



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

Please read the registration information thoroughly and complete all sections accurately and neatly.

### **CHILD REGISTRATION INFORMATION**

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ M F  
Familiar or Nickname \_\_\_\_\_ Age \_\_\_\_\_ Y Member Y N  
Start Date \_\_\_\_\_ Parent E-mail Address \_\_\_\_\_

### **PRESCHOOL 2024-2025 SCHOOL YEAR**

Children must be potty trained to attend preschool classes

Class	Age	Days	Times	Monthly Tuition	
				Member	Non-Member
<input type="checkbox"/> 1	2 1/2-4	Monday—Thursday	8:30-11:30AM	\$175	\$225

### **INTEREST INVENTORY**

My child's favorite ACTIVE activities \_\_\_\_\_  
My child's favorite QUIET activities \_\_\_\_\_  
Other hobbies or interests \_\_\_\_\_  
My child's strengths lie in the area of \_\_\_\_\_  
At home, the types of disciplinary measures I find most effective  
are \_\_\_\_\_  
Situations my child tends to find difficult are \_\_\_\_\_  
Any special needs \_\_\_\_\_  
I would like my child to learn \_\_\_\_\_  
Siblings - names and ages \_\_\_\_\_  
Please list any other information about your child that you think would be helpful \_\_\_\_\_

### **TUITION PAYMENT AGREEMENT**

- ☐ A non-fundable registration fee of \$25.00 is due at time of registration for Preschool.
- ☐ Payment Options: automatic monthly payment or pay in full at time of registration.
- ☐ A signed draft agreement is due at the time of registration for automatic monthly payment option.
- ☐ To qualify for YMCA member tuition rates, child's membership must be effective from the date of registration through the program end date.
- ☐ Tuition has been divided into 9 equal payments. Although specific dates included in each period may vary from month to month, the payments are equal amounts. Tuition is drafted the 1st of the month.
- ☐ Refer to Program and Fee Schedule for payment amounts.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

# Stevens Point Area YMCA - Child Care/Preschool/Great Escape

## PARENT/GUARDIAN CONSENT and WAIVER & RELEASE OF LIABILITY

\_\_\_\_ Initial Section #1: **REASONABLE ACCOMMODATIONS CLAUSE:** Children with special needs or challenges will be accepted provided that "reasonable accommodations" can be made for their participation in the program and/or the child's participation does not require an inordinate amount of staff time that would not allow for the safety and welfare of the other children in the program. I understand that if my child requires an unusual amount of one-on-one attention, whether due to special needs or behavior, my child may be removed from the program. (Does not apply to School District programs including 4 year old Kindergarten.)

\_\_\_\_ Initial Section #2: **MEDICAL RELEASE:** In the event I cannot be reached, I give consent for YMCA staff to act in my behalf in granting permission for my child to receive emergency treatment. I agree that I will be responsible for the payment of all medical services rendered.

\_\_\_\_ Initial Section #3: **RELEASE FROM LIABILITY:** I understand that all reasonable safety precautions are taken by the YMCA in the operation of its facility, equipment, and programs. However, participants and parents of children must recognize and accept that there are inherent risks when choosing to participate in any YMCA program; risks that could cause sickness, injury or death. I agree that my child's participation in the YMCA programs shall be undertaken at his/her sole risk, and that the YMCA, its directors, employees, volunteers, and agents shall not be liable for any claims, injuries, damages, losses, diseases, wrongful death, actions or causes of action whatsoever, to my child or his/her property, arising out of or connected to participation in this program or any other YMCA program. I agree to hold harmless and indemnify the YMCA, its directors, employees, volunteers, and agents from any and all liabilities and claims resulting from participation in this program.

\_\_\_\_ Initial Section #4: **MEDIA RELEASE:** I give my permission for my child to appear in media approved by the YMCA and for the YMCA to use photographs and video of my child for promotional purposes and social media.

\_\_\_\_ Initial Section #5: **FIELD TRIP PERMISSION:** I give permission for my child to participate in walking, parent driver, bus and YMCA Van field trips. I understand that details will be sent home in advance and that these trips are dependent on weather conditions.

