

**Y BASE | GENEVA LAKES FAMILY YMCA & Central Denison/Star Center Before & After School Enrichment**

One form per child. A new form must be filled out each school year.

**Child Information**

Child's First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Gender  M  F Birth date \_\_\_ / \_\_\_ / \_\_\_  
 Are you a Y Member? \_\_\_\_\_ Age (at start of program) \_\_\_\_\_ Child resides with  Mother  Father  Both Other \_\_\_\_\_

**Parent/ Guardian Information – Both parents must be listed or use N/A if not applicable.**

#1 Parent/Guardian First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Gender  M  F Birth date \_\_\_ / \_\_\_ / \_\_\_  
 Address-Home (Street, City, State, Zip) \_\_\_\_\_

My address changed since last school year. Home Phone Number: \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Where can we reach you while your child is at Y BASE? Work Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Daytime Address \_\_\_\_\_  
 #2 Parent/Guardian First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Gender  M  F Birth date \_\_\_ / \_\_\_ / \_\_\_

Address-Home (Street, City, State, Zip) \_\_\_\_\_  
 My address changed since last school year. Home Phone Number: \_\_\_\_\_ E-Mail \_\_\_\_\_

Where can we reach you while your child is at Y BASE? Work Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
 Daytime Address \_\_\_\_\_

**Emergency Contacts/ Others Authorized to Pick Child Up – Must put one person other than parent or guardian. \*Can add more on a separate sheet of paper.**

#1 Contact First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
 Address-Home (Street, City, State, Zip) \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

#2 Contact First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
 Address-Home (Street, City, State, Zip) \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Medical and Behavior Questions to help us provide the best care possible. All information will be kept confidential. (ALL lines MUST be filled out. If something does not apply, please use N/A)**

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

- Asthma  Autism  Diabetes
- ADD/ADHD  Epilepsy/Seizures  Cerebral Palsy/Motor Disorder
- Cognitively or Learning Disabled  **NONE (QUESTIONS 1-8)**
- Dietary restrictions \_\_\_\_\_
- Food/milk allergies \_\_\_\_\_

If child is allergic to milk, attach a statement from a medical professional indicating an acceptable alternative.

- Gastrointestinal or feeding concerns, including special diet and supplement \_\_\_\_\_
- Non-food allergies \_\_\_\_\_
- Status of vision, hearing and 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 childcare provider should follow \_\_\_\_\_**

**5. Identify any staff to whom you gave specialized training/ instructions \_\_\_\_\_**

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

**7. When to consider that the condition requires emergency medical care Or reassessment \_\_\_\_\_**

**8. Additional information that may be helpful to us \_\_\_\_\_**

**9. Emergency Numbers**

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

**10. List the MONTH, DAY AND YEAR the child received each of the following immunizations. DO NOT USE a (√) or (x). If you do not have an immunization record for this child, contact your doctor or local health department to obtain the records.**

| TYPE OF VACCINE  | 1st Dose<br>M/D/Y | 2nd Dose<br>M/D/Y | 3rd Dose<br>M/D/Y | 4th Dose<br>M/D/Y | 5th Dose<br>M/D/Y   |
|--|-------------------|-------------------|-------------------|-------------------|---|
| Diphtheria-Tetanus-Pertussis<br>Specify DTP, DTaP, or DT                                       |                   |                   |                   |                   |   |
| Polio  |                   |                   |                   |                   |   |
| Hib (Haemophilus Influenza Type B)   |                   |                   |                   |                   |   |
| Pneumococcal Conjugate Vaccine (PCV)   |                   |                   |                   |                   |   |
| Hepatitis B  |                   |                   |                   |                   |   |
| Measles-Mumps-Rubella (MMR)  |                   |                   |                   |                   |   |
| Varicella (chickenpox) vaccine<br>Vaccine is required only if the child has not had chickenpox |                   |                   |                   |                   | Has child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known.<br><input type="checkbox"/> Yes, year _____<br><input type="checkbox"/> No or Unsure (Vaccine is required) |

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 on file. See attached form.

**11. Is the child currently taking any medications?  Yes  No**  
 If yes, what kind and why \_\_\_\_\_

If medication needs to be administered during Y BASE, an Authorization to Administer Medication MUST be completed. See attached form.

**12. Sunscreen/Insect repellent (each bottle must be labeled if parent provided)**

- I authorize staff to apply sunscreen to my child
- I authorize staff to allow my child to self-apply sunscreen
- My child may use any sunscreen provided by the Y BASE program (NO-AD SPF 30) if theirs runs out or is missing.

If no, will only allow my child to use the sunscreen provided by parent:  
 Brand Name \_\_\_\_\_ Strength \_\_\_\_\_

- I authorize the staff to apply repellent to my child
- I authorize the staff to allow my child to self-apply repellent
- My child may use any repellent provided by Y BASE program (Off Brand-25% DEET) if theirs runs out or is missing.

