



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Y.B.R.E.A.K. REGISTRATION FORMS

Manitowoc-Two Rivers YMCA

**SIGN UP  
TODAY!**



Enjoy summer fun in 2018  
with the  
Manitowoc-Two Rivers YMCA  
and our partner,  
the Manitowoc Public  
School District.

**Location:**

Madison Elementary School  
701 N. 4th Street, Manitowoc

**Age:**

5-12 years of age

**When:**

Weekly Sessions  
June 11th – August 17th

**Time:**

Weeks 1, 4, 7, 8, 9, 10  
Monday - Friday  
6 a.m. - 6 p.m.

Weeks 2, 3, 5, 6  
Monday - Friday

\*\*Summer School Programming  
8a.m.- 12p.m.

\*\* Before & After Summer School Programming  
6am-8am and 12p.m-6p.m.

**SCHOLARSHIPS AVAILABLE!**

**Sponsors:**

The West Foundation Inc.

John C. and Katherine B. Miller Charitable Fund



**Supported By:** YMCA Annual Campaign

# 2018 WEEKLY THEMES

<u>Dates</u>	<u>Theme</u>	<u>Friday Dress Up Day</u>
Wk 1: June 11-15	Make New Friends	Hat Day
Wk 2: June 18-22	Helping Hands	Silly Socks
Wk 3: June 25-29	Fit and Fun	Sports Apparel
Wk 4: July 2-6	Backyard Bash	Red, White, and Blue
Wk 5: July 9-13	Super Heroes	Super Heroes
Wk 6: July 16-20	Cool Careers	Career Day
Wk 7: July 23-27	Camp Spirit	Tie Dye
Wk 8: July 30-Aug. 3	Wacky Water	Hawaiian
Wk 9: Aug. 6-10	Y B.R.E.A.K.'s Got Talent	Crazy Hair
Wk 10: Aug. 13-17	Best of the Best	Mismatch Day

## FINANCIAL HELP

The Y wants to make sure every child has the opportunity to benefit from this wonderful program. Please contact Y B.R.E.A.K Coordinator Hannah Sosnosky at 482-1527 if you are interested in financial assistance. As our guide for qualifying, we use the Free and Reduced Lunch Program.

## SUMMER SCHOOL

- Children must be enrolled in a summer school program through the Manitowoc Public School District if enrolling into Y B.R.E.A.K. during those weeks. **NO EXCEPTIONS!**
- Children who attend a different school district or a parochial school, must participate in the Jackson Elementary Summer School program.
- Registration for Week 1 will not be accepted after June 1, 2018.

## Y B.R.E.A.K. and Manitowoc Public School District Summer School Partnership

The Y B.R.E.A.K. experience is designed to help your child grow personally and academically. If your child's home elementary school is offering an Academy program, your child will participate at his or her school. Children whose school is out of the Manitowoc Public School District, or attend a Parochial school, must sign up to participate at Jackson Elementary Summer School. There will be no morning (8am-12pm) Y B.R.E.A.K. programming during MPSD Academy and Summer School Programming.

- **MPSD Summer School and Academy are running on weeks 2, 3, 5 and 6** (Week of June 18, June 25, July 9 and July 16).  
\*Normal Y B.R.E.A.K. programming will commence on July 23rd.\*
- Your family will be charged less during the Manitowoc Public School District Summer School weeks.
- **Transportation** will be provided from Madison at approximately 7:25am to the following Summer School sites: *Franklin, Jackson, Jefferson, Monroe, Riverview, and Stangel*. If your child plans on riding the bus to their Summer School site, please be sure your child is at Madison School by 7:10am. If your child misses the bus at Madison School, it is your responsibility to transport your child to their Summer School site. Y B.R.E.A.K. children will be returned to Madison School after Summer School Programs conclude each day.
- **Meals and snacks** will be provided to all children enrolled in Y B.R.E.A.K.

### Scheduled Activities

Each day, your child will be provided with breakfast, a morning snack, lunch, and an afternoon snack. All children will have the opportunity for the following activities each and every week:

- Weekly swimming
- Sports and games
- Art
- Gymnastics
- Character development
- Computer lab time
- Music
- Literacy programming
- Science, Technology, Engineering, Mathematics (STEM)
- Dress up days
- Field trips
- Enrichment opportunities



**LEARN  
GROW  
THRIVE**

# It's the 2018 SUMMER OF FUN & FRIENDS!

## Registration

Children ages 5 through 12 may enroll at Y B.R.E.A.K. on any day throughout the summer. **Priority registration for full week enrollment is April 5th to May 4th. Partial week enrollment will begin on May 7th. Full week involvement fills up quickly!** We encourage you to register early. Registration will be at the Manitowoc Public School District Administration Building (2902 Lindbergh, Manitowoc) on April 5th and 6th. Starting April 7th, you can register at the Y.

