



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



Summer Day Camp 2025 Enrollment Packet KENOSHA YMCA

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



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Spending the Summer with Friends!!!

Dear Parents,

Thank you for choosing the Kenosha YMCA for your Summer 2025 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 **two business days**. The confirmation email will include instructions for online scheduling. Once you have completed the online schedule and paid the registration fee, enrollment is complete. After enrollment, you will receive an invitation to set up a **Brightwheel** account—please accept this invitation right away, as it is essential for our summer camp operations.

Program Cost & Payment Information

- 3–4 days per week: \$60 per day
- 5 days per week: \$55 per day
- Core Camp Hours: 9:00 AM – 4:00 PM
- Extended Care (no additional charge): 6:30 AM – 9:00 AM & 4:00 PM – 6:00 PM

A **Non-Refundable Registration Fee of \$25.00** is due at the time of online scheduling. Some field trips may require an additional charge. **No child may attend a session without full payment.** Payments are due two weeks prior to your child's attendance.

A payment plan will be set up automatically at the time of registration. The credit card/bank account used at checkout will be charged on each payment due date.

If you have any questions regarding payments or billing, please contact our Youth and Family Office at youthandfamily@kenoshaymca.org or 262.654.9622 ext. 236.

Summer Day Camp Open House

Please plan to attend our **Summer Day Camp Open House** on **Thursday, May 29th** 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.

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

Best Regards,

Keeliah Hampton
Youth and Family Director
khampton@kenoshaymca.org






KENOSHA YMCA Summer Camp 2025

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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 - 5 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 #	
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. <input type="radio"/> 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. <input type="radio"/> YES <input type="radio"/> NO				
I will be receiving state assistance (Wisconsin Shares) towards summer camp fees. <input type="radio"/> YES <input type="radio"/> NO				
I give permission for my child to participate in Field Trips and other activities during operating hours. Walking <input type="radio"/> YES <input type="radio"/> NO Transported* <input type="radio"/> YES <input type="radio"/> 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: _____



2025 ATTENDANCE & PAYMENT CONTRACT

Kenosha YMCA Summer Camp

Child's Name: _____

Age Group:

- ☐ Preschool (3½-5yrs) ☐ Kdg – 1st Grade
☐ 2nd – 3rd Grade ☐ 4th – 5th Grade

Please
Initial

_____ I understand I am responsible for weekly payments of contracted fees despite actual attendance. Additional charges will apply for additional days, however. Fees not paid in advance will result in declined services. Failure to abide by this may also result in additional fees. I understand I will not receive adjustments in fees for absences or illnesses.

_____ I understand if my schedule and childcare needs change, I will need to contact the Youth & Family Office. I also understand that only one schedule change is allowed to accommodate vacations, with a 14-day notice.

_____ I am aware of my child's scheduled hours at summer camp and agree to bring and sign my child in and out on time and notify camp in the event that my child will be absent.

_____ Core Summer Camp hours are from 9:00am to 4:00pm with extended care from 6:30am to 9:00am and from 4:00pm to 6:00pm (at no additional charge).

_____ A written notice from the parent/guardian of withdrawal from summer camp is required at least two weeks prior to the last day of attendance. Failure to comply will result in a two-week surcharge.

_____ My child's enrollment may be terminated for failure to abide by this contract, failure to pay fees by required due date, failure to follow center policies and procedures as outlined in the Policy & Information Booklet or failure to comply with DHFS license requirements.

_____ I understand camp will be closed on Friday July 4th and the last day of camp is Friday, August 22nd, 2025

FEES AND PAYMENTS


\$25 Registration Fee	<u>Days</u>	<u>Daily Rate</u>	<ul style="list-style-type: none">• 10% Sibling Discount• A payment contract will be created after online scheduling.• Payments are due weekly for care 2 weeks in advance.• Some field trips may require an additional charge.• 3 days per week minimum
	3 or 4 days per week	\$60/day	
	5 days per week	\$55/day	

Once all forms are verified, you will receive confirmation to schedule your child ONLINE.

Please Indicate the Approximate Camp Arrival and Departure Times for your Child

This helps us ensure adequate staffing and maintain proper ratios.

<u>Mon</u>	<u>Tues</u>	<u>Wed</u>	<u>Thurs</u>	<u>Fri</u>
Arrival Time _____	Arrival Time _____	Arrival Time _____	Arrival Time _____	Arrival Time _____
Departure Time _____	Departure Time _____	Departure Time _____	Departure Time _____	Departure Time _____

Parent/Guardian Signature: 

Date: _____

Provider Signature 

3/3/2025

Child Care Immunization Record

Instructions: 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/phone 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

¹If 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).

²If 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.

³MMR 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).

⁴Children 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).

- ☐ 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.

