



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



Before & After School Enrichment Program

ENROLLMENT PACKET 2026-2027

KENOSHA YMCA

Quality Care When You Can't Be There





FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Dear Parents and Families,

Welcome to the Kenosha YMCA Before & After School Enrichment Program 2026-27

Thank you for choosing the Kenosha YMCA for your child's before and after school care! We are excited to partner with you for an incredible year of learning, fun, and growth. At the YMCA, we focus on our core Character Development values - honesty, respect, responsibility, and caring - and we bring these to life in everything we do.

Here's what you need to know to get started:

Enrollment Process:

- Complete and return your enrollment forms and Parent Policy Acknowledgement Form.
- Our Youth and Family office will email you within two business days to confirm receipt.
- Your confirmation email will include instructions to schedule your child's care online and pay the registration fee.
- Once online scheduling and payment are complete, you will receive an invitation to set up a Brightwheel account - please accept it promptly as it is vital to program communication, operations, and your child's success.

Pick-Up and Drop-Off Procedures:

The safety of your child is our top priority. To ensure a secure environment, all parents, guardians, and authorized individuals listed on your child's enrollment form must have a **Youth and Family Pick-Up Pass**.

- Please visit the YMCA Membership Desk to pick up your pass - it will be valid through the last day of school.
- If you already have a pass, no action is needed unless updates are required.
- If you enroll in future programs like Summer Camp, we'll update your pass automatically.



What to Look Forward To:

This year, we have an exciting schedule for our elementary school students! Children will enjoy specialty days featuring art, cooking, group games, sports, and gym activities. Homework help is also available for those who need it. Our programs are designed to give children the space to play, discover, create, and build lasting friendships - the true spirit of the YMCA!

We are honored to be a part of your family's school year journey and can't wait for the adventures ahead.

If you have any questions along the way, please don't hesitate to reach out.

We're looking forward to a fantastic year together!

Sincerely,
The Kenosha YMCA Youth and Family Team

Amy Marie Ewaldt, MAT
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Kenosha YMCA BASE

2026-2027

7101 53rd St. Kenosha, WI 53144 • 262-654-9622 • 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!

Child's Full Name:		Gender	FOR OFFICE USE ONLY	
			First Day of Attendance	Last Day of Attendance
			/ /	/ /
Address (City, State & Zip code required)		Telephone #	DOB	Age
Elementary School Attending:		School Attending if transport to YMCA		

PARENT OR GUARDIAN (provide the information requested for EACH parent or guardian.)

****NOTE: All parents/guardians will be permitted to visit during center hours and pick up the child 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: (select one) 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 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 #
Preferred Medical Facility - Please select one or write in other: <input type="checkbox"/> Aurora Medical - 100400 75th St. <input type="checkbox"/> Kenosha Hospital - 6308 8th Ave. <input type="checkbox"/> St. Catherine's - 9916 75th St. <input type="checkbox"/> 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 have been informed of pets in the center and their degree of contact with the enrolled children. YES NO

Note: If pets are added after a child is enrolled, parents shall be notified in writing prior to the pet's addition to the center.

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 Signed

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.

1. 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: _____



2026-2027 Policy and Transportation Agreement

Youth & Family Department

Child's Name: _____

A. Policy Agreement

(initials) I have read the Kenosha YMCA Program Policy booklet and agree to abide by the policies stated therein. This includes paying weekly fees 2 weeks BEFORE services are rendered OR Wisconsin Shares copays. **I understand services will be declined without payment.**

B. Agreement To Participate On-Site

(initials) I will transport and sign my child in/out of the Kenosha YMCA BASE Program on the days I have indicated on the Annual Attendance Agreement/Monthly Payment Schedule.

C. Agreement To Participate & Transportation Agreement to the Kenosha YMCA

(initials) I will allow the Kenosha YMCA to transport my child to the Callahan Family Branch during the BASE Program hours on the days indicated/posted at the school my child attends. **I give permission for my child to attend ALL activities.**

D. Parent Swimming Assessment

(must be completed in order for your child to be able to swim at the Kenosha YMCA while in the BASE Program)

(initials) I have observed that my child _____,
has the following swimming ability.

Cannot Swim Beginner Swimmer Intermediate Swimmer Strong Swimmer

(↑ Please ✓ check mark the most accurate assessment ↑)

Additional swimming information: _____

Please share your email address with us for important program updates as well as online payment sign up.

Parent/Guardian Email Address: _____



Signature of Parent or Guardian

Date Signed



2026-2027 Annual Scheduling & Payment Contract

Before and After School Enrichment

Child's Name: _____ **School:** _____

1. I understand that I am responsible for payments of fees despite actual attendance. If I add on extra days of care from my original schedule charges will apply for additional day. Fees not paid in advance will result in declined services unless arrangements have been made with the Site Director, Assistant Director, or Youth and Family Department Director. I understand I will not receive adjustments in fees for absences that do not meet the approved criteria (see Sick Day and Snow Day policies).

(initials)
2. I understand if my schedule and childcare needs change, I will need to inform the Site Director. I also understand if my schedule changes often enough I may be asked to use Flexible Scheduling option and forfeit the benefits of Annual Scheduling.

(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)
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.

(initials)
5. I understand that I will earn **5 flex days per school year (annual scheduling only), per child after the first month of attendance and 3 sick days. Sick days require a doctor's note and proof of child's absence from school.** I will give a two-week notice prior to using any flex days. Unused days will not be carried forward to the following year's allotment. Refunds will not be issued in exchange for flex days. If my schedule changes more than 2 times in a given month, I understand I forfeit my flex days and will be required to change to the Flexible Scheduling option.

(initials)
6. My child's enrollment may be terminated if I neglect to abide by this contract, do not pay fees by required due date, do not adhere to the center policies and procedures as outlined in the Policy & Information Booklet or do not comply with DHFS license requirements.

