



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY



# ENSURE A BRIGHTER FUTURE

YMCA Preschool / Early Childhood Education  
Enrollment Packet, 2025-2026  
KENOSHA YMCA





2025-2026 School Year

Dear Parents and Families,

Thank you for your interest in the Kenosha YMCA Early Education Programs! Our programs focus on YMCA Character Development Values: honesty, respect, responsibility, and caring. Our mission comes to life through the emphasis of these values.

Before your child can officially start, you must first complete these 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 a Brightwheel account. Please accept this invitation right away as that is imperative for our program success.

We have a wonderful school year planned for our Tykes & Tots and Preschoolers. Your child can look forward to specialty days that include art, cooking, Spanish, music, and gym activities. We believe children need the opportunity to play, have time to explore and discover, create, and develop all while making new friends and deepening relationships with others.

This is what the YMCA is all about!

We look forward to serving you and your family.

Sincerely,

*Keeliah Hampton*

Keeliah Hampton

Youth & Family Director

[khampton@kenoshaymca.org](mailto:khampton@kenoshaymca.org)

(262) 654-9622 Ext. 207

*Lisa Eckardt*

Lisa Eckardt

Youth & Family Assistant Director

[leckardt@kenoshaymca.org](mailto:leckardt@kenoshaymca.org)

(262) 654-9622 Ext. 236



# KENOSHA YMCA Early Childhood Program 2025-2026

7101 53rd St. Kenosha, WI 53144 • 262-654-9622 • www.kenoshaymca.org

We highly recommend downloading to complete and signing electronically via Acrobat Reader OR completing online and printing to sign.  
If unable, please write legibly and 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

Select Classroom Per Age of Child:	Tykes & Tots ages 2-3½ yrs	Y Preschool 3½-5 yrs
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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
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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 any documentation (court order, etc.) 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 - 100400 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 Center. YES NO

I will be receiving state assistance (Wisconsin Shares) towards childcare fees and will be responsible for any CoPays: 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

**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

<b>Step 1</b>	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

<b>Step 2</b>	List the <b>month, day and year</b> 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)					
	<b>History of varicella/chickenpox</b> 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.					
<b>Signature</b> – Physician/PA/APNP			<b>Date Signed</b>			

### Requirements

<b>Step 3</b>	The following are the minimum <b>required</b> 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 <sup>1</sup>	3 PCV <sup>2</sup>	2 Hep B	1 MMR <sup>3</sup>	
	2 years through 4 years	4 DTP/DTaP/DT	3 Polio	3 Hib <sup>1</sup>	3 PCV <sup>2</sup>	3 Hep B	1 MMR <sup>3</sup>	1 Varicella
	At Kindergarten entrance	4 DTP/DTaP/DT <sup>4</sup>	4 Polio			3 Hep B	2 MMR <sup>3</sup>	2 Varicella



<sup>1</sup>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).

<sup>2</sup>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.

<sup>3</sup>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).

<sup>4</sup>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).

☐ 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

## Child Health Report – Child Care Centers

**Use of form:** Use of this form is required unless the health examination report is on an electronic printout from a licensed physician, physician assistant, or other EPSDT provider. Completion of this form meets the requirements of DCF 202.08 (4), DCF 250.04 (6) (a) 4. and DCF 251.04 (6) (a) 8. Failure to comply with these rules 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:** Each child under 2 years of age shall have an initial health examination not more than 6 months prior to nor later than 3 months after being admitted to the center and a follow-up health examination at least once every 6 months thereafter. Each child 2 years of age but who is not 5 years of age or older shall have an initial health examination not more than one year prior to nor later than 3 months after being admitted to a center and a follow-up health examination at least once every 2 years thereafter. The parent / guardian shall give this form to the physician, physician assistant, or other EPSDT provider to be completed, signed, and dated. The licensee / operator shall obtain a copy for the child's record. Note: Children are also required to have on file at the child care center documentation of immunizations; it may be helpful if the parent / guardian includes a copy of the child's immunization record when submitting this form to the child care center.