- ☐ For health reasons this child should not receive the following immunizations _____ (List in step 2 any immunizations already received)

Physician's signature required

- ☐ For religious reasons this child should not be immunized. (List in step 2 any immunizations already received)

- ☐ 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




RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of participating in YMCA activities, and for other good and valuable consideration, I hereby agree to **release** and **discharge from liability** arising from negligence **Kenosha YMCA** and its owners, directors, officers employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that participating in YMCA activities involves known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, broken bones, torn ligaments or other injuries as a result of falls or contact with other participants; death as a result of drowning or brain damage caused by near drowning in pools or other bodies of water; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. **I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees.** My participation or participation by any minor on this membership in this activity is purely voluntary and elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I or any of the minors on this membership are unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. **I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my or any minors on this membership participation in this activity, or my or any minors on this membership use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct.** Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I represent that I have adequate insurance to cover any injury or damage I or any minors on this membership may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I or any minors on this membership have any medical or physical condition which could interfere with safety in this activity, or else I am willing to assume - and bear the costs of - all risks that may be created, directly or indirectly, by any such condition.
5. In the event that I file a lawsuit, I agree to do so in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.


By signing this document, I agree that if I or any minor(s) that I have registered am hurt or my property is damaged during participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing.

Signature  _____ Print Name _____
Address _____ City _____ State _____ Zip _____
Telephone _____ Today's Date _____

PARENT OR GUARDIAN ADDITIONAL AGREEMENT (Must be completed for participants under the age of 18)

In consideration of _____ (PRINT minor's names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Signature of Parent or Guardian  _____ Print Name _____ Date _____



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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 might be 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 videos might be 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.



**HOUSEHOLD SIZE—INCOME STATEMENT**

Child and Adult Care Food Program

An adult household member must complete this form (HSIS) and return it to the center. Complete one HSIS per household.

Refer to the accompanying *Household Letter* for instructions on completing this form.

First and Last Name(s) of Enrolled Child(ren):					Center																																																																																																																																																																																													
PART 1: BENEFITS Do any household members currently participate in FoodShare WI, WI Works Programs, or FDPIR? If yes, check the program and write the corresponding case number below; then go to Part 3. If no, skip to Part 2.																																																																																																																																																																																																		
<input type="checkbox"/> FoodShare Wisconsin (10-digit case number): DO NOT list a 16-digit Quest Card number or number that starts with 5077. _____										<input type="checkbox"/> Wisconsin Works Programs (10-digit case number): DO NOT provide a WI Childcare Subsidy number. This is NOT a WI Works Program and does not qualify a child as free in CACFP. _____																																																																																																																																																																																								
<input type="checkbox"/> FDPIR (9-digit case number): _____																																																																																																																																																																																																		
PART 2: HOUSEHOLD SIZE AND INCOME If you did not complete PART 1, complete a, b, and c below; then go to PART 3.																																																																																																																																																																																																		
a) Household Members Information: List full names of all members in first column, including yourself and all children.										b) List all income on the same line as the person who receives it. <ul style="list-style-type: none">Record each income source only once.Check the box for how often each income source is received.																																																																																																																																																																																								
<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th style="width:25%;">Household Member Names</th><th style="width:5%;">(Optional) Age</th><th style="width:5%;">Check if Foster Child</th><th style="width:5%;">Check if No Income</th><th style="width:15%;">Gross wages, Net income (self-employed), Tips, Commission, Cash bonuses, Military pay & allowances, Work comp, Unemployment</th><th style="width:5%;">Weekly</th><th style="width:5%;">Every 2 Weeks</th><th style="width:5%;">Twice per Month</th><th style="width:5%;">Monthly</th><th style="width:5%;">Annually</th><th style="width:15%;">Retirement, Social Security, SSI, Disability, VA benefits, Child Support, Alimony</th><th style="width:5%;">Weekly</th><th style="width:5%;">Every 2 Weeks</th><th style="width:5%;">Twice per Month</th><th style="width:5%;">Monthly</th><th style="width:5%;">Annually</th><th style="width:15%;">Private pensions, Trusts, Annuities, Investments, Interest, Net rental income, Savings withdrawals, Any other income</th><th style="width:5%;">Weekly</th><th style="width:5%;">Every 2 Weeks</th><th style="width:5%;">Twice per Month</th><th style="width:5%;">Monthly</th><th style="width:5%;">Annually</th></tr></thead><tbody><tr><td>Household Member: anyone who is living with you and shares income and expenses, even if not related.</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>\$</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>\$</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>\$</td><td><input 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PART 3: SIGNATURE An adult household member must sign and date this form If PART 2 is completed, the adult signing the form must list the last four digits of their SS# OR check "None" if they do not have a SS#.																																																																																																																																																																																																		
ETHNICITY AND RACE DATA COLLECTION – Completion is optional This center is required by Federal law to ask the following two questions concerning ethnicity and race. Your answers are strictly for statistical reporting and will have no effect on determination of eligibility for benefits. Please answer both questions.																																																																																																																																																																																																		
IS YOUR CHILD(REN) HISPANIC OR LATINO? <input type="checkbox"/> Yes, Hispanic or Latino <input type="checkbox"/> No, neither Hispanic nor Latino																																																																																																																																																																																																		
SELECT ONE OR MORE OF THE FOLLOWING CATEGORIES THAT APPLY TO YOUR CHILD(REN): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander																																																																																																																																																																																																		
I CERTIFY that all information on this form is true. I understand that this information is given in connection with the receipt of Federal funds and that CACFP officials may verify the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.																																																																																																																																																																																																		
Signature of Adult Household Member 										Signature Date Mo./Day/Yr. _____					Last 4 digits of SS# (or check "None" if you do not have a SS#) ****-**-**** <input type="checkbox"/> None																																																																																																																																																																																			
FOR CENTER USE ONLY – Complete all 3 sections																																																																																																																																																																																																		
Section 1: Basis of Determining Eligibility (A or B)										Section 2: Eligibility Determination					Section 3: Determining Official's Initials/Approval Date Effective Month of Determination																																																																																																																																																																																			
A. Household Size & Income Total Household Size _____ *Total Income \$ _____ / _____ (\$ Amount) (Time Period)										B. Benefits/Foster <input type="checkbox"/> FoodShare WI <input type="checkbox"/> W-2 Programs <input type="checkbox"/> FDPIR <input type="checkbox"/> Foster Child(ren)					<input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Non-Needy					Initials/Date: _____ **Effective Month of Determination: _____ <div style="text-align: right;">Month/Year</div>																																																																																																																																																																														
*Convert to yearly income <u>only</u> when multiple pay frequencies are reported, using only these multipliers:										Weekly x 52 ----- Every 2 weeks x 26					Twice a month x 24 ----- Monthly x 12					**This form expires one year from the Effective Month of Determination.																																																																																																																																																																														

