



# YOUTH DEVELOPMENT REGISTRATION

JANESVILLE YMCA • 221 Dodge St. Janesville, WI 53548 • (608) 754-9622

PARKER YMCA • 1360 N. Parkview Dr. Milton, WI 53563 • (608) 868-9622

**LOCATION:**  Janesville YMCA  Parker YMCA

## CHILD INFORMATION

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate: (mm/dd/yyyy) \_\_\_\_\_ Age at start of program: \_\_\_\_\_ Grade attending in Fall: \_\_\_\_\_

Gender:  M  F Y Member:  Yes  No  Member of a different Y

Child's School: \_\_\_\_\_ Swim Ability:  Beginner  Advanced (all campers will be tested)

T-Shirt Size (circle): YS YM YL AS AM AL AXL (shirts are \$7 each)

## PARENT/GUARDIAN INFORMATION \*Primary Parent is responsible for all billing.

**Primary Legal Guardian:** \_\_\_\_\_  Mother  Father  Legal Guardian

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Preferred): \_\_\_\_\_ Alternate: \_\_\_\_\_

Include on Program emails:  Yes  No E-mail: \_\_\_\_\_

**Secondary Legal Guardian:** \_\_\_\_\_  Mother  Father  Legal Guardian

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Preferred): \_\_\_\_\_ Alternate: \_\_\_\_\_

Include on Program emails:  Yes  No E-mail: \_\_\_\_\_

## EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Preferred): \_\_\_\_\_ Alternate: \_\_\_\_\_

## HEALTH HISTORY & EDUCATIONAL INFORMATION

### Physician/Medical Facility Information

Physician Name: \_\_\_\_\_ Medical Facility: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Health History & Emergency Care Plan

Check any special medical condition that your child may have.

- No specific medical condition
- Asthma  Cerebral Palsy/Motor Disorder  Diabetes  Epilepsy/Seizure Disorder
- Gastrointestinal or feeding concerns including special diet and supplements
- Other condition(s) require special care - Please explain: \_\_\_\_\_

Milk allergy (If a child is allergic to milk, attach a statement from the medical professional indicating an acceptable alternative.)

Food allergies - Please specify: \_\_\_\_\_

Triggers that may cause problems: \_\_\_\_\_

Signs or symptoms to watch for: \_\_\_\_\_

Steps the childcare provider should follow: \_\_\_\_\_

When to consider that the condition requires emergency medical care or re-assessment: \_\_\_\_\_

Any other special accommodations your child needs to participate in this program: \_\_\_\_\_

Please add any educational information that may help us assist your child during virtual learning: (ex. IEP, ADHD, Sensory Processing, etc.)



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## IMMUNIZATION HISTORY

Provide updated child immunization records. Contact your doctor or local health department to obtain the records. Records MUST be provided prior to attending.

- Immunizations attached are current and accurate to the best of my knowledge
- My child does not meet all immunization requirements; I have signed the health, religious or personal conviction waiver.

\*Visit [www.ymcajanessville.org](http://www.ymcajanessville.org) to download the waiver, or pick up a copy at the Y's Welcome Center.

Is your child currently taking medications?  Yes  No If Yes, what kind and why? \_\_\_\_\_

If medication needs to be administered during your child's attendance at a youth development program, a Medication Permissions form needs to be completed. \*Visit [www.ymcajanessville.org](http://www.ymcajanessville.org) to download the waiver, or pick up a copy at the Y's Welcome Center.

## SUNSCREEN/INSECT REPELLENT CONSENT:

Please mark all appropriate boxes. If parent/guardian is providing sunscreen/repellent, each bottle must be labeled. Sunscreen and insect repellent cannot be shared between families or between multiple children, both must be provided every day of attendance.

### SUNSCREEN

- My child may use sunscreen provided by the youth development program (SPF 50, Any Brand)
- I will only allow my child to use the sunscreen provided by the parent/guardian. If a child does not have sunscreen on premise, parents will be called immediately, children may not be at camp without sunscreen.