\_\_\_\_ Initial Section #6: **SUNSCREEN/REPELLANT:** I give permission for my child use sunscreen (NO-AD SPF30) and insect repellent (OFF Skintastic with 5% DEET) provided by the YMCA and/or the brands listed here (to be provided by me) and for my child to receive application assistance as needed. Sunscreen \_\_\_\_\_ SPF \_\_\_\_\_ Insect Repellent \_\_\_\_\_ DEET% \_\_\_\_\_

\_\_\_\_ Initial Section #7: **PARENT HANDBOOK:** I have received the YMCA Child Care, Preschool or Great Escape Parent Handbook, which includes necessary program information for my child/ren and me. I have read the information and agree to abide by the policies and procedures therein. I also understand that a copy of the Policies Manual and DCF 251 licensing manual are available to me on the parent table.

\_\_\_\_ Initial Section #8: **PETS:** I have been informed of the pets in the center and their degree of contact with my child. I will be informed by the YMCA if pets are added prior to the pet's addition to the center.

\_\_\_\_ Initial Section #9: **RESPONSIBILITY STATEMENT:** I understand that the YMCA's responsibility for my child begins after s/he has entered the program area and has been signed in and ends when s/he leaves the program area and is signed out. I understand that I and/or an authorized adult must sign my child/ren in and out.

\_\_\_\_ Initial Section #10: **PARTICIPANT ENROLLMENT ACCEPTANCE:** I hereby apply for a reservation for my child as a program participant. I agree to pay the total fee on or before the payment due date. Failure to pay by the due date may forfeit my application and deposit. Furthermore, if my child is forced to leave the program due to illness, injury, or inappropriate behavior a refund may not be available. Children must be picked up by the identified program closing time or I understand that an overtime fee of \$5 for every additional 15 minutes will be charged. YMCA membership must be valid at the time of registration and maintained through the program dates to receive member rates. (Does not apply to School District programs including 4 year old Kindergarten.)

\_\_\_\_ Initial Section #11: **SCHEDULE INFORMATION:** I understand that I am responsible for notifying the YMCA Child Development Office in writing any changes in my child's schedule, and to inform the staff of any extra curricular activities that may affect my child's attendance. I understand that schedule cancellations, changes and transfers may result in fee charges (see current registration for details).

\_\_\_\_ Initial Section #12: **DAILY SHEET:** I give my permission to have my child's daily sheet information posted in the classroom and visible to others.

\_\_\_\_ Initial Section #13: **INFORMATION RELEASE:** I authorize the Stevens Point Area YMCA and my child's past and present school to exchange and share information related to my child including: YMCA reports, behavior plans, school psychological evaluations, social work reports, IEP's and related evaluations/reports.

\_\_\_\_ Initial Section #14: **ACCURATE/COMPLETE INFORMATION:** I hereby state that all information I have provided is accurate and complete. I understand that it is my responsibility and required by licensing to provide any changes/updates regarding emergency and health information to the YMCA.

I have carefully read and initialed each of the above parent/guardian consent sections. I fully understand that by signing this form I have given my parent/guardian consent for my child on all sections contained within.

\_\_\_\_\_  
Child's Name - Please Print

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## Your Guide to Regulated Child Care *Your summary of the child care rules*

### A WORD ON WISCONSIN CHILD CARE REGULATIONS

Anyone providing care and supervision for 4 or more children under age 7 years for less than 24 hours a day must be licensed by the Department of Children and Families. Exceptions to this rule are:

- A parent, grandparent, great-grandparent, stepparent, brother, sister, first cousin, nephew, niece, uncle, or aunt of a child, whether by blood, marriage, or legal adoption, who provides care and supervision for the child.
- Public and parochial schools.
- Care provided in the home of the child's parent for less than 24 hours per day.
- Counties, cities, towns, school districts, and libraries that provide programs for children primarily intended for social or recreational purposes.
- A program that operates not more than 4 hours per week.
- Group lessons to develop a talent or skill such as dance or music, social group meetings and activities, group athletics.
- A program where the parents are on the premises and are engaged in shopping, recreation, or other non-work activities.
- Seasonal programs of ten days or less duration in any 3-month period, including day camps, vacation bible school, and holiday child care programs.
- Emergency situations.
- Care and supervision for no more than 3 hours a day while the parent is employed on the premises.
- A program provided where the child of a recipient of temporary assistance to needy families, or Wisconsin works, is involved in orientation, enrollment or initial assessment or where parents are provided training or counseling.

Regulations set standards for adequate child care, but they cannot guarantee quality care. That is why parent involvement is so crucial.

### TYPES OF REGULATED CHILD CARE PROGRAMS

#### Licensed Family Child Care Centers

A program regulated under DCF 250 where a person provides care and supervision for less than 24 hours per day to between 4 and 8 children under 7 years of age.

Age groups may be mixed according to the following combinations. Additional allowed school-aged children in care for 3 or fewer hours per day are shown in parentheses.

