

# 2024-2025 KID'S DAY OUT REGISTRATION FORM

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ School: \_\_\_\_\_

Child's Swimming Ability:  Non-swimmer  Beginner  Intermediate  Advanced

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ School: \_\_\_\_\_

Child's Swimming Ability:  Non-swimmer  Beginner  Intermediate  Advanced

CHECK PROGRAM DATES. Indicate location of choice where applicable.

- ▶ **FERGUSON FAMILY YMCA** 235 N Jefferson St, Green Bay, 54301
- ▶ **WEST SIDE YMCA** 601 Cardinal Ln, Green Bay, 54313

**SCHOOL ABBREVIATIONS:**

- ALL - All Schools
- HS - Howard/Suamico
- ASH - Ashwaubenon
- PUL - Pulaski
- EDP - East De Pere
- WDP - West De Pere
- GB - Green Bay
- PAR - Parochial

## FALL / WINTER 2024

FERGUSON FAMILY YMCA	WEST SIDE YMCA				FERGUSON FAMILY YMCA	WEST SIDE YMCA			
_____	N/A	Fri	Sep 27	EDP, PUL	_____	N/A	Fri	Nov 8	ASH, HS
_____	_____	Fri	Oct 4	GB, HS	_____	_____	Wed	Nov 27	ASH, EDP, GB, HS, PAR, PUL
N/A	_____	Fri	Oct 18	WDP	_____	_____	Mon	Dec 23	ALL
N/A	_____	Fri	Oct 25	ASH, EDP, HS, PAR, PUL	_____	_____	Fri	Dec 27	ALL
_____	N/A	Fri	Nov 1	GB	_____	_____	Mon	Dec 30	ALL
N/A	_____	Thu	Nov 7	ASH					

## WINTER / SPRING 2025

FERGUSON FAMILY YMCA	WEST SIDE YMCA				FERGUSON FAMILY YMCA	WEST SIDE YMCA			
_____	N/A	Fri	Jan 17	ASH, GB	_____	_____	Thu	Mar 27	ALL
_____	_____	Mon	Jan 20	ALL	_____	_____	Fri	Mar 28	ALL
_____	_____	Fri	Feb 7	GB, HS, PAR	N/A	_____	Thu	Apr 17	ASH
_____	N/A	Fri	Feb 14	EDP	_____	_____	Fri	Apr 18	ALL
N/A	_____	Fri	Feb 21	ASH, PUL	_____	_____	Wed	Apr 23	GB
_____	_____	Fri	Feb 28	GB, HS	_____	_____	Thu	Apr 24	ASH, GB
N/A	_____	Fri	Mar 14	ASH, PAR	_____	_____	Fri	Apr 25	ASH, EDP, GB
_____	_____	Mon	Mar 24	ALL	N/A	_____	Fri	May 9	HS
_____	_____	Tue	Mar 25	ALL	_____	N/A	Fri	May 23	GB
_____	_____	Wed	Mar 26	ALL					

- My child is currently attending a YMCA Before and/or After School Program.  No  Yes If YES, which site: \_\_\_\_\_
- A \$10 registration fee per child is required for children not enrolled in the Before/After School Program. **Amount enclosed \$** \_\_\_\_\_
- Return completed registration form to: Ferguson Family YMCA School-Age Child Care, 235 N Jefferson St. Green Bay, WI 54301
- A two week written notice is required to cancel any KDO date.
- For more information call: YMCA School-Age Child Care at 920 436 9675

Initial off: \_\_\_\_\_  
 \_\_\_\_\_ I authorize the YMCA to take my child on all field trips via bus or walking during any of the KDO program days my child is enrolled.

Print Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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



# KID'S DAY OUT REGISTRATION FORM

## 2024-2025 REGISTRATION FORM

(COMPLETE BOTH SIDES IN BLACK INK)

Current YMCA Youth or Family Membership?  YES  NO Financial assistance requested?  YES  NO School: \_\_\_\_\_

### CHILD(ren) INFORMATION

Name (Last, First)	Home Address (Street, City, State)	Zip	Phone #	Sex	Age	Grade	Birthdate

### PARENT or GUARDIAN INFORMATION

Relationship to child	Name (Last, First)	Home Address (Street, City, State)	Zip	Home Phone #	Cell Phone #	Work name and address	Work phone #

### EMERGENCY CONTACT (When parent(s) or guardian cannot be reached)

Relationship to child	Name (Last, First)	Home Address (Street, City, State)	Zip	Home Phone #	Cell Phone #	Work name and address	Work phone #

### PERSONS AUTHORIZED TO PICK UP CHILD(ren) - include parents

Relationship to child	Name (Last, First)	Home Address (Street, City, State)	Zip	Home Phone #	Cell Phone #	Work name and address	Work phone #

### PARENT'S MARITAL STATUS

Married  Single  Separated  Divorced  Spouse deceased

Note any custody arrangements or restrictions (attach court order if applicable): \_\_\_\_\_



# SCHOOL-AGE CHILD CARE (SACC) 2024-25 KDO REGISTRATION FORM

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

## MEDICATION

Will your child require any medication while at the Kid's Day Out program? Yes  No

If yes, please list medication: \_\_\_\_\_  
(You will be asked to complete a "Medication Authorization Form")

## HEALTH HISTORY

Check any special medical condition(s) that your child may have (you must check at least one box in this section).