Brand Name: \_\_\_\_\_ Strength: \_\_\_\_\_

- I authorize the center to apply sunscreen (Recommended for ages up to 8.)
- I authorize the center to allow my child to apply and carry sunscreen. (Recommended for ages 8 and older)
- I DO NOT authorize my child to wear sunscreen and will provide an alternative method to keep my child safe from sun damage.

### REPELLENT

- My child may use repellent provided by the youth development program (Strength 25%, Any Brand)
- I will only allow my child to use the repellent provided by the parent/guardian.

Brand Name: \_\_\_\_\_ Strength: \_\_\_\_\_

- I authorize the center to apply repellent (Recommended for ages up to 8.)
- I authorize the center to allow my child to apply and carry repellent. (Recommended for ages 8 and older)
- I DO NOT authorize my child to wear repellent.

## EMERGENCY CARE AND FIELD TRIP CONSENT

1. I give my consent for the YMCA of Northern Rock County to act on my behalf to obtain emergency care and treatment if deemed necessary for my child.
2. I give permission for my child to attend field trips as scheduled by the Y with transportation provided through a local bus company. I also grant permission for my child to attend walking field trips off Y property with adult supervision while participating in Y programming.

\_\_\_\_\_  
Name of parent or guardian (please print)

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date



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Child/Children's Name(s): \_\_\_\_\_

## AUTHORIZED PICK-UPS/EMERGENCY CONTACT

(Must be someone other than parent/guardian and 18 or older. Your child will not be released to any other individuals unless specified. If changes are desired you must notify the Y in writing.)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (primary): \_\_\_\_\_ Alternate: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (primary): \_\_\_\_\_ Alternate: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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## PARENT/GUARDIAN AGREEMENT

### ATTENDANCE

If my child needs accommodations, I must indicate them on the registration paperwork. The first 15 days of my child's attendance is probationary.

### PERSONAL PROPERTY

The YMCA of Northern Rock County is not responsible for lost, stolen or damaged personal articles.

### PARENT HANDBOOK

I have read and understand the parent handbook and agree to abide by all the policies and procedures within the handbook.

### PAYMENT OF FEES

Weekly drafts will be drawn on the Friday PRIOR to the next week for the balance due. I am responsible to pay for the days indicated on my child's registration form. I may change my child's schedule with written notice by the 12PM Wednesday PRIOR to attending, notifying the Y of any cancellation or schedule change.

### REFUND/PAYMENT POLICY

There is no refund for missed days. Payments are non-refundable and non-transferable unless programs are cancelled by the Y.  
 I understand the the primary parent is the one financially responsible for the account.

### FINANCIAL ASSISTANCE

I understand if I am receiving financial assistance, I am responsible for any amount not covered by my funding source. Written verification from my funding source must be on file at the Y prior to my child's attendance.

**Parents will be responsible for full payment until funding documentation is received by the Y.**

**My funding source is:**  WI Shares  Scholarship **Funding Contact:** \_\_\_\_\_  
 Rock County

**YES/NO (Circle one)** I hereby irrevocably release, consent and allow the YMCA of Northern Rock County and its agents to use my or my family members' photograph/likeness/voice, as it pertains to my participation with the YMCA, in any manner for promotional efforts without expectation of any reimbursement in connection with its use.

### FIELD TRIPS

I give permission for my child to attend walking field trips off Y property with adult supervision while participating in Y programming.

### ENROLLMENT CONFIRMATION

I understand registration is not complete and a spot is not guaranteed until payment is received in full and all paperwork is turned in.

\_\_\_\_\_  
Name of parent or guardian (please print)

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date



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### PARENT/GUARDIAN INTEL ABOUT: \_\_\_\_\_

Please help us get to know your child. (To be completed by parent or guardian)

1. What are your child's favorite play activities, subjects, hobbies quiet activities and outside activities?
  
2. Is your child living with both parents? If not, who has custody? How much contact does your child have with the parent who is NOT living in the house?
  
3. What other adults play an important role in your child's life?
  
4. Please list names and ages of siblings, including step-siblings. (Anyone else living in your home?)
  
5. How does your child deal with disagreement situations? What suggestions do you have in these situations?
  
6. At what point do you want to be contacted about your child's behaviors?
  
7. How does your child respond to heat in the summer? If participating in winter, how do they respond to cold weather and wearing winter gear?
  
