



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



Summer Day Camp 2024 Enrollment Packet KENOSHA YMCA

7101 53rd St. Kenosha, WI 53142 | 262.654.9622 | www.kenoshaymca.org



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
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Spending the Summer With Friends!!!

Dear Parents,

Thank you for choosing the Kenosha YMCA for your Summer 2024 Day Camp needs. We are excited to welcome you to our Summer Day Camp Family!

Before your camper can officially start, you must first complete the enrollment forms. The Youth and Family office will confirm receipt of your forms via email within 2 business days. Next, the confirmation email will include instructions for online scheduling. Once you have completed the online schedule and paid the registration fee, enrollment is complete. Once enrollment is complete, you will receive an invitation to set up Brightwheel account. Please accept this invitation right away as that is imperative for our summer camp success.

The cost for our Full Day Summer Camp Program is \$50 per day and runs from 9:00 am to 4:00 pm with extended care (at no additional cost) from 6:30 am to 9:00 am and 4:00 pm to 6:00 pm.

The Non-Refundable Registration Fee of \$25.00 is due at time of online scheduling. Some field trips may require an additional charge. No child may attend a session without it being paid in full. Payments are due 2 weeks prior to your child's attendance.

You will automatically have a payment plan set up at the time of registration. The credit card/bank account you use at checkout will be charged on each of the payment due dates.

If you have any questions, please do not hesitate to contact our Youth and Family Office at youthandfamily@kenoshaymca.org or 262.654.9622 ext. 236.

We look forward to building relationships with your kids and helping to meet the needs of your family.

Please plan to attend our Summer Day Camp Orientation on Wednesday, June 5th from 6:30pm to 7:30pm in our Community Room at the Kenosha YMCA. Everyone will have the opportunity to meet the staff and ask questions.

Best Regards,

Keeliah Hampton
Youth and Family Director
khampton@kenoshaymca.org



KENOSHA YMCA Summer Camp 2024

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Please fill out in Blue or Black Ink ONLY!

For Office Use Only

Child's Full Name		Gender	First Day of Attendance / /	Last Day of Attendance / /
Address (City, State & Zip code required)		Telephone #	DOB	Age
Age Group: (based on grade at time of enrollment, choose one) Preschool (3-5yrs) Kindergarten - 1 st grade 2 nd - 3 rd grade 4 th - 6 th grade		T-Shirt Size Youth S Youth M Youth L Adult S Adult M Adult L		

Parent or Guardian (provide the information requested for EACH parent or guardian.)

****NOTE: All parents/guardians will be permitted to visit during center hours unless access is prohibited or restricted by a court order****

Legal Guardian #1 First and Last Name	Address (City, State & Zip code required)	Home #
		Cell #
Work Name & Address	Work #	Email Address
Legal Guardian #2 First and Last Name	Address (City, State & Zip code required)	Home #
		Cell #
Work Name & Address	Work #	Email Address

Child lives with : Both Parents Mother Father Grandparent(s) Guardian

Special Custody Concerns: → This Section MUST be signed even if there are NO concerns ←

Are there any custody concerns regarding this child that we need to be aware of while the child is in our care?

Yes No

Please Attach a copy of your current court order and any other documentation to back up all custody concerns.

If YES,
please
explain:



Signature of Parent or Guardian

Date

Physician & Medical Facility Information

Physician Name	Address	Phone #
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Preferred Medical Facility - Please Circle one or select other:
☒ Aurora Medical - 10400 75th St. ☒ Kenosha Hospital - 6308 8th Ave. ☒ St. Catherine's - 9916 75th St. ☐ Other _____

I hereby give my consent for emergency medical care or treatment, to be used ONLY if I cannot be immediately reached.



