)	Home Address (Street, City, State)	Zip	Phone #	Sex	Age	Grade	Birthdate

### PARENT or GUARDIAN INFORMATION

Relationship to child	Name (Last, First)	Home Address (Street, City, State)	Zip	Home Phone #	Cell Phone #	Work name and address	Work phone #

### EMERGENCY CONTACT (When parent(s) or guardian cannot be reached)

Relationship to child	Name (Last, First)	Home Address (Street, City, State)	Zip	Home Phone #	Cell Phone #	Work name and address	Work phone #

### PERSONS AUTHORIZED TO PICK UP CHILD(ren) - include parents

Relationship to child	Name (Last, First)	Home Address (Street, City, State)	Zip	Home Phone #	Cell Phone #	Work name and address	Work phone #

### PARENT'S MARITAL STATUS

☐ Married ☐ Single ☐ Separated ☐ Divorced ☐ Spouse deceased

Note any custody arrangements or restrictions (attach court order if applicable): \_\_\_\_\_



# SCHOOL-AGE CHILD CARE (SACC) 2025-26 KDO REGISTRATION FORM

First Child's Name: \_\_\_\_\_

## MEDICATION

Will your child require any medication while at the Kid's Day Out program? Yes ☐ No ☐

If yes, please list medication: \_\_\_\_\_  
(You will be asked 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"/> Non-Food Allergies, please specify _____  |
| <input type="checkbox"/> Sensitivity to the sun  | <input type="checkbox"/> Food Allergies, specify food(s) _____   |
| <input type="checkbox"/> Asthma  | <input type="checkbox"/> Milk Allergy (attach a statement from the Doctor indicating the acceptable alternative) |
| <input type="checkbox"/> Epilepsy/Seizure Disorder   | <input type="checkbox"/> Gastrointestinal or feeding concerns including special diet                             |
| <input type="checkbox"/> Heart Problems  | <input type="checkbox"/> Other Condition(s) requiring special care, please specify _____                         |
| <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   | _____  |

## 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 ☐ **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 my \$10 registration fee per child is non-refundable and if I need to cancel any KDO date a two week written notice must be received in the SACC office to relieve you of payment.

Parent or Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## SCHOOL-AGE CHILD CARE (SACC) 2025-26 KDO REGISTRATION FORM

**Second Child's Name:** \_\_\_\_\_

### MEDICATION

Will your child require any medication while at the Kid's Day Out program? Yes ☐ No ☐

If yes, please list medication: \_\_\_\_\_  
(You will be asked 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"/> Non-Food Allergies, please specify _____  |
| <input type="checkbox"/> Sensitivity to the sun  | <input type="checkbox"/> Food Allergies, specify food(s) _____   |
| <input type="checkbox"/> Asthma  | <input type="checkbox"/> Milk Allergy (attach a statement from the Doctor indicating the acceptable alternative) |
| <input type="checkbox"/> Epilepsy/Seizure Disorder   | <input type="checkbox"/> Gastrointestinal or feeding concerns including special diet                             |
| <input type="checkbox"/> Heart Problems  | <input type="checkbox"/> Other Condition(s) requiring special care, please specify _____                         |
| <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   | _____  |

### 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.

# 2025-26 KID'S DAY OUT BANK DRAFT OR CREDIT CARD DRAFT AGREEMENT

Draft amounts will occur for all KDO days throughout the school year. All drafts will be drafted monthly on the 1<sup>st</sup> or 15<sup>th</sup> of the month per your request for any KDO dates occurring within that month. (Reminder: a two week written notice is required to cancel any KDO date).

Child(ren)'s Name: \_\_\_\_\_ School: \_\_\_\_\_

Your draft will occur on the 1<sup>st</sup> or 15<sup>th</sup> of each month. Please select your monthly draft date: ☐ 1<sup>st</sup> or ☐ 15<sup>th</sup>

Please select how you would like to receive your monthly receipts for payments made: ☐ email (confirm your email address on registration form) or ☐ at childcare site

**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: Name as it appears on the card: \_\_\_\_\_

☐ Discover Card ☐ Master Card ☐ Visa

A 3% fee will be applied to all debit/credit card transactions. This fee does not apply to cash, check, or ACH/EFT payments.

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.

- 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 25<sup>th</sup> of the month prior. Notification for accounts drafting on the 15<sup>th</sup> must be in by the 10<sup>th</sup> 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 contact payee and send a 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, your child 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.

WOULD YOU BE INTERESTED IN GIVING MORE CHILDREN THE OPPORTUNITY TO EXPERIENCE THIS PROGRAM BY MAKING A DONATION TO THE YMCA'S ANNUAL CAMPAIGN?

☐ Yes - I'd like to make a 1 time donation of \$ \_\_\_\_\_ ☐ Yes - I'd like to add \$ \_\_\_\_\_ to monthly draft for the 2025-26 school year

Parent/Payee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN THIS DRAFT AGREEMENT ALONG WITH YOUR COMPLETED KDO REGISTRATION FORM.**

