



2024 APPLICATION FORM, HEALTH HISTORY & EMERGENCY CARE PLAN

YMCA of Greater Waukesha County One form per child. A new form must be filled out each year.

(ALL SECTIONS MUST BE FILLED OUT. IF SOMETHING DOES NOT APPLY, PLEASE USE N/A)

CHILD INFORMATION

Child's First Name _____ Middle Initial _____ Last Name _____ Gender M F Other _____
Birth date ____/____/____ Age (as of June 10, 2024) _____ Child resides with Parent/Guardian #1 Parent/Guardian #2 Both
Are you a Y Member? Yes No If yes, Y Member Number _____ Home Branch _____

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

#1 Parent/Guardian First Name _____ Middle Initial _____ Last Name _____ Gender M F Other Birth date ____/____/____

Home Address (Street, City, State, Zip) _____

Preferred method of contact _____ E-Mail _____

Home Phone Number _____ Work Phone Number _____ Cell Phone Number _____

Daytime Address/Employer Name & Address _____

#2 Parent/Guardian First Name _____ Middle Initial _____ Last Name _____ Gender M F Other Birth date ____/____/____

Home Address (Street, City, State, Zip) _____

Preferred method of contact _____ E-Mail _____

Home Phone Number _____ Work Phone Number _____ Cell Phone Number _____

Daytime Address/Employer Name & Address _____

Emergency Contacts/Others Authorized to Pick Child Up One contact that is NOT a parent/guardian is required. Can add more on an Alternate Arrival/Release Form.

#1 First Name _____ Last Name _____ Relationship to child _____

Home Address (Street, City, State, Zip) _____

Phone Numbers: Home _____ Work _____ Cell _____

#2 First Name _____ Last Name _____ Relationship to child _____

Home Address (Street, City, State, Zip) _____

Phone Numbers: Home _____ Work _____ Cell _____

MEDICAL AND BEHAVIOR QUESTIONS These questions help us to provide the best care for your child. All information is confidential to Y Staff.

(ALL SECTIONS MUST BE FILLED OUT. IF SOMETHING DOES NOT APPLY, PLEASE USE N/A)

1. Has your child had any of the following? NONE
- Asthma Autism Diabetes
- ADD/ADHD Epilepsy/Seizures Cerebral Palsy/Motor Disorder
- Cognitively Disabled 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 _____

Special accommodations at school (IEP, 504, ARD) _____

Sensory Concerns _____

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 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. Language(s) spoken at home _____

9. Additional Information that may be helpful to us _____

10. Emergency Numbers Complete contact information required.

Physician Name _____ Phone _____

Location Address _____

11. 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 M/D/Y	2nd Dose M/D/Y	3rd Dose M/D/Y	4th Dose M/D/Y	5th Dose M/D/Y
Diphtheria-Tetanus-Pertussis Specify <input type="checkbox"/> DTP <input type="checkbox"/> DTaP <input type="checkbox"/> DT					
Polio					
Hib (Haemophilus Influenzae Type B)					
Pneumococcal Conjugate Vaccine (PCV)					
Hepatitis B					
Measles-Mumps-Rubella (MMR)					
Varicella (chickenpox) vaccine					

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 YMCA. Forms available at gwcymca.org.

12. Is your child currently taking any medications? Yes No
If yes, what kind and purpose _____

Does Y Staff need to administer medications? Yes No

I understand that if medication needs to be administered during YMCA programming, an Authorization to Administer Medication Form MUST be completed and medication must be brought to camp on your child's first day. Form is available at gwcymca.org.