<u>Children Under Age 2</u>		<u>Children Age 2 and Older</u>		<u>School Age Children</u>		<u>Maximum Group Size</u>
0	+	8	+	(0)	=	8
1	+	7	+	(0)	=	8
2	+	5	+	(1)	=	8
3	+	2	+	(3)	=	8
4	+	0	+	(2)	=	6

#### Licensed Group Child Care Centers

A program regulated under DCF 251 where a person for less than 24 hours per day provides care and supervision for 9 or more children.

<u>Age of Children</u>	<u>Staff-To-Child Ratio*</u>	<u>Maximum Group Size</u>
Birth to 2 yrs	1:4 or .25	8
2 yrs to 2½ yrs	1:6 or .167	12
2½ yrs to 3 yrs	1:8 or .125	16
3 yrs	1:10 or .10	20
4 yrs	1:13 or .077	26
5 yrs and over	1:18 or .056	36

\* These ratios are adjusted for mixed age groups

#### Licensed Day Camps for Children

A program regulated under DCF 252 that provides care and supervision to 4 or more children, 3 years of age and older, in a seasonal program oriented to the out-of-doors for periods less than 24 hours per day.

#### Certified Family Child Care

A program regulated under DCF 202 where a person provides care and supervision for less than 24 hours per day for no more than 3 children under age 7 with a maximum group size of 6, including the provider's own children under age 7.



### **IF YOU HAVE QUESTIONS, CONCERNS, OR COMPLAINTS**

First, talk to your child's caregiver and try to work out your differences. If those attempts fail, and you feel the caregiver is violating a state licensing regulation, contact the appropriate regional office. See <https://dcf.wisconsin.gov/cclicensing/contacts> or call 1-800-362-7353 for licensing contact information. If you feel the caregiver is violating certification rules, contact the appropriate certifying agency. See <https://dcf.wisconsin.gov/files/ccregulation/cccertification/certifiers.pdf> or call 1-800-362-7353 for certification contact information.

The Department of Children and Families is an equal opportunity employer and service provider. If you have a disability and need to access services, receive information in an alternate format, or need information translated to another language, contact the Bureau of Early Care Regulation at [dcfclicreg@wisconsin.gov](mailto:dcfclicreg@wisconsin.gov) or (608) 421-7550. Individuals who are deaf, hard of hearing, deaf-blind or speech disabled can use the free Wisconsin Relay Service (WRS)-711 to contact the department.

## WHAT IS QUALITY CHILD CARE?

That question has no easy, quick answer. Evaluating child care may seem an overwhelming task, especially if you are new to child care services. This checklist can help. For a thorough evaluation, go through the entire checklist section by section, or, if you prefer, focus on the parts that seem most important to you. YoungStar is a program of the Department of Children and Families created to improve the quality of child care for Wisconsin children. To search for safe, quality child care in Wisconsin, see the Regulated Child Care and YoungStar Public Search page <http://childcarefinder.wisconsin.gov/Search/BasicSearch.aspx>.

### Caregivers

- ☐ Do they genuinely seem to enjoy working with young children?
- ☐ Do they seem to be warm, loving people?
- ☐ Do they talk with you openly and straightforwardly about their policies?
- ☐ What training and experience do they have? Do they receive regular, ongoing job-related training?
- ☐ Do they seem to get along well with each other?

### Caregiver / child interaction

- ☐ Do they get down to eye level when talking to or listening to the children?
- ☐ Do they encourage the children to express their feelings verbally?
- ☐ Do they encourage children to work out negative feelings without hurting others?
- ☐ Do they respect individual differences among the children?
- ☐ Do the child guidance measures focus on what the child should do rather than what the child should not do?
- ☐ Do they set reasonable limits and allow children to make choices when appropriate?
- ☐ Do they provide guidance with words, tone of voice, and actions that show respect for children? Note: See licensing and certification rules for prohibited actions.
- ☐ Do they show patience by letting children do things for themselves and exert their independence?
- ☐ Do the children seem comfortable when talking to the caregivers?
- ☐ Do the children seem happily occupied and relaxed?
- ☐ Does the ratio of children to caregivers meet state requirements?