Signature of Parent or Guardian

Date

AUTHORIZED PEOPLE TO CALL & EMERGENCY CONTACT FOR YOUR CHILD. (Provide additional names & information for people authorized to: Contact when parent/guardian cannot be reached who can receive information on your child and are authorized as a pick-up person that staff can release your child into his/her care)

Contact #1 First and Last Name	Home #	Cell #
Address (City, State & Zip code required)	Relationship to child	
Contact #2 First and Last Name	Home #	Cell #
Address (City, State & Zip code required)	Relationship to child	

I have had an opportunity to review the policies of the day care center and a summary of the Wisconsin Rules for Licensed Day Care Centers. ☐ YES ☐ NO

I will be receiving state assistance (Wisconsin Shares) towards summer camp fees. ☐ YES ☐ NO

I give permission for my child to participate in Field Trips and other activities during operating hours. Walking ☐ YES ☐ NO Transported* ☐ YES ☐ NO

*Transported Field Trips always require an additional permission slip. This slip will include all details of the field trip.



Signature of Parent or Guardian

Date

Health History and Emergency Care Plan

Use of form: This form is voluntary and meets the requirements in DCF 250.04(6)(a)1., DCF 251.04(6)(a)6., and DCF 252.41(4)(a)6. of the Wisconsin Administrative Codes. Failure to comply may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: The parent / guardian may complete this form for placement in the child's file prior to the child's first day of attendance. Information contained on the form shall be shared with any person caring for the child. The department recommends that parents / guardians and center staff periodically review and update the information provided on this form.

CHILD INFORMATION

Name (Last, First, MI)	Birthdate (mm/dd/yyyy)	First Day of Attendance (mm/dd/yyyy)
Home Address (Street, City, State, Zip Code)		

PARENT / GUARDIAN INFORMATION Provide information where the parent(s) / guardian(s) may be reached while the child is in care.

Name	Primary Telephone Number	Work Telephone Number	Secondary Telephone Number
Name	Primary Telephone Number	Work Telephone Number	Secondary Telephone Number

PHYSICIAN / MEDICAL FACILITY INFORMATION

Physician Name	Medical Facility Address	Telephone Number
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SUNSCREEN / INSECT REPELLENT AUTHORIZATION If provided by the parent, the sunscreen or insect repellent shall be labeled with the child's name. Per DCF 250.07(6)(h)6., Authorizations shall be reviewed periodically and updated as necessary. Per DCF 251.07(6)(g)3., authorizations shall be reviewed every 6 months and updated as necessary.

<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply sunscreen to my child.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply sunscreen.		
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply repellent to my child.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply repellent.		

HEALTH HISTORY AND EMERGENCY CARE PLAN If available, attach any health care plan information from the child's physician, therapist, etc.

- Check any special medical condition that your child may have.
 - ☐ No specific medical condition
 - ☐ Any disorder, including Cognitively Disabled, LD, ADD, ADHD, or Autism
 - ☐ Asthma
 - ☐ Cerebral palsy / motor disorder
 - ☐ Diabetes
 - ☐ Epilepsy / seizure disorder
 - ☐ Gastrointestinal or feeding concerns, including special diet and supplements

☐ Other condition(s) requiring special care – Specify.

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

☐ Food allergies – Specify food(s).

☐ 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 prescription or non-prescription medications are necessary, a copy of the form *Authorization to Administer Medication – Child Care Centers* should be attached to this form. Note: Group child care centers and day camps may use their own form.

5. Identify any child care staff to whom you have given specialized training / instructions to help treat symptoms.

a.

b.

c.

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 the child care provider.



SIGNATURE – Parent or Guardian

Date Signed (mm/dd/yyyy)

Review dates: _____

CHILD CARE IMMUNIZATION RECORD

COMPLETE AND RETURN TO CHILD CARE CENTER. State law requires all children in child care centers to present evidence of immunization against certain diseases within **30 school days (6 calendar weeks) of admission to the child care center**. These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the child care center. See "Waivers" below. If you have any questions about immunizations, or how to complete this form, please contact your child's child care provider or your local health department.