## Schedule Changes and Cancellations

**Cancellations and schedule changes will be accepted until May 31st, 2017 without a charge.** After June 1st your schedule is locked in and you are responsible for fees associated with your schedule. Cancellations after this date will be charged the full rate. Cancellation for the full summer requires a two-week written notice.

## Open House

An open house will be held at Madison Elementary School on June 6th, 2017 from 5:30pm-7:00pm. This is an opportunity to meet your Y B.R.E.A.K. counselors, teachers and see the layout of the building. More information regarding this will be mailed to all registered Y B.R.E.A.K. children.

## Y B.R.E.A.K. 2018 Fees

One-time family registration fee of \$35 for the summer. Registration fees are non-refundable and non-transferable. W-2/County Benefits are accepted. A \$10 discount will be given to families with 2 or more children registered for the same full time week. Those participating in Y B.R.E.A.K. must have a youth or family Y Membership at time of registration in order to take advantage of the Member rate. Please indicate at the time of membership registration that this is for Y B.R.E.A.K. and the joiner fee will be waived. Y memberships are prorated based on sign up date and continue on a monthly bank draft.

### Tuition Rates for weeks 1, 7, 8, 9, 10

Rates	YMCA Member	Non-Member
3 days/week	\$100	\$120
5days/week	\$130	\$160

### Tuition Rates for weeks 2, 3, 5, 6

*\*Summer School Programming weeks*

Rates	YMCA Member	Non-Member
3 days/week	\$ 70	\$ 90
5days/week	\$100	\$130

### Tuition Rates for week 4

Rates	YMCA Member	Non-Member
3 days/week	\$100	\$120
4days/week	\$104	\$128

## Building Values

Y B.R.E.A.K. is more than just something to do...it's an opportunity for kids to build relationships that last a lifetime! It begins with quality leadership...leadership that is committed first to the physical and emotional safety of your child and then is devoted to developing the positive values of caring, honesty, respect and responsibility in every child.

## Tradition of Adventure

Experience all the Y has to offer in this full-day program. Activities include field trips, swimming, sports, games, arts & crafts, gymnastics, music and much more! Y B.R.E.A.K. provides a perfect program for working parents that gives children a summer experience not to be forgotten!

## Group Experience

Y B.R.E.A.K. allows your child to enjoy activities in small, close-knit groups. Together with experienced leaders, groups choose from a wide variety of activities that match their interests and promote confidence, cooperation, and fun.





# Y B.R.E.A.K. REGISTRATION

Please write legibly. Registrations are taken on a first-come, first served basis. One child per registration form please. Form may be photocopied. You will receive an e-mail confirmation when your child has been entered in our system.

## CHILD INFORMATION

Child's Name: \_\_\_\_\_ Start Date (first day in YMCA program): \_\_\_\_\_

Gender: M F Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age at the start of summer \_\_\_\_\_ T-Shirt Size: 6/8 10/12 14/16 Adult S Adult M Adult L

Child resides with:  Mother  Father  Both  Other: \_\_\_\_\_

Please check the ethnic identity of your child. The collection of this information is strictly for statistical reporting.

Elementary School Attending \_\_\_\_\_ Grade Entering \_\_\_\_\_

Parent/Guardian Name 1: \_\_\_\_\_ Gender: M / F Birth Date of Parent: \_\_\_/\_\_\_/\_\_\_

Home Address (Street, City, State, Zip): \_\_\_\_\_

Phone: \_\_\_\_\_ Daytime / Work Phone: \_\_\_\_\_

My address changed since last summer. E-Mail: \_\_\_\_\_

Parent/Guardian Name 2: \_\_\_\_\_ Gender: M / F Birth Date of Parent: \_\_\_/\_\_\_/\_\_\_

Home Address (Street, City, State, Zip): \_\_\_\_\_

Phone: \_\_\_\_\_ Daytime / Work Phone: \_\_\_\_\_

My address changed since last summer. E-Mail: \_\_\_\_\_

- American or Alaskan Native
- White
- African American
- Asian
- Hispanic
- Native Hawaiian or Pacific Islander

