



SCHOOL-AGE CHILD CARE (SACC) 2026 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 6/10/26 _____ School _____ Grade Sept. 2026 _____ Birth Date _____
2. Name (Last, First) _____ Age as of 6/10/26 _____ School _____ Grade Sept. 2026 _____ Birth Date _____

Check Location

☐ Calvary Lutheran ☐ Ferguson Family YMCA ☐ Aldo Leopold School ☐ Meadowbrook School ☐ East Side YMCA

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

Week 1 ☐ June 10 - June 12 (3 days) Week 4 ☐ June 29 - July 3 Week 7 ☐ July 20 - July 24 Week 10 ☐ Aug 10 - 14
Week 2 ☐ June 15 - June 19 Week 5 ☐ July 6 - July 10 Week 8 ☐ July 27 - July 31 Week 11 ☐ Aug 17 - 21
Week 3 ☐ June 22 - June 26 Week 6 ☐ July 13 - July 17 Week 9 ☐ Aug 3 - Aug 7

(If you are enrolling your child in 7 weeks or less of School-Age Child Care, skip this Day Camp section)

Check the following day camp information if interested in attending 1 or 2 weeks of camp as part of your child's summer experience.

All children (ages 5-12) attending at least 8 weeks of SACC are able to attend one week of day camp (2-week maximum). For an additional (\$20 Kids Camp) or (\$40 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 which weeks (1-11) you would like your child to attend. 1. _____ 2. _____ 3. _____

There is no bus transportation to and from Kids Camp. You will need to drop off as early as 7:30am and pick up no later than 5:00pm from Kids 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

Please list & prioritize which week(s) (1-10) you would like your child to attend. 1. _____ 2. _____ 3. _____

My child's bus stop for Wabansi will be: ☐ West Side YMCA ☐ East Side YMCA ☐ Aldo Leopold ☐ Meadowbrook (There is no bus stop at Ferguson Family YMCA or Calvary)

Before and after camp care is available only at Aldo Leopold and Meadowbrook. If you choose the East or West Side Y, before/after camp care is not available, and you will need to ensure your child is dropped off and picked up from the bus.

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 ☐



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Did your child(ren) participate in the: 2025 SUMMER PROGRAM

☐ Yes ☐ No If yes, which site? _____

OR

2025-26 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) _____



2026 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"/> 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 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 10 and written notice is provided, I will receive my first week's payment in return. If written notice is provided after May 10, 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: _____



2026 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"/> 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.

2026 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.

Weekly drafts will be drafted on the Monday of the current week attending (Example: If attending week 2 (June 15-19) your draft for this week will occur on Monday, June 15).

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 10, 15, 22, 29 will be drafted in June. Weeks of July 6, 13, 20, 27 will be drafted in July. Weeks of August 3, 10, 17 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: _____

A 3% fee will be applied to all debit/credit card transactions. This fee does not apply to 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 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: _____

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

