

YMCA of the Northwoods

School Age Program Questionnaire

Section 1: Child Information

First Name	Middle Name	Last Name

Child's Gender (circle one) Male Female Unspecified

Child's Ethnicity (circle one) African American/Black Alaskan Native Asian/Pacific Islander Caucasian/White
Hispanic Native American Other Unspecified

Child's Date of Birth ____ / ____ / ____

Child's Street Address	City	State	Zip *

Child Lives With: _____

If 'Other' was selected for 'Child lives with', please describe _____

Grade for the current school year (circle one) Kindergarten 1st Grade 2nd Grade 3rd Grade 4th Grade
5th Grade 6th Grade 7th Grade 8th Grade Other: _____

School child is attending _____

Estimated drop-off time: _____ Estimated pick-up time: _____

Section 2: Parent or Legal Guardian Information

Parent #1 Name

Title	First Name	Last Name	Suffix

Parent #1 Date of Birth ____ / ____ / ____

Parent #1 Ethnicity (circle one) African American/Black Alaskan Native Asian/Pacific Islander Caucasian/White
Hispanic Native American Other Unspecified

Parent #1 Total Household Income _____

This should be the total income for your entire household.

Parent #1 Relationship to Child (circle one) Mother Father Grandparent Guardian Other

Parent #1 Address	City	State	Zip

Parent #1 Email _____

This is our main way to communicate with parents.

Parent #1 Primary Phone Number _____

Parent #1 Primary Phone is: (circle one) Home Phone Cell Phone Work Phone

Parent #1 Secondary Phone Number _____

Parent #1 Secondary Phone is: (circle one) Home Phone Cell Phone Work Phone

Parent #1 Place of Employment or Where Reachable While Child is in Care? _____

Parent #1 Preferred Communication Method (circle one)

What is your preferred method of communication in regards to upcoming events, newsletters, and registrations?

Email Phone In person Other _____

Parent #2 Name

Title	First Name	Last Name	Suffix

Parent #2 Date of Birth ____ / ____ / ____

Parent #2 Ethnicity (circle one) African American/Black Alaskan Native Asian/Pacific Islander Caucasian/White
Hispanic Native American Other Unspecified

Parent #2 Total Household Income (if in a different household than Parent #1) _____

This should be the total income for our entire household.

Parent #2 Relationship to Child (circle one) Mother Father Grandparent Guardian Other

Parent #2 Address	City	State	Zip

Parent #2 Email _____

Parent #2 Primary Phone Number _____

Parent #2 Primary Phone is: (circle one) Home Phone Cell Phone Work Phone

Parent #2 Secondary Phone Number _____

Parent #2 Secondary Phone is: (circle one) Home Phone Cell Phone Work Phone

Parent #2 Place of Employment or Where Reachable While Child is in Care? _____

Parent #2 Preferred Communication Method (circle one)

What is your preferred method of communication in regards to upcoming events, newsletters, and registrations?

Email Phone None Other _____

Which parent should staff contact first, during the day while their child is in care? _____

Section 3: Acknowledgement & Permissions Parent #1 (listed above) Policies are available upon request

Responsibility Statement (circle one)

I understand that the YMCA's responsibility for the child begins after s/he has entered and has been signed into the program. I understand that the YMCA's responsibility for the child ends when s/he is transferred to another program or has been signed out.

Yes No

Image Authorization: (circle one)

I authorize the YMCA to use any photographs or videos taken of my child for promotional purposes, including web pages, cover issues, brochures or flyers that promote information about the YMCA programs.

Yes, you have my approval No, you do not have my approval

Sunscreen & insect repellent (circle one)

I understand that I am responsible for supplying the child with sunscreen and insect repellent. The YMCA staff will only apply what I provide. I am responsible for supplying more sunscreen and insect repellent when the child runs out.

Yes No

Pets: (circle one)

I have been informed of the number of pets in the center and their degree of contact with the enrolled children. Note: if pets are added after a child is enrolled, parents shall be notified in writing prior to the pet's addition to the center.

