



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2021/2022 Y CARE REGISTRATION FORM

ALL QUESTIONS ON THIS FORM ARE REQUIRED. IF A QUESTION IS NOT APPLICABLE, PLEASE WRITE N/A. DO NOT LEAVE QUESTIONS BLANK.

CHILD/CONTACT INFORMATION

Child's Name _____ Date of Birth ____/____/____ Gender: M F

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name 1 _____ Primary Phone _____ Home Work Cell

Address _____

Email _____ Secondary Phone _____ Home Work Cell

Parent/Guardian Name 2 _____ Primary Phone _____ Home Work Cell

Address _____

Email _____ Secondary Phone _____ Home Work Cell

EMERGENCY CONTACT IF PARENT CANNOT BE REACHED

Name _____ Phone _____

Relationship to Child _____ This person is authorized to pick-up YES NO (please circle one)

OTHERS AUTHORIZED TO PICK-UP CHILD

Name _____ Phone _____ Home Work Cell

Relationship to Child _____

Name _____ Phone _____ Home Work Cell

Relationship to Child _____

Name _____ Phone _____ Home Work Cell

Relationship to Child _____

ANNUAL NON-REFUNDABLE REGISTRATION FEE: A \$35 annual registration fee per child is due at the time of registration. All registration fees are non-refundable and non-transferable. Any registrations received without payment will be sent back. Please make checks payable to Manitowoc YMCA.

CURRENT YOUTH OR FAMILY MEMBERSHIP: YES NO

Yes, I receive state child care benefits (W2). I understand that I am responsible for payments that the state doesn't cover.

INTEREST IN CARE IN CASE OF CHANGE TO DISTANCE LEARNING

Yes, I would be interested in care if MPSD switches to a full distance learning school model.

HEALTH HISTORY

Please check any health concerns your child may have:

- No specific medical condition
 Asthma
 Diabetes
 Epilepsy/seizure disorder
 Food allergies
 Gastrointestinal or feeding concerns including special diet and supplements
 Non-food allergies
 Cerebral palsy/motor disorder
 Other conditions requiring special care
 Any disorder including Cognitively Disabled, LD, ADD, ADHD, or Autism
 Milk allergy– attach a statement from medical professional indicating acceptable alternative

Please describe: _____

Triggers that may cause problems—specify: _____

Steps the childcare provider should follow—specify: _____

*If prescription or non-prescription medications are necessary, a copy of the form Authorization to Administer Medication should be submitted.

Identify any child care staff to whom you have given specialized training/instructions: _____

When to call parents regarding symptoms or failure to respond to treatment: _____

When to consider that the condition requires emergency medical care or reassessment: _____

Additional information that may be helpful to the childcare provider: _____

Is your child currently taking any medications? YES NO

If yes, what kind? _____

What else should we know about your child to help them be successful this summer? _____

Doctor/Clinic Name and Phone Number: _____

IMMUNIZATION RECORDS

List the month, day, and year– do not just put a check. You may elect to attach records instead.

Records are not kept year to year.

- My child does not meet all vaccination requirements. A properly signed health, religious, or personal conviction waiver must be filed with the Y.

Type of Vaccine	1st Dose Month/Day/Year	2nd Dose Month/Day/Year	3rd Dose Month/Day/Year	4th Dose Month/Day/Year	5th Dose Month/Day/Year
Diphtheria-Tetnus-Pertussis					
Polio					
HIB (Haemophilus Influenza Type B)					
Pneumococcal Conjugate Vaccine (PVC)					
Hepatitis B					
Measles-Mumps-Rubella (MMR)					
Varicella Vaccine (Chicken Pox)				*Required only if the child has not had the chicken pox disease. If the child has had Varicella (chicken pox) disease, please provide the year.	



PARENT CONSENT/AUTHORIZATION:

Please provide a signature at the bottom of the page stating you have read and understand each item.

- I have had an opportunity to review the policies of this childcare center and a summary of the WI Rules for licensing childcare centers.
- I authorize the center to allow my child to self-apply Equate sunscreen SPF 45 and Equate bug spray no more than 15% deet.
- I authorize the YMCA to take my child on all field trips, whether by bus transportation or by walking during program hours.
- I give permission to use any video or photographs that my child may be in for future YMCA promotions.
- I give consent for emergency medical care or treatment to be used only if I cannot be reached immediately.
- I have been informed of the number of pets in the center and their degree of contact with the enrolled child. (WE DO NOT HAVE ANY PETS)
- I understand a \$35 non-refundable, non-transferable deposit is required with this application.
- I agree to pay the balance of School Age Child Care fees the first of each month or prior.
- I understand that the Manitowoc/Two Rivers YMCA is not responsible for lost, stolen, or damaged personal items.

Disciplinary Action Plan

All participants are entitled to a pleasant, safe, orderly and enjoyable program. A system of positive reinforcement is used, and we hope that we can spend most of our time rewarding positive behavior. Everything we do is aimed at creating a safe, orderly and positive program. Therefore, the YMCA program can not serve participants who display unacceptable behavior.