### Physical environment

- ☐ Are the play areas clean and large enough so children can move freely and safely?
- ☐ Is the playground safe and supervised by an adult?
- ☐ Is play equipment sturdy and in good repair?
- ☐ Are games, toys, etc. stored where the children can get to them?
- ☐ Are wall displays placed at child's eye level?
- ☐ Are unused electrical sockets covered with safety caps?
- ☐ Are cleaning fluids, medications, poisons, sharp tools, matches, etc. stored away from children?
- ☐ Is the area free of other hazards: peeling paint, exposed electrical wires, uncovered hot water pipes, unprotected hot radiators or heaters?
- ☐ Are fire safety and tornado drills practiced?
- ☐ Are emergency telephone numbers posted by the telephones?
- ☐ Is there adequate heat, ventilation, and lighting?
- ☐ Are bathrooms clean and sanitary?
- ☐ Are step stools in the bathrooms to help young children reach toilets and sinks?

### Program / Activities

- ☐ Is there a regular daily schedule? Is it organized without being rigid?
- ☐ Are activities geared for different age and developmental levels?
- ☐ Are there indoor and outdoor activities?
- ☐ Is time provided for physical activity and quiet play?
- ☐ Is there a nap or rest period?
- ☐ Are there structured activities as well as free play when children can choose what to do?
- ☐ Are there opportunities for different types of interactions—large group play, small group play, alone time?
- ☐ Are there materials for different types of play—drama, music, creative movement, language skills, gross and fine motor skills, art projects, sand and water play?
- ☐ Are there living plants for children to observe and care for?
- ☐ Are there pets in areas of the center accessible to children? Have pets been appropriately vaccinated? Are pets tolerant of children? Is close supervision provided?
- ☐ Are the children taken out into the community for activities—parks, libraries, museums, field trips? Is there adequate supervision?

### Transportation

- ☐ Are vehicles used to transport children insured, and does the center's policy address insurance coverage for transportation?
- ☐ Are vehicles in safe operating condition?
- ☐ Are appropriate individual child car safety seats and booster seats used?
- ☐ Does the center have a procedure to ensure that no child is left unattended in a vehicle?
- ☐ Do vehicles with a seating capacity of 6 or more passengers in addition to the driver have a vehicle alarm installed to ensure no child is left unattended in a vehicle?

### General things to look for

- ☐ Is the license / certificate posted?
- ☐ Are visits by the parents, whether announced or unannounced, welcome at any time?
- ☐ Are there opportunities for parent / caregiver communication?
- ☐ Is this the kind of place you would enjoy spending your day?
- ☐ Are the results of the most recent licensing visit posted?
- ☐ Do staff and children wash their hands before meals and after toileting or diapering?
- ☐ Are meals and snacks well balanced and wholesome?
- ☐ Is the food preparation area clean and sanitary?
- ☐ Are menus posted in licensed programs?



## CHILD CARE ENROLLMENT

**Use of form:** Use of this form is mandatory for Family Child Care Centers to comply with DCF 250.04(6)(a)1. Failure to comply may result in issuance of a noncompliance statement. This form may also be used by Group Child Care Centers and Day Camps to comply with DCF 251.04(6)(a)1. and DCF 252.41(4)(a)1, respectively. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

**Instructions:** The parent / guardian shall fill out the form completely, sign it and submit it to the center prior to the child's first day of attendance. Information on this form shall be kept current. When enrolling a child under two years of age, a completed *Intake for Child Under 2 Years* form must also be on file prior to the child's first day of attendance.

### CHILD INFORMATION

Name (Last, First, MI)	Birthdate (mm/dd/yyyy)	First Day of Attendance
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**PARENT OR GUARDIAN** – All parents / guardians are permitted to visit during center hours and are allowed to pick up the child unless access is prohibited or restricted by a court order. Attach court order, if any. If the child resides at multiple locations, the department recommends the provider obtain and attach a schedule.

a. Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care
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Home Address (Street, City, State, Zip)	Does child reside at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No	Place of Employment and Work Phone No.
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b. Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care
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Home Address (Street, City, State, Zip)	Does child reside at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No	Place of Employment and Work Phone No.
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**AUTHORIZED PERSONS** – Persons other than parents / guardians who are authorized to pick up the child or accept the child if dropped off. If no one, write "None."

a. Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care	Place of Employment and Work Phone No.
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b. Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care	Place of Employment and Work Phone No.
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**EMERGENCY CONTACT** – The person to be notified in an emergency when parents / guardians cannot be reached.