Yes No

I give permission for my child to participate in the following activities during operating hours: (circle all that apply)

If there is a scheduled field trip on the day of care and you select 'None' below, then your child will not be able to attend care on this specific day. We cannot leave any child behind on field trip days.

Transported field trips Walking field trips Other activities None

Section 4: Emergency Contacts

The following individuals are authorized to aid my child in emergency situations when parent or legal guardians cannot be contacted.

Emergency Contact #1 Name (Emergency contact cannot be a parent.)

First Name	Last Name

Emergency Contact #1 Relationship to Child _____

Emergency Contact #1 Primary Phone Number _____

Emergency Contact #1 Secondary Phone Number _____

Emergency Contact #1 Address, City, State, Zip _____

Please include full address including state and zip code.

Emergency Contact #1 Authorized to Pick Up Child? (Circle one) Yes No

Emergency Contact #1 Place of Employment or Where Reachable While Child is in Care _____

Emergency Contact #2 Name (Emergency contact cannot be a parent.)

First Name	Last Name

Emergency Contact #2 Relationship to Child _____

Emergency Contact #2 Primary Phone Number _____

Emergency Contact #2 Secondary Phone Number _____

Emergency Contact #2 Address, City, State, Zip _____

Please include full address including state and zip code.

Emergency Contact #2 Authorized to Pick Up Child? (Circle one) Yes No

Emergency Contact #2 Place of Employment or Where Reachable While Child is in Care _____

Emergency Contact #3 Name (Emergency contact cannot be a parent.)

First Name	Last Name

Emergency Contact #3 Relationship to Child _____

Emergency Contact #3 Primary Phone Number _____

Emergency Contact #3 Secondary Phone Number _____

Emergency Contact #3 Address, City, State, Zip _____

Please include full address including state and zip code.

Emergency Contact #3 Authorized to Pick Up Child? (Circle one) Yes No

Emergency Contact #3 Place of Employment or Where Reachable While Child is in Care _____

Section 5: Physician or Medical Facility

Enter in Primary Physician and Medical Facility Information

Emergency Medical Care

In emergencies requiring immediate medical attention, I authorize the child care provider to obtain emergency medical care including transporting my child to a hospital or other medical care facility. (Circle one) Yes No

Physician _____

Physician Phone Number _____

Physician Address, City, State, Zip _____

Section 6: Health History and Emergency Care Plan

Special Accommodations (Fall 2020)

*In order to serve your child consistently and train our staff appropriately, would you be willing to share any documented accommodations, behavior or education plans needed for your child? If yes, we will reach out to you directly with an additional waiver request to confirm permissions. (Circle one)

My child does not need any special accommodations

Yes, I will share additional documentation

No, I will not share additional documentation

Section 7: Immunizations

Enter Immunization information

I understand that if the child's immunization dates are not entered at the time of registration in the questions below, a spot may not be held for the child as the YMCA of the Northwoods will no longer accept paper copies of the child's shot information. (Circle one)

Agree Disagree

Immunization

All children are required to receive immunization vaccines unless they have a state-approved exemption. If the child is exempt from state immunization please provide us with the applicable exemption form and check 'Exempt' below.

- Required
- Exempt

Compliance

If the child does not meet all requirements check the appropriate box below. If the child has not received all required doses of vaccine for his or her age group, I understand that it is my responsibility to obtain the remaining required doses of vaccines for this child WITHIN ONE YEAR and to notify the child care center in writing as each dose is received.

- Although the child has not received all required doses of vaccine for his or her age group, at least the first dose of each vaccine has been received.
- For religious reasons the child should not be immunized.
- For personal conviction reasons the child should not be immunized.

Varicella Vaccine *

If the child is exempt from receiving the varicella vaccine because he/she has had the varicella (chicken pox) disease, please check 'Exempt' below.

- Required
- Exempt

For health reasons, the child should not receive the following immunizations _____

DTaP dose 1 (Diphtheria, Tetanus, Pertussis)

The date must be entered as MM/DD/YYYY. If the child has not received the immunization, write 'none'. The child will not be accepted into program if immunization records are not entered during registration.