This Provider Letter and the attached Household Size-Income Statement form (HSIS) must be given to all home providers who do not qualify as Tier I by area eligibility.

Dear Provider:

To establish eligibility as a Tier I home provider under the CACFP, you must complete and return to our office the attached Household Size-Income Statement form (HSIS) **along with support documentation of all reported income or your household's participation in Benefits Programs**. Once approved for Tier 1 rates, your family day care home will remain eligible for Tier 1 meal rates for a period not to exceed 12 months, regardless of any change in household size and/or income or termination from Benefits Programs during this 12-month period. This information will be kept confidential in our files. 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)), FDPIR (Food Distribution Program on Indian Reservations), or Wisconsin Works Programs and your household income is higher than the amount shown for your household size within the table below.

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

Your family day care home will receive Tier 1 meal reimbursement rates if your household receives benefits from FoodShare WI, FDPIR, or WI Works Programs. **Wisconsin Works Programs** is Wisconsin's Temporary Assistance for Needy Families (TANF) program. **It provides work placement and training programs and IS NOT the WI Child Care Subsidy Program.** WI Works Programs includes Trial Employment Match Program (TEMP), Community Service Jobs (CSJ), W-2 Transitions (W-2T), Case Management, Custodial Parent of an Infant (CMC), Minor Parents Services, Noncustodial Parents, and 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, FDPIR, WI Works Programs:

- (a) The names of your own and/or other residential children; • DO NOT list case numbers for:
- (b) Checked box for the benefit your household receives and its case number; & Medicaid, SSI, OR Wisconsin Child Care Subsidy program AND
- (c) The signature of an adult member in the household & signature date • 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, 2024 to June 30, 2025)

Household Size	Annual Income Level (at or below)
1	\$ 27,861
2	\$ 37,814
3	\$ 47,767
4	\$ 57,720
5	\$ 67,673
6	\$ 77,626
7	\$ 87,579
8	\$ 97,532
For each additional Household Member, add:	+\$ 9,953

If your household earns a total income that is less than or equal to the income levels listed within this table, you will receive Tier 1 meal rates for all your enrolled 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 they do 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 in Head Start:

If your household does not qualify you as a Tier 1 provider based on the information provided on this form, any child residing in your home who is a foster, runaway, homeless, or migrant child, or a child enrolled in Head start will qualify for Tier 1 meal rates when the respective documentation listed below is provided. **These children's Tier 1 eligibility status does not extend to your home or any other children in the household. The respective documentation is required for these children to be eligible for Tier 1 rates:**

- **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 for Tier 1 meal reimbursement rates. 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, you cannot be approved as a Tier 1 eligible provider. 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 FoodShare WI, WI Works Programs, or FDPIR; or when the household member signing the HSIS checks "None" for not having a SS#.

Sharing Eligibility Information: Children's meal 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](#). This institution is an equal opportunity provider.


Signature of Sponsor 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