If no, I will only allow my child to use the repellent provided by parent:  
 Brand Name \_\_\_\_\_ Strength \_\_\_\_\_

Child's Name \_\_\_\_\_ School Location \_\_\_\_\_

Child Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Child's Schedule**

(Please indicate your child's schedule below)

**Monday thru Friday Only**AM Only (Early Release NOT included) PM Only (Early Release Included) Both (Early Release Included) **Weekly Pricing**

|                  |      |
|------------------|------|
| AM Mon-Fri.      | \$38 |
| PM Mon-Fri.      | \$58 |
| AM & PM Mon-Fri. | \$90 |

**Early Release Pricing:****2<sup>nd</sup> Thursday of the month until 6PM**

At no additional charge.

 I'd like my child to be enrolled on all early release days.**Selected Early Release Dates:**

- September 14<sup>th</sup>
- October 11<sup>th</sup>
- November 8<sup>th</sup>
- December 13<sup>th</sup>
- January 18<sup>th</sup>
- February 14<sup>th</sup>
- March 14<sup>th</sup>
- April 11<sup>th</sup>
- May 9<sup>th</sup>

I hereby authorize the Geneva Lakes Family YMCA to charge my account for additional fees added to my child's schedule including returned EFT payments and late pick-ups to my regular payment, if applicable.

**Payment/Registration Details** Please note a \$25 non-refundable deposit is required due at registration. Any child enrolled in Y BASE will receive a youth membership at the Geneva Lakes Family YMCA. You may upgrade to a family membership at a discounted rate. Financial Assistance is available. Please call us at 262.248.6211 to schedule an appointment with our Account Specialist. Payments will be required to be set-up on an EFT that are drafted bi-weekly. Your 1<sup>st</sup> payment will be drafted August 28<sup>th</sup> or 15 days prior to your start date. Any changes to attendance or banking information will require a 2 week notice. See attached Change Form.

**Bank Draft Account Information** (Please attach a voided check for verification and processing.) Name of Financial Institution \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

I would like to support the Y's Annual Giving Campaign (scholarship fund) in the amount of \$ \_\_\_\_\_.  Bill me on \_\_\_\_/\_\_\_\_/\_\_\_\_

**Payment Authorization Agreement**

I hereby authorize the Geneva Lakes Family YMCA to initiate automatic drafts from my account at the financial institution named above. Further, I understand that the draft to my account will take place bi-monthly. It is my responsibility to check my bank statement and report any discrepancies to the Business Office within 10 days of the draft in question. I understand that I am financially responsible for all payments. Should my bi-monthly amount not be honored by my financial institution for any reason, I agree to be responsible for that payment plus a \$25 service charge assessed by the YMCA. If full payment is not made, I agree to pay for all extra fees (\$10/week) incurred for the collection of funds. I understand that it is my responsibility to notify the Geneva Lakes Family YMCA of any change in my bank account information, and those changes must be submitted in writing at least 15 days in advance of the billing date. I understand that no refunds are given.

\_\_\_\_\_ Initial

**Parent/Guardian Authorization**

- The YMCA is not responsible for lost, stolen or damaged personal items.
- I authorize the YMCA to have and use photographs and videos of the person named in this application as may be needed for public relations programs, including social media.
- I understand fees are established based on schedule, not attendance and that I am responsible for all fees.
- I understand that failure to complete all mandatory forms will result in a forfeited spot in Y BASE. No exception.
- I agree to release the Geneva Lakes Family YMCA from any liability for the risk of illness, accidents or injury.
- I am aware that there is a no pet policy at YBASE.
- I understand that all policies, licensing rules and regulations will be available at each site location for my viewing at all times.
- I am required to give a two-week notice for a permanent schedule change and/or withdrawal, which affects the schedule of my child while in the YBASE program.
- I grant permission for the applicant to participate in all planned activities and off site trips by walking (when applicable).
- I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately. I authorize the YMCA staff/volunteers to administer first-aid. Prudent attempts will be made to contact the parent/guardian immediately.
- I understand School Age fees must be paid bi-monthly and in advance of the service.
- I understand that if my child requires alternative arrival or release, I will complete a separate form with updated information on it.
- This agreement will remain in effect until the program has ended, the YMCA receives a written notice of cancellation from me, or until I submit a new bank draft permission form to the Geneva Lakes Family YMCA.
- I approve this application and certify that the applicant is capable of such an experience.
- I understand that in signing this form that I agree to adhere to all policies and procedures listed in the parent handbook.

Parent/Guardian  
Signature \_\_\_\_\_

Date \_\_\_\_\_

**CONTACT US:****General Y Base Questions**

262.248.6211

**Enrollment & Registration Questions**

Jami Golz | Youth &amp; Family Director

262.248.6211 ext. 26

jami.golz@glymca.org

**Geneva Lakes Family YMCA**

203 S. Wells Street | Lake Geneva, WI. 53147

GenevaLakesYMCA.org | Follow us on Facebook at Geneva Lakes Family YMCA

(website includes programming information, parent handbook and forms)