13. Sunscreen/Insect Repellent (If provided by a parent, each bottle must be labeled.)

- I authorize the YMCA to apply sunscreen to my child.
- I authorize the YMCA to allow my child to self-apply sunscreen.
- My child may use sunscreen provided by the YMCA if theirs runs out or is missing (Generic SPF 30).
- If no, will only allow my child to use the sunscreen provided by parent:
Brand Name _____ Strength _____
- I authorize the YMCA to apply insect repellent to my child.
- I authorize the YMCA to allow my child to self-apply insect repellent.
- My child may use insect repellent provided by the YMCA if theirs runs out or is missing (Generic 25% Deet).
- If no, I will only allow my child to use the repellent provided by parent:
Brand Name _____ Strength _____

CAMPER'S NAME _____ T-SHIRT SIZE YS YM YL S M L XL
 NAME OF SCHOOL YOUR CHILD ATTENDS _____ SWIM ABILITY Beginner Intermediate Advanced
 CAMPER'S START DATE _____ CAMPER IS TAKING DOUBLE EAGLE BUS TO AND FROM Waukesha Mukwonago

CAMP WEEKS		SUMMER DAY CAMP	FULL WEEK ONLY OPTION	CAMP LOCATIONS	ADD-ON: SWIM LESSONS
Final payment & application due by 12 PM on Monday prior to the start of the camp week. *No camp available Thursday, July 4. Camps are prorated for shortened week. No camp available July 4-5 at Elmbrook Steam Camp. Please see Summer Day Camp trifold or website for affected camps. Payment due dates		Ages 5-13* *Mukwonago & YMCA Child Care Center can accept 4-year-olds Mark which weeks you would like care.	SPECIALTY CAMP Ages 7-13 CAMP DOUBLE EAGLE Ages 7-13 ELMBROOK STEAM CAMP (No Camp Weeks 1 or 11, No Swim Available) Ages 5-13 Print camp option. Leave blank if not enrolling for Specialty Camps.	Brookfield Elementary (STEAM Camp) Camp Double Eagle* Mukwonago Southwest Tri County Waukesha West Suburban YMCA Child Care Center Print camp location. For Camp Double Eagle, print pick up/drop off location.	ADD-ON: SWIM LESSONS Ages & Times See website for details. M: \$29 PP: \$58 30 minute lessons Mon - Thu Camp Double Eagle swim lessons are held at the Mukwonago Y.
WK1: June 10-14	June 3	<input type="checkbox"/>			N/A
WK2: June 17-21	June 10	<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No
WK3: June 24-28	June 17	<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No
WK4: July 1-5*	June 24	<input type="checkbox"/>			N/A
WK5: July 8-12	July 1	<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No
WK6: July 15-19	July 8	<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No
WK7: July 22-26	July 15	<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No
WK8: July 29 - Aug 2	July 22	<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No
WK9: Aug 5-9	July 29	<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No
WK10: Aug 12-16	Aug 5	<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No
WK11: Aug 19-23	Aug 12	<input type="checkbox"/>			N/A

SUMMER SCHOOL WRAP CAMP WEEKS		WEEK OPTIONS	CAMP LOCATIONS
Must be enrolled in Summer School. Final payment & application due by 12 PM on Monday prior to the start of the camp week. *No camp available Thursday, July 4. 5-day camps during week 4 are prorated. No Wrap Camp July 4-5. Payment due dates		MUKWONAGO Weeks 2-5 4 Days (MON-THU) ELMBROOK (Swanson Elementary, No Swim Available) Weeks 2-6 5 Days NEW BERLIN Weeks 2-6 5 Days or 4 Days (MON-THU) Only Elmbrook & New Berlin have 5 DAY options.	EB Elmbrook MKBB Big Bend MKPV Prairie View NB New Berlin Please select school district.
WK2: June 17-21	June 10	<input type="checkbox"/> 4 DAYS <input type="checkbox"/> 5 DAYS	<input type="checkbox"/> EB <input type="checkbox"/> MKBB <input type="checkbox"/> MKPV <input type="checkbox"/> NB
WK3: June 24-28	June 17	<input type="checkbox"/> 4 DAYS <input type="checkbox"/> 5 DAYS	<input type="checkbox"/> EB <input type="checkbox"/> MKBB <input type="checkbox"/> MKPV <input type="checkbox"/> NB
WK4: July 1-5*	June 24	<input type="checkbox"/> 4 DAYS <input type="checkbox"/> 5 DAYS	<input type="checkbox"/> EB <input type="checkbox"/> MKBB <input type="checkbox"/> MKPV <input type="checkbox"/> NB
WK5: July 8-12	July 1	<input type="checkbox"/> 4 DAYS <input type="checkbox"/> 5 DAYS	<input type="checkbox"/> EB <input type="checkbox"/> MKBB <input type="checkbox"/> MKPV <input type="checkbox"/> NB
WK6: July 15-19	July 8	<input type="checkbox"/> 4 DAYS <input type="checkbox"/> 5 DAYS	<input type="checkbox"/> EB <input type="checkbox"/> NB