## EMERGENCY CONTACT INFORMATION / OTHERS AUTHORIZED TO PICK CHILD UP (other than parent)

Add extra paper to provide additional names

1. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Address: \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Place/ Address where they can be reached when child is at program \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Address: \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Place/ Address where they can be reached when child is at program \_\_\_\_\_

## CHILD'S SCHEDULE (Please indicate your child's schedule) CHILD'S NAME: \_\_\_\_\_

WEEK	DATES	DAYS (circle)	TIME (list)	FEE (see fees below)
1	June 11-15	M T W TH F	_____ to _____	
2*	June 18-22	M T W TH F	_____ to _____	
3*	June 25-29	M T W TH F	_____ to _____	
4	July 2-6	M T TH F	_____ to _____	
5*	July 9-13	M T W TH F	_____ to _____	
6*	July 16-20	M T W TH F	_____ to _____	
7	July 23-27	M T W TH F	_____ to _____	
8	July 30-Aug. 3	M T W TH F	_____ to _____	
9	Aug. 6-10	M T W TH F	_____ to _____	
10	Aug. 13-17	M T W TH F	_____ to _____	

A \$10 multi child discount will be given to families with two or more children registered for the same full week.

To receive Y membership rates, the child must be included in a family membership at all times. This will be checked on a regular basis to make sure we are charging the correct rate.

**Annual Non-Refundable Registration Fee**  
 There is a \$35 annual family registration fee due at the time of registration. All registrations are non-refundable and non-transferable. Any registrations received without payment will be sent back. Please make checks payable to Maniwotoc YMCA.

### Tuition Rates for weeks 1, 7, 8, 9, 10

Rates	YMCA Member	Non-Member
3 days/week	\$100	\$120
5 days/week	\$130	\$160

### Tuition Rates for weeks 2, 3, 5, 6

Rates	YMCA Member	Non-Member
3 days/week	\$ 70	\$ 90
5 days/week	\$100	\$130

### Tuition Rates for week 4

Rates	YMCA Member	Non-Member
3 days/week	\$100	\$120
4 days/week	\$104	\$128

\$ \_\_\_\_\_  
**TOTAL FOR WEEKS**

Medical and Behavior Questions to help us provide the best care to your child. All information is confidential to the Y Staff. (ALL lines MUST be filled out. If something does not apply, please use N/A.) All information will be used for planning purposes and to ensure fun, quality programming.

**1. Has your child had any of the following, if so please explain:**

- Asthma     Diabetes     Epilepsy/Seizures
  - ADD/ADHD     Autism     Cerebral Palsy/Motor Disorder
  - Behavior Problems/Concerns     **NONE OF THESE**
  - Dietary Restrictions: \_\_\_\_\_
  - Food/Milk Allergies: \_\_\_\_\_
- If your child is allergic to milk, please attach a statement from a medical professional indicating an acceptable alternative.
- Gastrointestinal or feeding concerns, or special diet and supplement: \_\_\_\_\_
  - Non-food Allergies: \_\_\_\_\_
  - Status of Vision, Hearing & Speech: \_\_\_\_\_
  - Other Conditions requiring special care: \_\_\_\_\_

**2. Triggers that may cause any of the above problems (specify):**

\_\_\_\_\_

**3. Signs or symptoms to watch for:**

\_\_\_\_\_

**4. Steps the child care provider should follow:**

\_\_\_\_\_

**5. Identify any staff who has received specialized training or instructions:** \_\_\_\_\_

**6. When to call parents regarding symptoms or failure to respond to treatment:** \_\_\_\_\_

**7. When to consider the condition requires emergency medical care or reassessment:** \_\_\_\_\_

**8. Additional information that may be helpful for us:**

\_\_\_\_\_

**9. Is your child currently taking any medications?    YES    NO**

If YES, what kind and why? \_\_\_\_\_

\*If medication needs to be administered during our program, a Medication Permission Form MUST be completed.

**10. Emergency Numbers**

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Location Address: \_\_\_\_\_

## IMMUNIZATION RECORD

List the MONTH, DAY AND YEAR the child received each of the following immunizations. DO NOT USE A CHECK MARK OR AN "X" except to indicate whether the child has had chickenpox.

