

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

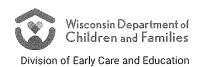
Please read the registration information thoroughly and complete all sections accurately and neatly.

CHILD REGISTRATION INFORMATION

Chil	d's	Name			Birth Date		Μ	F	
Fan	illia	ar or Nickn	ame	and the state of t	Age	Y Member	Υ	N	
Sta	t D)ate		Parent E-mail Address	5				
				PRESCHOOL 2023-20	24 SCHOOL Y	<u>EAR</u>			
(las	SS	Age	Children must be potty trained to Days	o attend prescho Times			/ Tuition Non-1	Member
 1 21/2-4 Tuesday and Thursday 2 3-4 Monday, Wednesday, Friday 					\$96 \$125	\$128 \$175			
				INTEREST INV	/ENTORY				
Му	hil	d's favorite	ACTIVE acti	vities			·		
Му	hil	d's favorite	QUIET activ	ities					
Oth	er h	obbies or in	nterests						
Му	hil	d's strength	s lie in the a	area of			Katalan Language		and the second section is
			· ·	ary measures I find most effective					
Situ	atic	ons my child	l tends to fir	nd difficult are	account below which the control of t				
Any	spe	ecial needs_	,						
l wo	uld	like my chil	d to learn			THE RESERVE TO THE PERSON OF T			
Sibl	ngs	s – names a	nd ages					*****	name of the later
Plea	se	list any oth	er informati	on about your child that you think wo	uld be helpful		ann eaga inini diliyen	Company of the Control of the Contro	en, en
				TUITION PAYMENT	T AGREEMENT	• -			
* * * *	Pay A s To pro Tui mo	yment Optio igned draft qualify for ' ogram end o ition has be onth, the pa	ons: automa agreement YMCA memb late. en divided in yments are o	on fee of \$25.00 is due at time of regitic monthly payment or pay in full at is due at the time of registration for a per tuition rates, child's membership into 9 equal payments. Although specedual amounts. Tuition is drafted the Schedule for payment amounts.	time of registration automatic monthly must be effective for the cific dates include	on. / payment option from the date of d in each period	registra		
Pare	ent/	/Guardian S	ignature			Date_			3000a

Stevens Point Area YMCA - Child Care/Preschool/Great Escape PARENT/GUARDIAN CONSENT and WAIVER & RELEASE OF LIABILITY

that "reasonable acco amount of staff time unusual amount of on	ection #1: REASONABLE ACCOMMODATIONS CLAUSE: Children with special needs ommodations" can be made for their participation in the program and/or the child's pa that would not allow for the safety and welfare of the other children in the program. ne-on-one attention, whether due to special needs or behavior, my child may be remo ams including 4 year old Kindergarten.)	rticipation does not require an inordinate I understand that if my child requires an
Initial Se permission for my chi	ection #2: MEDICAL RELEASE: In the event I cannot be reached, I give consent for 'ild to receive emergency treatment. I agree that I will be responsible for the payment	MCA staff to act in my behalf in granting of all medical services rendered.
operation of its facili risks when choosing t YMCA programs shall any claims, injuries, d or connected to parti	ection #3: RELEASE FROM LIABILITY: I understand that all reasonable safety precity, equipment, and programs. However, participants and parents of children must resto participate in any YMCA program; risks that could cause sickness, injury or death. I be undertaken at his/her sole risk, and that the YMCA, its directors, employees, voludamages, losses, diseases, wrongful death, actions or causes of action whatsoever, to icipation in this program or any other YMCA program. I agree to hold harmless and insert agree to hold harmless and inserts and agents from any and all liabilities and claims resulting from participation in this	cognize and accept that there are inherent I agree that my child's participation in the nteers, and agents shall not be liable for my child or his/her property, arising out condemnify the YMCA, its directors,
Initial Se use photographs and	ection #4: MEDIA RELEASE: I give my permission for my child to appear in media all video of my child for promotional purposes and social media.	approved by the YMCA and for the YMCA t
initial Se	ection #5: FIELD TRIP PERMISSION: I give permission for my child to participate in and that details will be sent home in advance and that these trips are dependent on v	walking, parent driver, bus and YMCA Vaiveather conditions.
TOFF Skintastic with 5	ection #6: SUNSCREEN/REPELLANT: I give permission for my child use sunscreen 5% DEET) provided by the YMCA and/or the brands listed here (to be provided by me) d. Sunscreen SPF Insect Repellent	and for my child to receive application
includes necessary or	ection #7: PARENT HANDBOOK: I have received the YMCA Child Care, Preschool or rogram information for my child/ren and me. I have read the information and agree teat the stand of the Policies Manual and DCF 251 licensing manual are available	abide by the policies and procedures
Initial Se the YMCA if pets are	ection #8: PETS: I have been informed of the pets in the center and their degree of added prior to the pet's addition to the center.	contact with my child. I will be informed t
entered the program	ection #9: RESPONSIBILITY STATEMENT: I understand that the YMCA's responsib area and has been signed in and ends when s/he leaves the program area and is sign ast sign my child/ren in and out.	ility for my child begins after s/he has ed out. I understand that I and/or an
participant. I agree the Furthermore, if my change be picked up by the in YMCA membership m	ection #10: PARTICIPANT ENROLLMENT ACCEPTANCE: I hereby apply for a reser to pay the total fee on or before the payment due date. Failure to pay by the due da hild is forced to leave the program due to illness, injury, or inappropriate behavior a ridentified program closing time or I understand that an overtime fee of \$5 for every a nust be valid at the time of registration and maintained through the program dates to rams including 4 year old Kindergarten.)	te may forfeit my application and deposit. efund may not be available. Children must dditional 15 minutes will be charged.
writing any changes i	ection #11: SCHEDULE INFORMATION: I understand that I am responsible for noti in my child's schedule, and to inform the staff of any extra curricular activities that n edule cancellations, changes and transfers may result in fee charges (see current regi	ray affect my child's attendance. I
Initial Se	ection #12: DAILY SHEET: I give my permission to have my child's daily sheet infor	mation posted in the classroom and visible
Initial Seexchange and share in IEP's and related eva	ection #13: INFORMATION RELEASE: I authorize the Stevens Point Area YMCA an information related to my child including: YMCA reports, behavior plans, school psyclaluations/reports.	d my child's past and present school to loogical evaluations, social work reports,
Initial Secondlete. I understa information to the Y	ection #14: ACCURATE/COMPLETE INFORMATION: I hereby state that all information and that it is my responsibility and required by licensing to provide any changes/updat/MCA.	ition I have provided is accurate and tes regarding emergency and health
I have carefully rethis form I have g	ead and initialed each of the above parent/guardian consent sections. given my parent/guardian consent for my child on all sections containe	I fully understand that by signing d within.
Shild's Na	ame – Please Print Parent/Guardian Signature	/
CIMIN 2 140	LICELLE C SCHOOL E S \$155	and the glass



