

Health History	Child's Name
Child's physician or medical facility (name, address, phone number)	
1. Check any special medical condition that your child may have: <input type="checkbox"/> No specific medical condition <input type="checkbox"/> Cerebral palsy/motor disorder <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy/seizure disorder <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Special Diet <input type="checkbox"/> Emotional Disorder <input type="checkbox"/> Gastrointestinal or feeding concerns including special diet/supplements <input type="checkbox"/> Other condition(s) requiring special care—specify: _____ <input type="checkbox"/> Food Allergies—Specify food(s): _____ <input type="checkbox"/> Non-food Allergies—Specify: _____	
2. Triggers that may cause problems—Specify.	
3. Signs or symptoms to watch for—Specify.	
4. Steps the child care provider should follow. If medications are necessary, a copy of the CFS-59, Authorization to Administer Medication, should be attached. Indicate any child care staff who have received specialized training/instructions to help treat symptoms. A. B. C.	
5. When to call parents regarding symptoms or failure to respond to treatment.	
6. When to consider that the condition requires emergency medical care or reassessment.	
7. Additional information that may be helpful to the child care provider.	

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Immunization History					
Type of Vaccine	First Dose Mo/day/yr	Second Dose Mo/day/yr	Third Dose Mo/day/yr	Fourth Dose Mo/day/yr	Fifth Dose Mo/day/yr
DTP/DT/Td DIPHTHERIA-TETANUS-PERTUSSIS					
POLIO					
HAEMOPHILUS INFLUENZA b (HIB)					
HEPATITIS B					
MEASLES, MUMPS, RUEBELLA (MMR)					
VARICELLA (Chicken Pox)					

For religious reasons, this child should not be immunized.
 For personal conviction reasons, this child should not be immunized.

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Parent Consent/Authorization (Please initial each line & provide signature at bottom of page stating you have read and understand each item.)

_____ I understand that a copy of this program's policies and a summary of the Wisconsin Rules for Licensed Child Care Centers are available upon request.

_____ I authorize the YMCA to take my child on all fieldtrips, whether by bus transportation or by walking during program hours.

_____ I give or do not give permission for promotional photographs to be taken of my child. (Please check the appropriate box)

_____ I hereby give consent for emergency medical care or treatment to be used only if I cannot be reached immediately.

_____ I have been informed of the number of pets in the center and their degree of contact with the enrolled children. **(WE DO NOT HAVE ANY PETS)**

_____ I understand that my \$35 registration fee per child is non-refundable and if I cancel from the program but do not provide a written notice one week prior to last day of attendance or before first day of attendance, I am required to pay for that week.

Parent Signature _____ **Date** _____



OSHKOSH COMMUNITY YMCA
324 Washington Avenue
Oshkosh, WI 54901

Check out the other exciting programs the Y has to offer.
Call and ask for an Activities Guide today!

NON-PROFIT
ORGANIZATION
U.S. POSTAGE
PAID
OSHKOSH, WI
PERMIT NO. 145



**PROGRAM
ACTIVITIES**

- Arts and Humanities
- Interest Centers
- Gym/Group Games
- Enrichment Programs
- Special Events
- Outdoor Activities
- Science and Nature
- Character Development



**FUN & SAFE
BEFORE/AFTER
SCHOOL
CARE**

The YMCA Kid's Club Before and After School Program was designed with the working parent in mind. This program provides quality care at your child's elementary school. Kids age kindergarten to 5th grade can participate in a variety of activities, both recreational and educational. You can feel secure knowing your child is in a safe, supervised, and caring environment.



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2016-2017 SCHOOL YEAR

SITES

Carl Traeger | After School only
Oaklawn | After School only
Franklin | Before and After School
Oakwood | Before and After School
Omro Elementary | After School only
HB Patch (bussed to Omro Elementary) |
After School only
Read | After School only

HOURS

Every day that school is in session. **Care will not be provided on late start days, early dismissals due to weather, or school cancellations due to weather.** Refunds will not be given.

BEFORE SCHOOL

6:15 AM - School Start Time (Franklin: 6:00 a.m.)