PERSONAL DATA

PLEASE PRINT

STEP 1	Child's Name (Last, First, Middle Initial)	Date of Birth (Month/Day/Year)	Area Code/Telephone Number
	Name of Parent/Guardian/Legal Custodian (Last, First, Middle Initial)	Address (Street, Apartment number, City, State, Zip)	

IMMUNIZATION HISTORY

STEP 2	List the MONTH, DAY AND YEAR the child received each of the following immunizations. If you do not have an immunization record for this child, contact your doctor or local public health department to obtain the records.					
	TYPE OF VACCINE	First Dose Month/Day/Year	Second Dose Month/Day/Year	Third Dose Month/Day/Year	Fourth Dose Month/Day/Year	Fifth Dose Month/Day/Year
	Diphtheria-Tetanus-Pertussis (Specify DTP, DTaP, or DT)					
	Polio					
	Hib (Haemophilus <i>Influenzae</i> Type B)					
	Pneumococcal Conjugate Vaccine (PCV)					
	Hepatitis B					
	Measles-Mumps-Rubella (MMR)					
	Varicella (Chickenpox)					
	History of Varicella/Chickenpox In accordance with DHS 144.03(2)(g), I attest that this child has a reliable history of varicella disease and is not required to receive Varicella vaccine.					
SIGNATURE – Physician/PA/APNP			Date Signed			


REQUIREMENTS

STEP 3	The following are the minimum required immunizations for the child's age/grade at entry. All children within the range must meet these requirements at child care entrance. Children who reach a new age/grade level while attending this child care must have their records updated with dates of additional required doses.							
	AGE LEVELS	NUMBER OF DOSES						
	5 months through 15 months	2 DTP/DTaP/DT	2 Polio	2 Hib	2 PCV	2 Hep B		
	16 months through 23 months	3 DTP/DTaP/DT	2 Polio	3 Hib ¹	3 PCV ²	2 Hep B	1 MMR ³	
	2 years through 4 years	4 DTP/DTaP/DT	3 Polio	3 Hib ¹	3 PCV ²	3 Hep B	1 MMR ³	1 Varicella
At Kindergarten entrance		4 DTP/DTaP/DT ⁴	4 Polio		3 Hep B	2 MMR ³	2 Varicella	
¹ If the child began the Hib series at 12-14 months of age, only two doses are required. If the child received one dose of Hib at 15 months of age or after, no additional doses are required. Minimum of one dose must be received after 12 months of age (Note: a dose four days or less before the first birthday is also acceptable).								
² If the child began the PCV series at 12-23 months of age, only two doses are required. If the child received the first dose of PCV at 24 months of age or after, no additional doses are required.								
³ MMR vaccine must have been received on or after the first birthday (Note: a dose four days or less before the first birthday is also acceptable).								
⁴ Children entering kindergarten must have received one dose after the fourth birthday (either the third, fourth or fifth) to be compliant (Note: a dose 4 days or less before the fourth birthday is also acceptable).								

COMPLIANCE DATA AND WAIVERS

STEP 4	IF THE CHILD MEETS ALL REQUIREMENTS (sign at STEP 5 and return this form to the child care center), OR		
	IF THE CHILD DOES NOT MEET ALL REQUIREMENTS (check the appropriate box below, sign and return this form to child care center).		
	<input type="checkbox"/> 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. 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.		
	NOTE: Failure to stay on schedule or report immunizations to the child care center may result in court action against the parents and a fine of \$25.00 per day of violation.		
	<input type="checkbox"/> For health reasons this child should not receive the following immunizations _____ (List in STEP 2 any immunizations already received)		
		Physician's Signature Required	
<input type="checkbox"/> For religious reasons this child should not be immunized. (List in STEP 2 any immunizations already received)			
<input type="checkbox"/> For personal conviction reasons this child should not be immunized. (List in STEP 2 any immunizations already received):			

SIGNATURE

STEP 5	To the best of my knowledge, this form is complete and accurate.	
	 SIGNATURE - Parent, Guardian or Legal Custodian	Date Signed



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MEDIA RELEASE

From time to time we may take pictures or record video of the children doing activities in our Early Childhood, Before/After School Enrichment or Summer Day Camp programs. We would like permission to use these pictures for sharing what we do here at the YMCA (marketing purposes). Photos and video could be used on our website, social media accounts, newsletters and other print media. We will never reference your child by name or provide specific information regarding your child. We will also never sell ANY pictures or video; they would be used exclusively for YMCA purposes.