(initials)
7. I understand that the services indicated online are my child's contracted services in the Before & After School Enrichment Program.

(initials)

2026-2027 BASE Fees			
Scheduling days of care is done ONLINE. A payment plan will be created.			
Type of Care	Forest Park	Prairie Lane	Transported Schools
Before School	\$10 per day	\$15 per day	<i>Not Applicable</i>
After School First Hour Only	\$10 per day	<i>Not Applicable</i>	<i>Not Applicable</i>
After School Full Afternoon	\$15 per day	\$10 per day	\$15 per day
Fridays & Early Release Days	\$30 per day	\$30 per day	\$30 per day

***Multiple Child(ren) will receive a 10% discount after the first child is enrolled and each child after. Separate Registration for Non School Days @ \$50.00 per day is available online under "Before & After Care" and listed as "Kid's Day Out".**

By signing below, I agree to adhere to the above Annual Scheduling & Payment Contract and will take the appropriate steps if other arrangements need to be made.



Signature of Parent or Guardian

Date Signed



2026-2027 Alternate Arrival / Release Agreement

Youth & Family Department

Instructions: Complete this form for placement in your child's file when your child will arrive at the center from school, home or other activities, or depart from the center to go to school, home or other activities, and your child **will not** be accompanied by a parent or other previously authorized person or transported by the center. This form should be updated as information changes. Periodic review with the parent / guardian is possible.

RELEASE INSTRUCTIONS

My child _____
(Child's Name)

will leave _____ **KENOSHA YMCA BEFORE & AFTER SCHOOL PROGRAM** _____
(Program Name)

by way of _____ **WALKING TO CLASS** _____
(Walking, bicycle, bus, car pool, etc BE SPECIFIC)

to go to _____
(Name of your child's teacher)

at _____ **A.M.** OR **P.M.**
(Time of departure)

on **Mon** **Tues** **Wed** **Thurs** **Friday**
(Select the days of the week)

(initials) **I understand my child will leave from this destination without center supervision.**

ARRIVAL INSTRUCTIONS

My child _____
(Child's Name)

will arrive at _____ **KENOSHA YMCA BEFORE & AFTER SCHOOL PROGRAM** _____
(Program Name)

from _____
(Name of your child's teacher)

by way of _____ **WALKING FROM CLASS** _____
(Walking, bicycle, bus, car pool, etc BE SPECIFIC)

at _____ **A.M.** OR **P.M.**
(Time of arrival)

on **Mon** **Tues** **Wed** **Thurs** **Friday**
(Select the days of the week)

(initials) **I understand my child will arrive from this destination without center supervision.**

ADDITIONAL INSTRUCTIONS

I give permission for my child to be released for the following activities (initial each): **Breakfast** _____

Intramurals _____ **School Club (please specify)** _____ **Tutoring** _____

Safety Patrol _____ **End of morning program in care of playground attendants** _____

Assisting in the classroom _____ **Other Activity as specified** _____

I understand that I am responsible for notifying the Kenosha YMCA Before & After School Program of any changes in this schedule such as vacation, school conference days, etc.



Signature of Parent or Guardian

Date Signed

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: ~~X~~ _____

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.





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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 **1st** of every month. You must pay the monthly fees using your EBT card online or over the phone by the **5th** of every month. If you do not make an EBT payment to the YMCA by the **5th** of every month you will be charged a \$10.00 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



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
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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.
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Household Member Names	(Optional) Age	Check if Foster Child	Check if No Income	Gross wages, Net income (self-employed), Tips, Commission, Cash bonuses, Military pay & allowances, Work comp, Unemployment	Income Frequency					Retirement, Social Security, SSI, Disability, VA benefits, Child Support, Alimony	Income Frequency					Private pensions, Trusts, Annuities, Investments, Interest, Net rental income, Savings withdrawals, Any other income	Income Frequency				
					Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually		Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually		Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually
Household Member: anyone who is living with you and shares income and expenses, even if not related.		<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

c) Record total # of household members: _____

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? Yes, Hispanic or Latino No, neither Hispanic nor Latino

SELECT ONE OR MORE OF THE FOLLOWING CATEGORIES THAT APPLY TO YOUR CHILD(REN):

American Indian or Alaska Native Black or African American White Asian 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
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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 only 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.

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 (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 Wisconsin Works (W-2) Programs. W-2 Programs is Wisconsin's Temporary Assistance for Needy Families (TANF) program. It provides employment preparation services, case management, and cash assistance to eligible families with the following programs: Trial Employment Match Program (TEMP), Community Service Jobs (CSJ), Case Management, W-2 Transitions (W-2T), Custodial Parent of an Infant (CMC), and At-Risk Pregnancy (ARP). **W-2 Programs IS NOT the WI Child Care Subsidy Program.**

You must include the following information on the HSIS (a-c) for eligibility based on receiving benefits from FoodShare, FDIPIR, W-2 Works Programs:

- (a) The names of your enrolled children;
 - 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
- (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

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

Household-Size Income Scale (Effective July 1, 2025 to June 30, 2026)

Household Size	Annual Income Level (at or below)
1	\$ 28,953
2	\$ 39,128
3	\$ 49,303
4	\$ 59,478
5	\$ 69,653
6	\$ 79,828
7	\$ 90,003
8	\$ 100,178
For each additional Household Member, add:	+\$ 10,175

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.

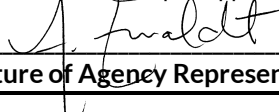
- **Foster children:** Your completed HSIS with the 'Foster Child' box checked next to your foster children's names. When including them on your HSIS completed for your non-foster children, any income reported for your foster children must only be for their personal use. Your foster children will then 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 BASE 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