AFTER SCHOOL

School Dismissal - 6:00 PM

Program will operate on Oshkosh Area School District early release Wednesday's and early release Friday's at Omro School District.

MEALS AND SNACKS

The Y provides a light breakfast at the Before School Programs, and a snack at the After School Programs according to USDA Guidelines and State Licensing Requirements. Weekly menus are posted at each site and available in advance upon request.

FINANCIAL ASSISTANCE

The YMCA accepts all state and county financial assistance. Please contact your case worker at the local workforce development center for an application. If you will be receiving state or county assistance, check the appropriate box on the registration form.

Limited scholarships are available through the YMCA Annual Campaign and are offered to those who do not qualify for state or county assistance. To receive an application please check the appropriate box on the registration form.

NEW this year: Register by Friday, August 19, 2016 and save \$10 on your enrollment fee. Your enrollment fee will be \$25/child. Registrations received after Friday, August 19 will go up to \$35/child.

Registrations received after August 29, 2016 will not be guaranteed a spot. It is very important to register early and submit all necessary paperwork to the Downtown YMCA in order to secure your spot.

MONTHLY PROGRAM FEES

The YMCA uses an average school calendar to calculate fees. Fees are paid in 9 equal payments, September-May. There is no payment for the month of June. Credits will not be given for holidays, non-school days, sick days, or snow days.

A billing calendar with payment dates and withdrawal dates will be supplied upon registration. Automatic Bank Withdrawal (Tuition Express) is mandatory, unless you are receiving assistance for Child Care. Payments will be taken out the first business day of each month.

MEMBER RATES

Before School \$163/month
After School \$203/month
Before and After \$283/month

COMMUNITY MEMBER RATES

Before School \$183/month
After School \$223/month
Before and After \$303/month



REGISTRATION INFORMATION

Registration is taken on a first come, first served basis. Once a site has reached its licensed capacity a waiting list will be established. Past participants are not automatically enrolled each year and must re-register each school year.

Registrations will be taken at either front desk YMCA location and will only be accepted if:

- The \$35 non-refundable registration fee per child is included (this included participants receiving social service assistance or requesting financial assistance.
- The registration form is completely filled out along with the child's immunization history, emergency card, code of conduct and health history form.
- YMCA program fees are paid up to date.
- Children beginning September 1st 2016 must have completed files by September 9th 2016 or care will be discontinued and wait listed (if available) participants will obtain open spots.
- All forms must be dropped off or mailed to the Downtown YMCA, Attn: Eric Davis 324 Washington Ave. Oshkosh, WI 54901.

Confirmation of your registration and welcome packet will be mailed prior to the start of the program.

In the event of cancellation a two-week written notice must be received in the program office to relieve you of further payment. In the event a two-week written notice is not received, fees will be charged for those weeks.

Kid's Club is based on the Oshkosh School District Calendar.

ADDITIONAL PROGRAMS FOR CHILDREN AGES 5-16

2016-2017 KID'S DAY OUT PROGRAM: A full day, school-age child care program offered on "school out" days. Children ages Kindergarten-12 years of age will participate in a variety of activities including: arts and crafts, group games, interest centers, swimming, Family Prime Time, and occasional fieldtrips. Feel safe knowing that your children are enjoying their "day out" in a fun, supervised environment. Participants must provide a sack lunch with beverage daily. The YMCA will provide a morning and afternoon snack. Program hours are 6:30 AM-6:00 PM.

Program available at the 20th Avenue location only.