Please take a moment to share your preferences regarding media and images of your child.

YES, I grant the Kenosha YMCA permission to use PHOTOS of my child. I understand the photos maybe shared on the Kenosha YMCA website, in print and on Kenosha YMCA social media pages.

YES, my child's photos may be used and displayed in the classroom (art projects, group class photos, etc) **BUT** do not share my child's photos online, on social media, or in print advertisements.

NO, please do not take or use any PHOTOS of my child.

YES, I grant the Kenosha YMCA permission to use VIDEO of my child. I understand the photos maybe shared on the Kenosha YMCA website, in print and on Kenosha YMCA social media pages.

NO, please do not take or use any VIDEO of my child.

Child's Name: _____

Parent's Name (Print): _____

Parent Signature:  _____

Today's Date: _____

KENOSHA YMCA
7101 53rd Street, Kenosha WI 53144
P 262 654 9622 F 262 653 9886
WWW.KENOSHAYMCA.ORG

The Kenosha YMCA (Young Men's Christian Association) is a 501(c)(3) charitable organization under the Internal Revenue Code, thereby qualifying for maximum deductibility. An audit report will be provided upon request.



Dear Parent or Guardian:

Kenosha YMCA

is enrolled in the CACFP, a USDA program which

(Name of Agency)
provides federal assistance dollars to eligible child care centers for serving more nutritious meals. The amount of money our agency receives from this program is based on the income levels of our families. **In order to continue providing a quality meal service without additional charge, we request every family of our enrolled children to complete new a Household Size-Income Statement form (HSIS) each year. Please complete and return the attached HSIS form to our office. This information will be kept strictly confidential in our files.** Only one completed HSIS is required for all children in your household. Once we have properly approved your HSIS as eligible, our agency will receive the higher ("Free" or "Reduced-price") meal reimbursement rates for your enrolled children, for 12 months from the Effective Month of Determination regardless of any change in your household size and/or income or termination from Benefits Programs.

- You are not required to complete this HSIS if no one in your household receives benefits from FoodShare WI (the Supplemental Nutrition Assistance Program (SNAP)), FDIPIR (Food Distribution Program on Indian Reservations), Wisconsin Works Programs and your household income is higher than the amount shown for your household size within the table below. In this case, however, we would appreciate you returning the HSIS to us with "N/A" written on it along with your signature and date.

Determining Eligibility based on Participation in Benefits Programs → Complete Part 1 and Part 3 of HSIS form

Our agency receives the Free meal reimbursement rate for children in households receiving benefits from FoodShare WI, FDIPIR, or WI Works Programs. **Wisconsin Works Programs** is Wisconsin's Temporary Assistance for Needy Families (TANF) program. **It provides temporary cash assistance through work placement and training programs and IS NOT the WI Child Care Subsidy Program.** WI Works Programs include Trial Employment Match Program (TEMP), Community Service Jobs (CSJ), Case Management, W-2 Transitions (W-2T), Custodial Parent of an Infant (CMC), Minor Parents Services, Noncustodial Parents, Pregnant Women, Learnfare and Emergency Payments.

You must include the following information on the HSIS (a-c) for eligibility based on receiving benefits from FoodShare WI, FDIPIR, WI Works Programs:

- (a) The names of your enrolled children;

(b) Checked box for the benefit your household receives and its case number; &

(c) The signature of an adult member in the household & signature date
- DO NOT list case numbers for:

• Medicaid, SSI, OR Wisconsin Child Care Subsidy program AND

• DO NOT list 16-digit Quest Card number (starts with 5077) for FoodShare WI

Determining Eligibility by Household Size and Income → Complete Part 2 and Part 3 of HSIS form

Household-Size Income Scale (Effective July 1, 2023 to June 30, 2024)