- SUMMER DAY CAMP AGREEMENT**
- I approve this application and certify that the applicant is capable of such an experience.
 - I understand that a deposit \$25/week is due at the time of application. Third Party Billing, Shares, and CLTS, contact Billing and Registration Office for deposit information.
 - I agree to pay the balance of the camp fees seven (7) days prior to the start of each camp session reserved (by noon) or the deposit and application for that week will be forfeited.
 - Late payments will result in a \$15 fee per child, per week.
 - I understand that no refunds are given.
 - I understand a YMCA credit will be issued, less the deposit, only if I cancel seven (7) days prior to the start of the camp week registered for.
 - I understand if payment is not received prior to the cancellation deadline, I am still responsible for the full balance, regardless of whether or not my child attends camp.
 - Should a payment not be honored by your bank or credit card for any reason, you will be responsible for that payment, plus a \$15 return fee.
 - I grant permission for the applicant to participate in all planned activities and out-of-camp trips by walking, van, or bus.
 - I understand my child must be fully toilet trained to attend camp.
 - In case of accident or illness, the YMCA is authorized to secure emergency medical treatment. Prudent attempts will be made to contact the parents immediately.
 - The YMCA is not responsible for lost, stolen, or damaged personal items.
 - I agree to waive any claims against the YMCA and its members and volunteers for injuries or damages that may result from the conduct of other persons, including program participants.
 - I understand if my child requires alternate arrival or release, I will complete a separate form with updated information on it.
 - I understand that there are no pets on location.
 - I understand that current immunization information (page 1) must be completed at the time of application. I understand failure to complete all mandatory forms will result in a forfeited camp week and my child will be taken off rosters. No exception.
 - I understand that my child will be provided a camp shirt and must wear it on scheduled field trip days. Replacement shirts cost \$5.
 - I understand that I must provide a healthy lunch for my child and that refrigeration and microwaves will not be available for use.
 - I understand that I must provide my child with a water bottle, labeled with their name, each day of camp.
 - I understand that athletic shoes are required footwear that must be worn or sent to program each day, as well as appropriate clothing for protection from the weather.
 - I acknowledge that the following policies and resources are provided on our website and in branches for reading, review, and understanding: Day Camp Parent Handbook, "Your Guide to Licensed Child Care," and Licensing Rules Acknowledgment.

YMCA FINANCIAL ASSISTANCE
Individuals and families may apply for financial assistance for membership or programs, such as Summer Day Camp. Assistance is based upon a number of factors, including total household income and number of dependents. The process is confidential.

I currently receive financial assistance.
 I have submitted a financial assistance application.
 I would like to learn more about financial assistance.

SUBSIDY PROVIDER INFORMATION
A current Authorization of Service must be on file before your child's application will be accepted (see website).
Our family currently receives subsidy from:
 County/ State/ Wisconsin Shares Third Party Agency
 Other
 Agency Name: _____
 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 #4000558914
 Locations numbers can be found in our Summer Day Camp trifold and online > gwcymca.org/Summer-Day-Camp

I authorize the Y to charge my credit card ending in _____
 for all camp deposits - \$25 per week (required). (last 4 digits)
 to schedule camp payments on assigned due dates.
 to schedule camp swim lesson payments on assigned due dates.

Parent/Guardian Signature _____ Date _____