- ONLY DATES IN EACH BOX ARE ACCEPTABLE
- DO NOT ATTACH A SEPARATE FORM
- RECORDS FROM PREVIOUS YEARS ARE NOT KEPT BY THE YMCA

If you do not have an immunization record for this child, contact your doctor or local public health department to obtain the records.

Type of Vaccine	1st Dose M/D/YY	2nd Dose M/D/YY	3rd Dose M/D/YY	4th Dose M/D/YY	5th Dose M/D/YY
Diphtheria-Tetnus -Pertussis (Specify DTP, DTaP or DT)					
Polio					
Hib (Haemophilus Influenza Type B)					
Pneumococcal Conjugate Vaccine (PCV)					
Hepatitis B					
Measles-Mumps-Rubella (MMR)					
Varicella Vaccine (Chicken Pox) is required only if the child has not had the chicken pox disease.					If child has had Varicella (Chickenpox) disease, please provide the year: _____

My child does not meet all immunization requirements. These requirements can only be waived if a properly signed health, religious, or personal conviction waiver is filed with the Y.



A \$10 multi-child discount will be given to families with two or more children registered for the same full week. To receive YMCA membership rates, those participating in Y B.R.E.A.K. must have a Family Y Membership at the time of registration. Please indicate at the time of membership registration that this is for Y B.R.E.A.K. and the joiner fee will be waived, if applicable. Y memberships are prorated based on sign up date and continue on a monthly bank draft. Y memberships must be held through the entire Summer in order to receive the discounted rate.

## ANNUAL NON-REFUNDABLE REGISTRATION FEE

A \$35 annual family registration fee is due at the time of registration. All registrations are non-refundable and non-transferable. Any registrations received without payment will be sent back. Please make checks payable to Manitowoc YMCA. If you receive state child care benefits (W2), please check below.

TOTAL FEE ENCLOSED \$ \_\_\_\_\_

CURRENT Y MEMBERSHIP:  YES  NO

(This will be checked on a regular basis to make sure we are charging the correct fee)

## PARENT/GUARDIAN AUTHORIZATION

I approve this application and certify that the applicant is capable of such an experience. I understand a \$35 non-refundable, non-transferable deposit is required with this application. I agree to pay the balance of the Y B.R.E.A.K. fees one week prior to the start of each session. No refund will be given unless Y B.R.E.A.K. is cancelled by the YMCA or a doctor's authorized medical reason has been given. I understand that no refunds will be given if the child leaves early due to disruptive behavior as determined by the Director. My child's spot is not confirmed until the weekly fee is paid in full prior to the start of the week.

By signing this form, I certify approval of good health of my child, and, in the event that I cannot be reached in an emergency, authorize the YMCA staff/volunteers to render first aid; give permission to the physician selected by the Manitowoc/Two Rivers YMCA to hospitalize, secure proper treatment for and to order injections, anesthesia, or surgery for my child as named above. Prudent attempts will be made to contact the parent/guardian immediately. I understand that in signing this form, I agree to release the Manitowoc/Two Rivers YMCA from any liability for the risk of illness, accidents or injury.

I give permission for my child to self-apply sun screen or insect repellent I give permission for YMCA staff/volunteers to apply Equate sun screen SPF 45 or greater and Equate bug spray (if needed) no more than 15% Deet to my child prior to going outside.

I grant permission for the applicant to participate in all planned summer activities, including out-of-B.R.E.A.K. trips by walking or bus. If pets are added to the program, parents will be notified prior to the pet's addition to the program.

The Manitowoc/Two Rivers YMCA is not responsible for lost, stolen or damaged personal articles. Permission is also given to use any video or photographs that my child may be in for future YMCA promotions and social media. I agree to waive any claims against the YMCA and its members and volunteers to injuries or damages that may result for the conduct of other persons, including participants in the YMCA programs.

I also understand the Manitowoc/Two Rivers YMCA reserves the right to withdraw a child from the program if, at the YMCA's discretion, the enrollment of the child negatively affects the integrity of the program and/or the YMCA's legal obligations through and under the Division of Children and Family Services (HFS-55).

I understand that a copy of the Wisconsin Licensing Rules of Group Child Care Centers and the policies of this childcare center are available at The Y business office or on the website. [mtrymca.org](http://mtrymca.org) for my review.

I give the Manitowoc/Two Rivers YMCA my consent to have (Child's Name) \_\_\_\_\_ participate in the observation or testing if done, parents will be notified.