Household Size	Annual Income Level (at or below)
1	\$ 26,973
2	\$ 36,482
3	\$ 45,991
4	\$ 55,500
5	\$ 65,009
6	\$ 74,518
7	\$ 84,027
8	\$ 93,536
For each additional Household Member, add:	+\$ 9,509

If your household earns a total income that is less than or equal to the income levels listed within this table, we will receive higher meal reimbursement rates ("Free" or "Reduced-price" meal rate) for your children. **For determining eligibility based on your household size and income, you must include the following information on the HSIS (a-e):**

- (a) Full names of all household members who share income and expenses, including children, parents, and non-related persons;

(b) Income received by each household member identified by source of income and its pay frequency;

(c) Total number of household members;

(d) The signature of an adult member of the household and signature date; and

(e) The last four digits of the social security number of the adult household member signing the HSIS or an indication he/she does not have a social security number.
- Disclosure of United States citizenship or immigration status is not required and is not a condition of eligibility for higher meal reimbursement rates.

Eligibilities of Foster, Runaway, Homeless, and Migrant Children, and Children enrolled in Head Start: Our agency will receive the Free meal reimbursement rates for foster, runaway, homeless, and migrant children and children enrolled in Head Start who reside in your household, when you provide the respective documentation listed below. **The respective documentation is required for these**

- children to be eligible for Free Meals: These children's eligibility for Free meals does not extend to other children in your household.**
- **Foster children:** Your completed HSIS with the 'Foster Child' box checked next to your foster children's names. When including them on your HSIS completed for your non-foster children, any income reported for your foster children must only be for their personal use. Your foster children will then be eligible at the "Free" meal rate. Your non-foster children's eligibilities will be based on the benefits or income information provided on your household's completed HSIS form.
 - **Children Enrolled In Head Start:** Written certification of your child's Head Start enrollment eligibility period from the Head Start administering agency.
 - **Runaway, Homeless, and Migrant Children:** Written certification of the child's status from an official of the appropriate Runaway and Homeless Youth Program, Migrant Education Program, or school official.

Use of Information Statement: The Richard B. Russell National School Lunch Act requires the information on this form. You are not required to provide this information, but if you do not, our agency cannot receive higher reimbursement rates for meals served to your children. You must include the last four digits of the social security number of the household member signing the form unless: the HSIS is only for your foster child(ren); you list a case number for receiving benefits from FoodShare WI, WI Works Cash Programs, or FDIPIR; or when the household member signing the HSIS checks "None" for not having a SS#.

Sharing Eligibility Information: Children's eligibility information may be shared in accordance with disclosure protection requirements without prior notification, with education, health, and nutrition programs to assess their eligibility for benefits. The law allows us to share your children's eligibility information with programs such as Medicaid or BadgerCare for ensuring their access to free or low cost health insurance, **unless you tell us not to.** This information may only be used for determining eligibility for their programs; if your children are eligible, they may contact you to offer their enrollment options. Filling out this HSIS does not automatically enroll your children in these programs. **If you do not want your information to be shared with these programs, notify us in writing. This notification will not change whether your children's meals are eligible for meal reimbursement.** Your eligibility information provided on the HSIS may also be shared with auditors for program reviews and law enforcement officials for the purpose of investigating violations of program rules.

Refer to the [USDA Non-Discrimination Statement and Complaint Filing Procedure](https://dpi.wi.gov/nutrition#discrimination) (https://dpi.wi.gov/nutrition#discrimination). This institution is an equal opportunity provider.


Signature of Agency Representative

Thank you for completing the Summer Camp Enrollment Packet

If you signed electronically, you may click below to submit to the Youth and Family Office.
If not, please print, sign and drop off at the Kenosha YMCA Member Service Desk.

The next step is to review the Parent Policy Book. Click [here](#) to access, review and submit the acknowledgment page of the Parent Policy. (Or drop off a signed hard copy at the Kenosha YMCA)

Once both the Enrollment Packet and Parent Policy Acknowledgment have been received by the Youth and Family Office, you will receive a confirmation email within 1-2 business days with instructions on how to proceed with Online Scheduling.

If you have any questions, please e-mail us at youthandfamily@kenoshaymca.org