



LEARN, GROW & PLAY



Wrap Around Day Camp for Richfield Elementary

The Milwaukee Y provides an affordable, quality wrap around day camp program at Richfield Elementary for students in grades K5 through 5th grade who are enrolled in summer school classes at Richfield Elementary. The program features caring, qualified staff and a safe environment, along with fun, educational games and activities. Care is available from 12:00 through 6:00 pm.

Dates offered: Wrap around day camp is offered during the four weeks listed below. Please place an "X" in the box next to the week (s) you wish to attend.

Week A - June 18th - June 22nd	<input type="checkbox"/>	Week C - July 2nd - July 6 (No July 4th)	<input type="checkbox"/>
Week B - June 25th - June 29th	<input type="checkbox"/>	Week D - July 9th - July 13th	<input type="checkbox"/>

Fees: \$25/per day or \$300 for the full four weeks

Payment: Please note, registrations will not be processed without a method of payment. If you choose the deposit only option, the remaining amount will be set up to be automatically withdrawn on June 1 2018 from indicated payment method.

Deadline: Registrations are due by June 8th, 2018

Payment and Deposit Information: Total Deposit Amount \$ _____

Payment and Deposit Information

Please note, registrations will not be processed without an indicated method of payment and chosen payment option.

Total amount to be charged at time of registration \$ _____

I am paying: Full Payment
 Deposit Only \$10 deposit/week

Credit/Debit Card Account Information

Print your name as it appears on card: _____

Credit Card # _____ Exp: ___/___/___ Zip Code: _____

This financial information will only be used for your deposits or full payment.

Parent/Guardian Authorization: I approve this application and certify that the applicant is capable of such an experience. I agree to pay the balance of the camp fees in full by June 1, 2018. No refunds will be given unless the camp 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 because of homesickness or disruptive behavior as determined by the Camp Director. I understand my child's spot is not confirmed until the weekly fee is paid in full by June 1, 2018. By signing this form, I certify approval of good health of the camper, 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 YMCA of Metropolitan Milwaukee 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 in signing this form, I agree to release the YMCA of Metropolitan Milwaukee from any liability for the risks of illness, accidents or injury. I grant permission for the applicant to participate in all planned camp activities, including out-of-camp trips by walking or bus and including rock wall climbing, high ropes course, hiking and horseback riding. The YMCA of Metropolitan Milwaukee 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. I agree to waive any claims against the YMCA and its members and volunteers to injuries or damages that may result from the conduct of other persons, including participants in the YMCA programs. I also understand that the YMCA of Metropolitan Milwaukee reserves the right to withdraw a child from the program, at the YMCA's discretion, if 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 (DCF 252). I understand that a copy of the Wisconsin Rules for licensing Day Camps and the YMCA Day Camp Policy Handbook will be available for my review online at ymcamke.org/daycamp.

Parent/Guardian Signature: _____ Date: ____/____/____

- Email- daycamp@ymcamke.org Fax- (414) 355-2638
- Mail- YMCA Day Camp Registration — 9050 N. Swan Rd, Milwaukee, WI 53224

2018 Registration, Health History and Emergency Care Plan
YMCA of Metropolitan Milwaukee Summer Day Camp Programs

NEW FOR 2018—Register online for day camp at ymcamke.org.

Child Information

Child's First Name _____ Middle Initial _____ Last Name _____ Gender M F Transgender Birth date ___ / ___ / ___
 This will be my child's ___ year at YMCA Day Camp 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 YMCA Day Camp? 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 YMCA Day Camp? 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 _____

12 Medical and Behavior Questions to help us provide the best care to your child. All information is confidential to Y Staff.
(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 (v) 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 DTP, DTaP, or DT					
Polio					
Hib (Haemophilus Influenzae Type B)					
Pneumococcal Conjugate Vaccine (PCV)					
Hepatitis B					
Measles-Mumps-Rubella (MMR)					
Varicella (chickenpox) vaccine 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. <input type="checkbox"/> Yes; year _____ <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 filed with the day camp. Visit ymcamke.org for forms.

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

If medication needs to be administered during YMCA School Age programming, a Medication Permission Form MUST be completed. Visit ymcamke.org for forms.

12. Sunscreen/Insect repellent (if provided by a parent), and each bottle must be labeled.

- 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 YMCA Day Camp programs (NO-AD Brand 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 YMCA Day Camp programs (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 _____