DTaP dose 1 type _____ / _____ / _____

Enter the type of Diphtheria-Tetanus-Pertussis for each dose. If none, write 'none'.

DTaP dose 2 (Diphtheria, Tetanus, Pertussis)

The date must be entered as MM/DD/YYYY. If child has not received the immunization, write 'none'. The child will not be accepted into program if immunization records are not entered during registration.

DTaP dose 2 type _____ / _____ / _____

Enter the type of Diphtheria-Tetanus-Pertussis for each dose. If none, write 'none'.

DTaP dose 3 (Diphtheria, Tetanus, Pertussis)

The date must be entered as MM/DD/YYYY. If child has not received the immunization, write 'none'. The child will not be accepted into program if immunization records are not entered during registration.

DTaP dose 3 type _____ / _____ / _____

Enter the type of Diphtheria-Tetanus-Pertussis for each dose. If none, write 'none'.

DTaP dose 4 (Diphtheria, Tetanus, Pertussis)

The date must be entered as MM/DD/YYYY. If child has not received the immunization, write 'none'. The child will not be accepted into program if immunization records are not entered during registration.

DTaP dose 4 type _____ / _____ / _____

Enter the type of Diphtheria-Tetanus-Pertussis for each dose. If none, write 'none'.

DtaP dose 5 (Diphtheria, Tetanus, Pertussis)

The date must be entered as MM/DD/YYYY. If child has not received the immunization, write 'none'. The child will not be accepted into program if immunization records are not entered during registration.

DTaP dose 5 type _____ / _____ / _____

Enter the type of Diphtheria-Tetanus-Pertussis for each dose. If none, write 'none'.

IPV dose 1 (Polio) _____ / _____ / _____

The date must be entered as MM/DD/YYYY. If the child has not received the immunization, write 'none'. The child will not be accepted into the program if immunization records are not entered during registration.

IPV dose 2 (Polio) _____ / _____ / _____

The date must be entered as MM/DD/YYYY. If the child has not received the immunization, write 'none'. The child will not be accepted into the program if immunization records are not entered during registration.

IPV dose 3 (Polio) _____ / _____ / _____

The date must be entered as MM/DD/YYYY. If the child has not received the immunization, write 'none'. The child will not be accepted into the program if immunization records are not entered during registration.

IPV dose 4 (Polio) _____ / _____ / _____

The date must be entered as MM/DD/YYYY. If the child has not received the immunization, write 'none'. The child will not be accepted into the program if immunization records are not entered during registration.

HIB dose 1 (H. Influenza) _____ / _____ / _____

The date must be entered as MM/DD/YYYY. If the child has not received the immunization, write 'none'. The child will not be accepted into the program if immunization records are not entered during registration.

HIB dose 2 (H. Influenza) _____ / _____ / _____

The date must be entered as MM/DD/YYYY. If the child has not received the immunization, write 'none'. The child will not be accepted into the program if immunization records are not entered during registration.

HIB dose 3 (H. Influenza) _____ / _____ / _____

The date must be entered as MM/DD/YYYY. If the child has not received the immunization, write 'none'. The child will not be accepted into the program if immunization records are not entered during registration.

HIB dose 4 (H. Influenza) _____ / _____ / _____

The date must be entered as MM/DD/YYYY. If the child has not received the immunization, write 'none'. The child will not be accepted into the program if immunization records are not entered during registration.

PCV dose 1 (Pneumococcal) _____ / _____ / _____

The date must be entered as MM/DD/YYYY. If the child has not received the immunization, write 'none'. The child will not be accepted into the program if immunization records are not entered during registration.

PCV dose 2 (Pneumococcal) _____ / _____ / _____

The date must be entered as MM/DD/YYYY. If the child has not received the immunization, write 'none'. The child will not be accepted into the program if immunization records are not entered during registration.