SUMMER FUN CLUB: Full day, school-age child care at both YMCA locations. Kids ages 5-11 can experience all the YMCA has to offer including: weekly fieldtrips, theme activities, swimming, sports, games, arts and crafts, special events, and much more! Only register for the weeks you need care. **Registration begins March 2017.**

CAMP WINNI-Y-CO: Located 8 miles from downtown Oshkosh, Camp Winni-Y-Co is a great place to spend summer vacation. Kids ages 5-11 can enjoy the 24 acres of beautiful wooded land with 2 miles of hiking trails. Archery, volleyball, arts and crafts, campfires, scavenger hunts, and sleepovers are just the beginning. Register for one week or the entire summer! Full time only. **Registration begins March 2017.**

TEEN ADVENTURE: Activities that are age-appropriate, and supervision for teens 11-16. Teen Adventure is not a typical "day camp" and really caters to that in-between age. High adventure fieldtrips and activities, specialized clubs, volunteering and service learning, career exploration, and fitness are just a few of the great things Teen Adventure has to offer. Weekly registration, full time only. **Registration begins March 2017.**

Additional information and registration forms can be found at www.oshkoshymca.org

Contact Erin Baranek, erinbaranek@oshkoshymca.org at 236-3380 for more information. * www.oshkoshymca.org 324 Washington Avenue | Oshkosh, WI 54901 | 236-3380



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

**Kid's Club
2016-2017 Before/After School
Registration Form**

CHILD(REN) INFORMATION

Child's Name (Last, First)	Sex	Home Address (Street, City, State)	Zip Code	Telephone #	DOB
1.					
2.					

PARENT OR GUARDIAN INFORMATION

(All parents/guardians are permitted to visit during center hours and are allowed to pick up child(ren) unless prohibited or restricted by a court order. Attach court order, if any.)

Father/ Guardian	Name (Last, First)	Home Address (Street, City, State) Email	Zip Code	Telephone #
	Place of Employment or where reachable	Address (Street, City, State, Zip)	Work Phone #	Cell Phone #
Mother / Guardian	Name (Last, First)	Home Address (Street, City, State) Email	Zip Code	Telephone #
	Place of Employment or where reachable	Address (Street, City, State, Zip)	Work Phone #	Cell Phone #

PERSON(S) OTHER THAN PARENTS AUTHORIZED TO PICK-UP CHILD(REN)

Provide information requested for each person. If no one, write "NONE."

Relationship to Child	Name (Last, First)	Home Address (Street, City, State)	Zip Code	Telephone #
	Place of Employment or where reachable	Address (Street, City, State, Zip)	Work Phone #	Cell Phone #
Relationship to Child	Name (Last, First)	Home Address (Street, City, State)	Zip Code	Telephone #
	Place of Employment or where reachable	Address (Street, City, State, Zip)	Work Phone #	Cell Phone #

EMERGENCY CONTACT

Provide information for the person to contact when parents/guardians cannot be reached.

YES NO This person is authorized to pick up the child.

Relationship to Child	Name (Last, First)	Home Address (Street, City, State)	Zip Code	Telephone #
	Place of Employment or where reachable	Address (Street, City, State, Zip)	Work Phone #	Cell Phone #

PROGRAM AND LOCATION SELECTION

- Carl Traeger After-School
- Oaklawn After-School
- Oakwood After-School
- Oakwood Before-School
- Oakwood Before AND After-School
- Omro Elementary After-School
- HB Patch After-School (bussed to Omro Elementary)
- Read After-School
- Franklin After-School
- Franklin Before-School
- Franklin Before AND After-School

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ANNUAL NON-REFUNDABLE REGISTRATION FEE

A \$35.00 annual registration fee is due at the time of registration. All registration fees are non-refundable and non-transferable. Any registrations received without payment will be sent back. Please make checks payable to Oshkosh YMCA. If you receive child care assistance through the state or county please check the appropriate box below. If you are requesting financial assistance please check the appropriate box below and you will receive information via mail. Tuition Express is mandatory, unless you receive financial assistance. Payments will be taken out the 1st business day of the month.

TOTAL FEE ENCLOSED \$ _____ CHILD'S START DATE _____

- Yes, I receive child care assistance through the county or state. I understand that I am responsible for any fees not covered.
- Yes, I would like to receive financial assistance information. I understand that if my application is denied I will be responsible for any accrued fees.
- Tuition Express (NEW-must fill out Tuition Express form)
- Tuition Express (YMCA School Age Office has my information on file.)
- Current YMCA Youth or Family Member

Signature _____