I have read and understand each item. All of the information provided on the registration form is accurate to the best of my knowledge.

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

### SUBSIDY PROVIDER INFORMATION

Our family currently receives subsidy from:  County/State/Wisconsin Shares  Third Party Agency  Other

Do you qualify for free or reduced lunch:  Yes  No

Agency Name: \_\_\_\_\_

Case # Required: \_\_\_\_\_

Caseworker: \_\_\_\_\_

Paperwork submitted to County/Agency:  Yes  No

Notes: \_\_\_\_\_

\*I understand that I am responsible for any amounts not covered by my Subsidy Provider: Initial \_\_\_\_\_

YMCA Provider # 3000558593/007

# Alternate Arrival/Release Agreement

1. My child \_\_\_\_\_ will be attending summer school at:

Please print name clearly

- Franklin (8am to 12:30pm)     Jackson (8am to 12:05pm)     Jefferson (8am to 12:30pm)     Madison (8am to 12:30pm)     Monroe (8am to 12:30pm)     Riverview (8am to 12:00pm)     Stangel (8am to 12:30pm)

2. Does your child need to be bussed **FROM Y B.R.E.A.K. to Summer School at 7:10 AM?**

**YES!** Please circle the dates they will be bussed from Y B.R.E.A.K. to Summer School

Monday June 18	Tuesday June 19	Wednesday June 20	Thursday June 21	Friday June 22
Monday June 25	Tuesday June 26	Wednesday June 27	Thursday June 28	Friday June 29
Monday July 9	Tuesday July 10	Wednesday July 11	Thursday July 12	Friday July 13
Monday July 16	Tuesday July 17	Wednesday July 18	Thursday July 19	Friday July 20

**NO!** I will provide my own transportation.

3. Does your child need to be bussed **FROM Summer School to Y B.R.E.A.K.?**

**YES!** Please circle the dates they will be bussed from Summer School to Y B.R.E.A.K.

Monday June 18	Tuesday June 19	Wednesday June 20	Thursday June 21	Friday June 22
Monday June 25	Tuesday June 26	Wednesday June 27	Thursday June 28	Friday June 29
Monday July 9	Tuesday July 10	Wednesday July 11	Thursday July 12	Friday July 13
Monday July 16	Tuesday July 17	Wednesday July 18	Thursday July 19	Friday July 20

**NO!** I will provide my own transportation.

**Additional Instructions:**

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I understand that I am responsible for notifying the center of any changes in this schedule such as vacation, school conference days, etc.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# 2018 Summer B.R.E.A.K. YMCA Bank Draft or Credit Card Draft Agreement

Draft amounts will occur the Friday before the week of services.

(Example: June 11-15 fees will be drafted on Friday June 8th. June 18-22 fees will be drafted on Friday June 15th, etc.)

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

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

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

Type of Account:       Checking      or       Savings

Bank Name: \_\_\_\_\_ Account Holders Name: \_\_\_\_\_

Bank Routing No: \_\_\_\_\_ Account Number: \_\_\_\_\_

**If Credit Card draft, please supply the following information:**

Type of Credit Card:       Discover Card       Master Card       Visa       American Express

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.
- 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.
- 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 two week advance written notice must be given prior to withdrawing from a program.**
- Following one week of insufficient funds or declined credit card, the YMCA will send a letter and statement to be paid within 15 days along with a NSF charge of \$25.00.
- Following a second week of insufficient funds or declined credit card, you will be contacted by the program coordinator 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:** \_\_\_\_\_



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# MANITOWOC-TWO RIVERS YMCA

## INDIVIDUAL HEALTH CARE PLAN

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

Date of Birth: \_\_\_\_\_

Diagnosed Condition	Medication(s)	Signs / Symptoms	Medical Intervention

### Education

1. Does your child have any of the following education-based disabilities:

- Intellectual Disability     Cognitive/Learning Disability
- Emotional/Behavioral Disability     ADD/ADHD
- Autism     Significant Developmental Delay
- None

2. Does your child have an Individual Education Plan (IEP) or a 504 Accommodation Plan?

- Yes     No    If yes, please attach a copy of the individual education plan.

3. Does your child have a mental health diagnosis?

- Yes     No

Is special training need?     Yes     No

If Yes, describe the needed training and the plan to get staff trained.

Date of Training: \_\_\_\_\_

**Emergency Contact(s):**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Physician Contact:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_