PCV dose 3 (Pneumococcal) _____ / _____ / _____

The date must be entered as MM/DD/YYYY. If the child has not received the immunization, write 'none'. The child will not be accepted into the program if immunization records are not entered during registration.

PCV dose 4 (Pneumococcal) _____ / _____ / _____

The date must be entered as MM/DD/YYYY. If the child has not received the immunization, write 'none'. The child will not be accepted into the program if immunization records are not entered during registration.

Hepatitis B dose 1 _____ / _____ / _____

The date must be entered as MM/DD/YYYY. If the child has not received the immunization, write 'none'. The child will not be accepted into the program if immunization records are not entered during registration.

Hepatitis B dose 2 _____ / _____ / _____

The date must be entered as MM/DD/YYYY. If the child has not received the immunization, write 'none'. The child will not be accepted into the program if immunization records are not entered during registration.

Hepatitis B dose 3 _____ / _____ / _____

The date must be entered as MM/DD/YYYY. If the child has not received the immunization, write 'none'. The child will not be accepted into the program if immunization records are not entered during registration.

MMR dose 1 (Measles, Mumps, Rubella) _____ / _____ / _____

The date must be entered as MM/DD/YYYY. If the child has not received the immunization, write 'none'. The child will not be accepted into the program if immunization records are not entered during registration.

MMR dose 2 (Measles, Mumps, Rubella) _____ / _____ / _____

The date must be entered as MM/DD/YYYY. If the child has not received the immunization, write 'none'. The child will not be accepted into the program if immunization records are not entered during registration.

Chicken Pox dose 1 (Varicella) _____ / _____ / _____

The date must be entered as MM/DD/YYYY. If the child has not received the immunization, write 'none'. The child will not be accepted into the program if immunization records are not entered during registration.

Chicken Pox dose 2 (Varicella) _____ / _____ / _____

The date must be entered as MM/DD/YYYY. If the child has not received the immunization, write 'none'. The child will not be accepted into the program if immunization records are not entered during registration.

Section 8: Conditions

Select 'Agree' below indicating your agreement with each condition

County Child Care Assistance (Condition)

Parents participating in the WI Child Care EBT Program must have enrolled in the program and been issued an EBT card before the child can attend. Participants agree to release EBT funds between the 1st and the 5th day of the month for the entire month of fees to the YMCA. If EBT funds are not released by the 5th day of the month, the changes become the responsibility of the guardian and all current and past due fees will be processed on the next Monday.

- Agree
- Disagree (I understand the child's acceptance in the program may be jeopardized)
- Not Applicable

Nonpayment of Fees (Condition)

Nonpayment of fees incurred will result in the termination of care for the child.

- Agree
- Disagree (I understand the child's acceptance in the program may be jeopardized)

Returned Payments (Condition)

All child care fees are automated and a checking account or debit card/credit card is required to be listed on your account as a payment method. Returned payments will be assessed a \$30 service fee. The YMCA reserves the right to make additional attempts to process payments for all returned payments.

- Agree

- Disagree (I understand the child's acceptance in the program may be jeopardized)

Late Pick-up (Condition)

If you are late (after 5:30pm) picking up your child, you will be charged a fee of \$1.00 per minute per child. This fee will be added directly to your bill.

- Agree
- Disagree (I understand the child's acceptance in the program may be jeopardized)

Deductions of Fees for Care (Condition)

Fees will be deducted on the Monday of the week your child is attending. All fees will be deducted automatically out of a debit card/credit card or checking account. Payments are based on enrollment contract.

- Agree
- Disagree (I understand the child's acceptance in the program may be jeopardized)

Release from Liability

I understand that all reasonable safety precautions are taken by the YMCA in the operation of facility, equipment & programs. I agree that the child's participation in the YMCA programs shall be undertaken at his/her sole risk & the YMCA, directors, employees, & volunteers shall not be liable for any claims, injuries, damages, losses, diseases, wrongful death, actions or causes of action whatsoever, to the child or his/her own property, arising out of or connected to participate in any program.