- No Medical Condition
- Sensitivity to the sun
- Asthma
- Epilepsy/Seizure Disorder
- Heart Problems
- Diabetes
- Any disorder including Cognitively Disabled, LD, ADD, ADHD or Autism (please circle which disorder)
- Cerebral Palsy/Motor Disorder
- Non-Food Allergies, please specify \_\_\_\_\_
- Food Allergies, specify food(s) \_\_\_\_\_
- Milk Allergy (attach a statement from the Doctor indicating the acceptable alternative)
- Gastrointestinal or feeding concerns including special diet
- Other Condition(s) requiring special care, please specify \_\_\_\_\_

## EMERGENCY CARE PLAN

If you checked any condition listed above, please answer the following questions. If something does not apply, write NA.

1. Triggers that may cause problems - specify.
2. Signs or symptoms to watch for - specify.
3. Action steps the YMCA staff should follow.
4. Identify any staff to whom you have given specialized training/instructions to help treat symptoms.
5. When to call parents regarding symptoms or failure to respond to treatment.
6. When to consider that the condition requires medical care or reassessment.
7. Any additional information that may be helpful to staff.

## PARENT CONSENT AUTHORIZATION

Please initial each line & provide signature at bottom of page stating you have read and understand each item.

\_\_\_\_\_ I am aware that a copy of the YMCA Licensing Policies and Wisconsin Licensing Rules for Day Care are available at the program for review at any time.

\_\_\_\_\_ I  GIVE or  DO NOT GIVE permission for promotional photographs to be taken of my child(ren). Please check one box.

\_\_\_\_\_ In the event of an emergency, I authorize any medical treatment that may be needed. I understand that in the event of an injury, I will be contacted first and this waiver will only be necessary if I or my emergency contact cannot be reached.

\_\_\_\_\_ I understand that all above said information is confidential and is only used as a guide in understanding my child(ren).

\_\_\_\_\_ I understand that my \$10 registration fee per child is non-refundable and if I need to cancel any KDO date a two week written notice must be received in the SACC office to relieve you of payment.

Parent or Guardian's Signature: \_\_\_\_\_

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



# SCHOOL-AGE CHILD CARE (SACC) 2024-25 KDO REGISTRATION FORM

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

## MEDICATION

Will your child require any medication while at the Kid's Day Out program?    Yes     No

If yes, please list medication: \_\_\_\_\_

(You will be asked to complete a "Medication Authorization Form")

## HEALTH HISTORY

Check any special medical condition(s) that your child may have (you must check at least one box in this section).

- No Medical Condition
- Sensitivity to the sun
- Asthma
- Epilepsy/Seizure Disorder
- Heart Problems
- Diabetes
- Any disorder including Cognitively Disabled, LD, ADD, ADHD or Autism (please circle which disorder)
- Cerebral Palsy/Motor Disorder
- Non-Food Allergies, please specify \_\_\_\_\_
- Food Allergies, specify food(s) \_\_\_\_\_
- Milk Allergy (attach a statement from the Doctor indicating the acceptable alternative)
- Gastrointestinal or feeding concerns including special diet
- Other Condition(s) requiring special care, please specify \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EMERGENCY CARE PLAN

If you checked any condition listed above, please answer the following questions. If something does not apply, write NA.

1.     Triggers that may cause problems - specify.
  
2.     Signs or symptoms to watch for - specify.
  
3.     Action steps the YMCA staff should follow.
  
4.     Identify any staff to whom you have given specialized training/instructions to help treat symptoms.
  
5.     When to call parents regarding symptoms or failure to respond to treatment.
  
6.     When to consider that the condition requires medical care or reassessment.
  
7.     Any additional information that may be helpful to staff.

# 2024-25 KID'S DAY OUT BANK DRAFT OR CREDIT CARD DRAFT AGREEMENT

Draft amounts will occur for all KDO days throughout the school year. All drafts will be drafted monthly on the 1<sup>st</sup> or 15<sup>th</sup> of the month per your request for any KDO dates occurring within that month. (Reminder: a two week written notice is required to cancel any KDO date).

Child(ren)'s Name: \_\_\_\_\_ School: \_\_\_\_\_

Your draft will occur on the 1<sup>st</sup> or 15<sup>th</sup> of each month. Please select your monthly draft date:  1<sup>st</sup> or  15<sup>th</sup>

Please select how you would like to receive your monthly receipts for payments made:  email (confirm your email address on registration form) or  at childcare site

<p><b>If checking or savings draft</b>, please supply the following information: Type of Account: <input type="checkbox"/> Checking or <input type="checkbox"/> Savings</p> <p>Bank Name: _____ Account Holder's Name: _____</p> <p>Bank Routing No: _____ Account Number: _____</p>
<p><b>If credit card draft</b>, please supply the following information: Name as it appears on the card: _____</p> <p><input type="checkbox"/> Discover Card <input type="checkbox"/> Master Card <input type="checkbox"/> Visa</p> <p>A 3% fee will be applied to all debit/credit card transactions. This fee does not apply to cash, check, or ACH/EFT payments.</p> <p>Card Number: _____ Expiration Date: _____ 3 Digit CVV Code: _____</p>

**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. To make changes for drafts on the first of the month you must notify the YMCA by the 25<sup>th</sup> of the month prior. Notification for accounts drafting on the 15<sup>th</sup> must be in by the 10<sup>th</sup> of the month.
- 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 contact payee and send a statement to be paid within 15 days.
- 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, your child 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.

**WOULD YOU BE INTERESTED IN GIVING MORE CHILDREN THE OPPORTUNITY TO EXPERIENCE THIS PROGRAM BY MAKING A DONATION TO THE YMCA'S ANNUAL CAMPAIGN?**

Yes - I'd like to make a 1 time donation of \$ \_\_\_\_\_  Yes - I'd like to add \$ \_\_\_\_\_ to monthly draft for the 2023-24 school year

Parent/Payee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN THIS DRAFT AGREEMENT ALONG WITH YOUR COMPLETED KDO REGISTRATION FORM.**