8. Is your child receiving any professional care for a specific problem? (psychiatric, medical, speech, therapy, hearing, behavioral, etc.)
  
9. Are there any other special accommodations your child would need to participate in this program?
  
10. How does your child respond to authority?
  
11. Has your child participated in other group child care programs previously?  
(Child care, in-home child care centers, early childhood education, montessori, etc.)



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Child's Name: \_\_\_\_\_ Grade Attending in Fall: \_\_\_\_\_

**LOCATION:**  Janesville YMCA  Parker YMCA

## CAMP SELECTION FORM

For each week of camp, please CHECK the days your camper will be attending.

- Part-time (varied schedule, minimum of 2 days in the week attending)
- Full-time (4-5 days weekly for at least 8 weeks)
- I understand priority will be given to full-time enrollment

Week	Dates	Days Attending (circle)
Janesville ONLY	June 6 - 10	M Tu W Th Fri
1	June 13 - 17	M Tu W Th Fri
2	June 20 - 24	M Tu W Th Fri
3	June 27 - July 1	M Tu W Th Fri
4	July 5 - 8 (No camp 7/4)	M Tu W Th Fri
5	July 11 - 15	M Tu W Th Fri
6	July 18 - 22	M Tu W Th Fri
7	July 25 - 29	M Tu W Th Fri
8	August 1 - 5	M Tu W Th Fri
9	August 8 - 12	M Tu W Th Fri
10	August 15 - 19	M Tu W Th Fri
11	August 22 - 26	M Tu W Th Fri
BONUS WEEK	August 29 - 31	M Tu W Th Fri



**FOR YOUTH DEVELOPMENT®**  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**Authorization for Bank Draft - Day Camp**

YMCA of Northern Rock County  
221 Dodge St., Janesville, WI 53548  
Phone: (608) 754-9622 Fax: (608) 754-9024

**Location:**  Janesville YMCA  Parker YMCA

**Name of Person Requesting Bank Draft for Child Care Services**

Title (Mr., Mrs., Ms., Dr.)      First Name      MI      Last Name

Birth Date (MM/DD/YY)      Male or Female (circle one)      Draft Dates EVERY FRIDAY

**Address      Telephone Numbers & Email**

Street      Home      Business

City, State, Zip      Cell      Email Address

**Child(ren) Names**

Child's Name      Child's DOB      Child's Name      Child's DOB

Child's Name      Child's DOB      Child's Name      Child's DOB

**Annual Campaign      Payment Options (please check one)**

The YMCA of Northern Rock County believes in providing membership and program services to all who desire to participate. Please consider helping us build strong kids, strong families, strong communities by contributing to the ANNUAL CAMPAIGN.

I would like to make a one time donation of \$ \_\_\_\_\_

Increase my bank draft by \$ \_\_\_\_\_ per month

I do not wish to contribute at this time.

Bank Draft Withdrawal (attach voided check)

My bank information has not changed from

WI-Shares Co-Pay

Credit Card Withdrawal

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ 3 digit CVV# \_\_\_\_\_

**Bank Draft Authorization**

As a convenience to me, I hereby authorize you to charge my account, payable to the order of the YMCA of Northern Rock County, provided there are sufficient collected funds in my account to pay the same upon presentation. I agree that your rights in respect to each such charge shall be the same as if it were a check drawn on you and signed personally by me. The authority is to remain in effect until revoked by me in writing. I further agree that if any such charge be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor may result in the forfeiture of services. Should any preauthorize charge not be honored by said bank when received by them, then it is understood that said payments are to be made by me. Bank changes or enrollment terminations and/or schedule changes are required by 12:00PM the week prior to attendance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My YMCA Child Care draft will be regarded as continuous until the time that I decide to terminate. The YMCA guarantees satisfaction with the quality of its services. I understand the YMCA reserves the right to adjust child care rates as necessary, which I agree to pay upon at least 14 days advance written notice.