- Agree
- Disagree (I understand the child's acceptance in the program may be jeopardized)

Payment Method (Condition)

In the event the provided billing method is not saved on your account before fees are due, or if payment is declined using the provided billing method, the YMCA of the Northwoods reserves the right to use any other payment method that is saved on your account.

- Agree
- Disagree (I understand the child's acceptance in the program may be jeopardized)

Duplicate Accounts (Condition)

If you create a duplicate account, these accounts will be merged and any outstanding balances will need to be paid or a payment plan will need to be agreed upon before attending the child care program. The YMCA may suspend any enrollment until outstanding balances are paid.

- Agree
- Disagree (I understand the child's acceptance in the program may be jeopardized)

Schedule Changes (Condition)

A two week written notice is required to withdraw or change enrollment. There will be no exceptions and charges will be incurred. Parents are responsible for calling when the child will not be attending.

- Agree
- Disagree (I understand the child's acceptance in the program may be jeopardized)

Admission Policy (Condition)

*YMCA School Age Programs are open to children of all abilities. Parents have a duty to disclose significant medical, physical or behavioral needs at the time of enrollment. Due to the large group format of our Program, the Y is unable to provide one-on-one care. If your child has unique needs that require a more specific type of accommodation a meeting must be scheduled with the Director a minimum of 2 weeks prior to the child attending.

- Agree
- Disagree (I understand the child's acceptance in the program may be jeopardized)

Additional YMCA Youth Scheduling (Condition)

*I understand that I am responsible for notifying changes in my child's schedule and informing the staff of any extracurricular activities that may affect the child's schedule. There are additional fees for youth programming outside of Child Care.

- Yes
- Disagree (I understand the child's acceptance in the program may be jeopardized)

Section 9: Financial Responsibility

Enter financial Information

Responsible for payment:

Split payment limited to two household accounts. ***Split payment is only rewarded with a court document.**

- Both parents or guardians - joint account
- Both parents or guardians - separate accounts/split payment households
- Parent #1 or guardian above - only
- Parent #2 or guardian above - only
- Other

If 'Other' or 'Separate Accounts' was selected for 'Responsible for Payment', please describe: _____

Split payments will only be accepted with a court document on file. Primary is ultimately responsible for all payments. The Y will assign both parties a weekly percentage that generalizes the custody agreement. If 1 payment is missed by the secondary payer, the primary payer will be responsible for the full payment moving forward.

Account holder name _____

Account holder phone number (if not the same as provided in section 2) _____

Account holder email (if not provided in section 2) _____

Account holder Address, City, State, Zip (if not the same as provided in section 2) _____

Preferred Billing Method

Complete the YMCA or the Northwoods Automatic Bank Draft or Credit Card Draft Authorization Form included with this questionnaire.

Credit cards accepted: MasterCard, Visa, and Discover. Credit Cards NOT accepted: American Express.

Recurring Payment Authorization

I authorize recurring payments to the billing method below and any other accounts I subsequently authorize, verbally or online, for the purpose of collecting child care fees that are due and payable. All disputes will be directed to and addressed by and between the YMCA of the Northwoods and the below signed account holder. Please ensure this billing method is valid and on your YMCA account.

- Agree
- Disagree

Recurring Payment Authorization Discontinuation

It is my responsibility to notify the YMCA if I discontinue my bank or debit/credit card account or wish to discontinue this authorization. Two weeks of written advance notice for discontinuation is required.

- Agree
- Disagree

Recurring Payment Changes to Account

I understand if charges are made to my bank or credit/debit card account and it has been closed an additional \$30 service fee will be added to my child care bill. I understand that it is my responsibility to notify the YMCA when the credit/debit card expiration date changes or I will be charged the \$30 service fee.

- Agree
- Disagree

Section 10: Parent or Legal Guardian Signature

I certify that the information I have provided is accurate and UPDATED to the best of my knowledge. I understand that by signing this form, I agree to all of the conditions listed above. Please enter your full name which serves as your electronic signature.

Registration signature

Registration date (Enter today's date)