<input type="checkbox"/> Yes <input type="checkbox"/> No This person is authorized to pick up the child.	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care	Place of Employment and Work Phone No.
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Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care	Place of Employment and Work Phone No.
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<b>PHYSICIAN OR MEDICAL FACILITY</b>			
Name	Address (Street, City, State, Zip Code)		Telephone Number

<b>AUTHORIZATIONS</b>			
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<input type="checkbox"/> Yes <input type="checkbox"/> No I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.
<input type="checkbox"/> Yes <input type="checkbox"/> No I have had an opportunity to review the policies of this child care center and a summary of the Wisconsin Rules for Licensing Child Care Centers.
<input type="checkbox"/> Yes <input type="checkbox"/> No I give permission for my child to participate in <input type="checkbox"/> Transported <input type="checkbox"/> Walking field trips and other activities during operating hours.
<input type="checkbox"/> Yes <input type="checkbox"/> No I have been informed of the number of pets in the center and their degree of contact with the enrolled children. Note: If pets are added after a child is enrolled, parents shall be notified in writing prior to the pet's addition to the center.

<b>SIGNATURE</b> – Parent or Guardian	Date Signed
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## 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:**



## CHILD CARE IMMUNIZATION RECORD

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

### PERSONAL DATA

PLEASE PRINT

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

### IMMUNIZATION HISTORY

STEP 2	List the MONTH, DAY AND YEAR the child received each of the following immunizations. If you do not have an immunization record for this child, contact your doctor or local public health department to obtain the records.					
	TYPE OF VACCINE	First Dose Month/Day/Year	Second Dose Month/Day/Year	Third Dose Month/Day/Year	Fourth Dose Month/Day/Year	Fifth Dose Month/Day/Year
	Diphtheria-Tetanus-Pertussis (Specify DTP, DTaP, or DT)					
	Polio					
	Hib (Haemophilus Influenzae 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.					
	SIGNATURE – Physician/PA/APNP			Date Signed		

### REQUIREMENTS

STEP 3	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	<b>IF THE CHILD MEETS ALL REQUIREMENTS (sign at STEP 5 and return this form to the child care center), OR</b>	
	<b>IF THE CHILD <u>DOES NOT</u> MEET ALL REQUIREMENTS (check the appropriate box below, sign and return this form to child care center).</b>	
	<input type="checkbox"/> Although the child has not received all required doses of vaccine for his or her age group, at least the first dose of each vaccine has been received. I, understand that it is my responsibility to obtain the remaining required doses of vaccines for this child <b>WITHIN ONE YEAR</b> and to notify the child care center in writing as each dose is received.	
	<b>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.</b>	
	<input type="checkbox"/> For health reasons this child should not receive the following immunizations _____ (List in STEP 2 any immunizations already received)	
	_____ Physician's Signature Required	
	<input type="checkbox"/> For religious reasons this child should not be immunized. (List in STEP 2 any immunizations already received)	
	<input type="checkbox"/> For personal conviction reasons this child should not be immunized. (List in STEP 2 any immunizations already received):	

### SIGNATURE

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

## 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.

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**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)

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**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).

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

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☐ 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.

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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.

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**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)

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**SIGNATURE** – MD, PA, or other EPSDT Provider

Date of Examination



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## DRAFT AGREEMENT SPYMCA CHILD DEVELOPMENT OFFICE

Available for regular monthly payments only

### BANK DRAFT INFORMATION:

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

Name on Account: \_\_\_\_\_

Program: ☐ Before and After School Care ☐ Preschool

Account Type: ☐ Checking ☐ Savings ☐ Credit/Debit Card

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Account #: \_\_\_\_\_ Routing #: \_\_\_\_\_

Date	Draft Amount	1 <sup>st</sup> Draft Date	Last Draft Date	Parent Initials

### IF USING BANK ACCOUNT, MUST ATTACH VOIDED CHECK HERE:

The YMCA guarantees satisfaction with the quality of its services. This authorization will remain in effect until revoked by me in writing and until you actually receive such notice, I agree that you shall be fully protected in honoring any such charge. I agree that your treatment of each such charge and your rights in respect to it, shall be the same as if it were signed by me and that if any such charge be dishonored, whether with or without cause, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of services.

If at anytime the amount in my account is insufficient to cover the amount to be deducted, the bank is not obligated to pay and is not responsible for these insufficient funds. Nor shall the bank be liable for any errors by the Stevens Point Area YMCA in handling the terms of this authorization.

I will use an electronic funds transfer to pay for services and I agree that if for any reason I wish to terminate or change the status of services, I must give the YMCA WRITTEN NOTICE 15 DAYS IN ADVANCE of my automatic withdrawal date. A \$20.00 service fee will be charged on any returned bank draft.

I understand that if I receive any assistance to pay for Before and After School Care, that I may not use the checking/saving account option.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_