It is our intent that each child enjoys the activities planned by understanding the he/she is responsible for their own actions. With prior knowledge of our basic rules of safety and good conduct, each child is made aware of: how to exercise self-control, that we are here to help them, and to know that we want them to succeed. As is any group activity, the inappropriate behavior of a few children can spoil the experience for the entire group. Therefore, the following conduct policies apply directly to each child, and also apply directly to issues between siblings enrolled in the program.

Disruptive behavior as well as behavior that causes physical or emotional harm to others will not be tolerated. Each incident will result in a Behavior Incident Report being filled out. If a child receives (3) Behavior Incident Reports within a (2) week period the child will receive a (1) day suspension. If the child returns from the suspension and again receives (3) Behavior Incident Reports within a (2) week period the child will receive a (3) day suspension. A parent conference will be scheduled. If a child continues to be disruptive and harm others after the (3) day suspension the YMCA will no longer provide care.

The following forms of unacceptable behavior have specific consequences:

- Physical Fighting: First, parents will pick up child immediately from site or excursion site; next a conference is scheduled and/ or child is suspended, depending on severity.
- Defacing Property: Child "works off" the damages and/or pays for repairs at the property owner's discretion.
- Willful disrespect of staff: This will not be tolerated. These situations will be handled on a case-by-case basis, but a minimum will involve a conference. Refusal to refrain from this behavior will result in suspension and/or dismissal from the program.
- Bullying others (verbal or physical): Children will be warned not to engage in this behavior. If it continues a conference will be scheduled. Repeated bullying of others may result in suspension or dismissal.
- Foul Language: When foul language occurs a Behavior Incident Report will be filled out.
- Running away/Not staying with group: Parents will be called to pick up immediately, a behavior/incident report will be filled out, and a conference may be scheduled. Running from the group twice will result in dismissal from the program.

Other areas of concern include but are not limited to:

- Ignoring or disobeying safety rules
- Inappropriate behavior on the bus or van
- Not taking part in activities

In accordance to the severity of the behavior and the number of occurrences, a child may lose the privilege of participating in a specific activity, be asked to be picked up immediately, be suspended or be dismissed from the program. In instances of suspension or dismissal from the program, there will be NO REFUNDS for fees that have already been paid.

Discipline is not a problem of the program itself, and efforts to improve your child's behavior must have support from home. If your child has chronic behavior problems, you may expect to receive calls at home or work. We need your cooperation and suggestions in dealing with and correcting unacceptable behavior.

Signature of Parent/Guardian

Date



ALTERNATE RELEASE/ARRIVAL AGREEMENT Y CARE 2021/2022

My child _____ will be attending Before School Care at
(circle hub) Riverview/Franklin:

RIVERVIEW HUB
<input type="checkbox"/> Release to Riverview at 8:10am
<input type="checkbox"/> Travel to Jackson at 8:10am
<input type="checkbox"/> Travel to Madison at 7:40am

FRANKLIN HUB
<input type="checkbox"/> Release to Franklin at 7:50am
<input type="checkbox"/> Travel to Monroe at 8:10am
<input type="checkbox"/> Travel to Jefferson at 7:40am

Please circle all that apply: **MONDAY** **TUESDAY** **WEDNESDAY** **THURSDAY** **FRIDAY**

My child _____ will be attending After School Care at
(circle hub) Riverview/Franklin:

RIVERVIEW HUB
<input type="checkbox"/> Release from Riverview at 3:40pm
<input type="checkbox"/> Arrive from Jackson at 4:10pm
<input type="checkbox"/> Arrive from Madison at 3:40pm

FRANKLIN HUB
<input type="checkbox"/> Release from Franklin at 3:10pm
<input type="checkbox"/> Arrive from Monroe at 4:10pm
<input type="checkbox"/> Arrive from Jefferson at 3:40pm

Please circle all that apply: **MONDAY** **TUESDAY** **WEDNESDAY** **THURSDAY** **FRIDAY**

Additional Instructions:

Bussing will be provided by Brandt Buses, Inc. Child will arrive/depart from destination without center supervision. I understand that I am responsible for notifying the center of any changes in this schedule such as vacation, child sick days, etc.

Parent/Guardian Signature

Date



2021-2022 SCHOOL YEAR YMCA BANK DRAFT OR CREDIT CARD AGREEMENT

Draft amounts will occur monthly on the 1st of the month care is provided and is required regardless of attendance.

Please fill out the information below and return with your completed registration.

Child's Name: _____

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

Type of Account: Checking Savings

Bank Name: _____ Account Holders Name: _____

Bank Routing No: _____ Account Number: _____

If Credit Card draft, please supply the following information:

Discover Card Master Card Visa AMEX

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.
- 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. NSF fee of \$30.00 may be applied at director's discretion.
- 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.

Signature of Payee

Date