### PARENT OR GUARDIAN – This section should be completed by the parent or guardian

Child's Name (Last, First, MI)	Child's Birthdate (mm/dd/yyyy)
Child's Address (Street, City, State, Zip Code)	
Parent or Guardian Name (Last, First, MI)	
Parent or Guardian Address (Street, City, State, Zip Code)	

### HEALTH PROFESSIONAL – This section should be completed by the health professional

Instructions for feeding and care of child with special health concerns – Specify: (attach information as necessary).

☐ Yes ☐ No Does the child have a milk allergy? If "Yes," identify the recommended milk substitute.

☐ Yes ☐ No Does this child have any food or non-food allergies? If "Yes," specify and include the treatment plan to be implemented in the event of an allergic reaction.

Date of child's most recent blood lead test: \_\_\_\_\_ (mm/dd/yyyy).

Note: Children on Medicaid are required to be tested at around ages 12 months and 24 months or once between the ages of 3 and 5 years if no previous test is documented. Lead testing is optional for children who are not on Medicaid.

Immunization(s) not to be administered to child due to medical reason(s) – Specify.

### AUTHORIZATION

I certify that I have examined the above child on this date and that he / she is able to participate in child care activities.

Name – MD, PA, or other EPSDT Provider (type or print)	Address (Street, City, State, Zip Code)
<b>SIGNATURE</b> – MD, PA, or other EPSDT Provider	<b>Date of Examination</b>





# 2025-2026 Annual Scheduling & Payment Contract

## Early Childhood Education

Child's Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_

- (initials) \_\_\_\_\_
1. I understand that the hours listed below and scheduled online are my contracted days. I also understand that payment is due weekly, two weeks in advance of care. I am responsible for payment of contracted fees regardless of attendance. Additional charges will apply for additional days, however. Failure to pay 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, illnesses, and emergency/weather related closures (unless approved by the Early Childhood Site Director).**
- (initials) \_\_\_\_\_
2. I understand if my schedule and childcare needs change, I will need to fill out a new contract. I also understand if my schedule changes often enough I may be asked to use Flexible Payment Schedules and forfeit the benefits of an Annual Attendance Agreement.
- (initials) \_\_\_\_\_
3. **I am aware of my child's scheduled hours at the center and agree to bring and sign my child in and out and call in the event that my child will be absent.**
- (initials) \_\_\_\_\_
- \*\*\*Full Day Care is from 9:00 am to 4:00 pm with extended care from 6:30 am to 9:00 am and from 4:00pm to 6:00pm.**  
**Half Day Care is from 7:00 am to 12:00 pm. Please contact our Youth and Family office for 4k care that may vary for half day.**
- (initials) \_\_\_\_\_
4. A written notice from the parent/guardian of withdrawal from the center is required at least two weeks prior to the last day of attendance. Failure to comply will result in a two-week surcharge. Parents/Guardians are required to provide written notice of withdrawal from the center at least two weeks prior to the child's last day of attendance. Failure to provide timely notice will result in a charge equivalent to two weeks of tuition.
- (initials) \_\_\_\_\_
5. I understand that I will earn **5 flex days and 3 sick days per school year**, per child after the first month of attendance. I will give a two-week notice prior to using any flex days. Sick days require a doctor's note. Unused days will not be carried forward to the following year's allotment. Refunds will not be issued in exchange for flex days. I understand that if my schedule changes frequently, I forfeit any flex days and will be required to complete a Flexible Schedule form. I also acknowledge that a Flexible Schedule does not guarantee continued enrollment and is subject to availability based on the program's capacity.
- (initials) \_\_\_\_\_
6. 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 Parent Policy Book or failure to comply with DHFS license requirements.
- (initials) \_\_\_\_\_
7. I understand that, in addition to completing this contract, I am required to schedule my child's attendance online. Failure to complete the online scheduling may result in my child being unable to attend on the desired days and may impact continued enrollment.
- (initials) \_\_\_\_\_

**Fees based on individual childcare needs. Minimum of 3 days required.**  
**Member or Multiple child/ General Public Rate \*Schedule your child ONLINE.**

PROGRAM	2 - 3½ years	3½ - 5 years	MON	TUES	WED	THURS	FRI
Half Day 7:00 am to 12:00pm	\$39/\$44	\$36/\$41	<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day <b>Arrival Time:</b> _____	<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day <b>Arrival Time:</b> _____	<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day <b>Arrival Time:</b> _____	<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day <b>Arrival Time:</b> _____	<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day <b>Arrival Time:</b> _____
Full Day 9:00 am to 4:00 pm	\$51/\$56	\$48/\$53	<b>Departure Time:</b> _____	<b>Departure Time:</b> _____	<b>Departure Time:</b> _____	<b>Departure Time:</b> _____	<b>Departure Time:</b> _____



Signature of Parent or Guardian

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\_\_\_\_\_



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## 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 53<sup>rd</sup> 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.



## **What Parents Need To Know About MyWICChildcare**

The Department of Children and Families (DCF) has changed the way it pays for subsidized child care. The MyWICChildcare EBT card put the payment responsibility into the hands of the parents, instead of the state. Parents can now see the total amount of Wisconsin Share Subsidy, will be aware of the full cost of child care, and are responsible for any additional money owed to the child care provider.

### **Parents are responsible for monthly payments based on their child's scheduled attendance.**

The Kenosha YMCA charges according to the schedule outlined in your Monthly Payment Contract or your Annual Attendance Contract. Please refer to these documents for fee details. A payment plan schedule is also available for your reference.

- If your subsidy amount doesn't cover the full cost of child care, you are responsible for paying the balance owed to the Kenosha YMCA.
- Your EBT card will be reloaded with funds on the **1<sup>st</sup>** of every month. You must pay the monthly fees using your EBT card online or over the phone by the **5<sup>th</sup>** of every month. If you do not make an EBT payment to the YMCA by the **5<sup>th</sup>** of every month you will be charged a \$5.00 late payment fee. Your co pays will be due according to the payment schedules.
- **You only pay what is due for the month to the Kenosha YMCA. Each month may vary depending on school schedules such as half days/early release and non-school days.**

### **Parents will need to provide their work and or school schedules to get an authorization.**

- If you have a schedule change, new home address, change in income or a change in your household size notify your child care worker within 10 calendar days.

### **Parents will also need to request extra child care, if needed, when school is closed.**

- Know your child's school schedule and school closed days. The YMCA does not charge for school closed days on our monthly contract. However, if care is needed you must fill out a separate registration for these school closed days and are charged once your child is registered. Space is limited on these school closed days we call KDO's and Camps.

If you have any questions/concerns please contact our Youth and Family Office at 262-654-9622 ext. 236 and/or Lisa Eckardt at [leckardt@kenoshaymca.org](mailto:leckardt@kenoshaymca.org)

## 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.

<b>First and Last Name(s) of Enrolled Child(ren):</b>				<b>Center</b>																	
<b>PART 1: BENEFITS</b> 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"/> <b>FoodShare Wisconsin (10-digit case number):</b> DO NOT list a 16-digit Quest Card number or number that starts with 5077.  _____ <input type="checkbox"/> <b>FDPIR (9-digit case number):</b> _____				<input type="checkbox"/> <b>Wisconsin Works Programs (10-digit case number):</b> 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.  _____																	
<b>PART 2: HOUSEHOLD SIZE AND INCOME</b> If you did not complete PART 1, complete a, b, and c below; then go to PART 3.																					
<b>a) Household Members Information:</b> List full names of all members in first column, including yourself and all children.				<b>b) List all income on the same line as the person who receives it.</b> <ul style="list-style-type: none"> <li>Record each income source only once.</li> <li>Check the box for how often each income source is received.</li> </ul>																	
<b>Household Member Names</b>  <small>Household Member: anyone who is living with you and shares income and expenses, even if not related.</small>	<small>(Optional)</small> <b>Age</b>	<b>Check if Foster Child</b> <input type="checkbox"/>	<b>Check if No Income</b> <input type="checkbox"/>	Gross wages, Net income (self-employed), Tips, Commission, Cash bonuses, Military pay & allowances, Work comp, Unemployment	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually	Retirement, Social Security, SSI, Disability, VA benefits, Child Support, Alimony	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually	Private pensions, Trusts, Annuities, Investments, Interest, Net rental income, Savings withdrawals, Any other income	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually
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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 Early Childhood Education 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 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](mailto:youthandfamily@kenoshaymca.org)