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.

Children Under Age 2		Children Age 2 and Older	<u>S</u> (chool Age Children		Maximum Group Size
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.

Age of Children	Staff-To-Child Ratio*	Maximum Group Size
Birth to 2 yrs	1:4 or .25	8
2 yrs to 21/2 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.

DCF-P-2436 (R. 02/2023)



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 defcclicreg@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.

DCF-P-2436 (R. 02/2023)

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.

S	Caregivers	Program / Activities
	Do they genuinely seem to enjoy working with young children?	ls there a regular daily schedule? Is it organized without being rigid?
	Do they seem to be warm, loving people?	Are activities geared for different age and developmental levels?
	Do they talk with you openly and straightforwardly about their policies?	Are there indoor and outdoor activities?
	What training and experience do they have? Do they receive regular, ongoing job-	ls time provided for physical activity and quiet play?
	related training?	ls there a nap or rest period?
	Do they seem to get along well with each other?	Are there structured activities as well as free play when children can choose what
S	Caregiver / child interaction	to do?
	Do they get down to eye level when talking to or listening to the children?	Are there opportunities for different types of interactions—large group play, small
	Do they encourage the children to express their feelings verbally?	group play, alone time?
	Do they encourage children to work out negative feelings without hurting others?	Are there materials for different types of play—drama, music, creative movement,
	Do they respect individual differences among the children?	language skills, gross and fine motor skills, art projects, sand and water play?
	Do the child guidance measures focus on what the child should do rather than	Are there living plants for children to observe and care for?
	what the child should not do?	Are there pets in areas of the center accessible to children? Have pets been
	Do they set reasonable limits and allow children to make choices when	appropriately vaccinated? Are pets tolerant of children? Is close supervision
	appropriate?	provided?
	Do they provide guidance with words, tone of voice, and actions that show respect	Are the children taken out into the community for activities—parks, libraries,
	for children? Note: See licensing and certification rules for prohibited actions.	museums, field trips? Is there adequate supervision?
	Do they show patience by letting children do things for themselves and exert their	Transportation
	independence?	Are vehicles used to transport children insured, and does the center's policy
	Do the children seem comfortable when talking to the caregivers?	address insurance coverage for transportation?
	Do the children seem happily occupied and relaxed?	Are vehicles in safe operating condition?
	Does the ratio of children to caregivers meet state requirements?	Are appropriate individual child car safety seats and booster seats used?
占	Physical environment	Does the center have a procedure to ensure that no child is left unattended in a
	Are the play areas clean and large enough so children can move freely and safely?	vehicle?
	Is the playground safe and supervised by an adult?	Do vehicles with a seating capacity of 6 or more passengers in addition to the
	Is play equipment sturdy and in good repair?	driver have a vehicle alarm installed to ensure no child is left unattended in a
	Are games, toys, etc. stored where the children can get to them?	vehicle?
	Are wall displays placed at child's eye level?	General things to look for
	Are unused electrical sockets covered with safety caps?	Is the license / certificate posted?
	Are cleaning fluids, medications, poisons, sharp tools, matches, etc. stored away	Are visits by the parents, whether announced or unannounced, welcome at any time?
	from children?	Are there opportunities for parent / caregiver communication?
	Is the area free of other hazards: peeling paint, exposed electrical wires, uncovered	Is this the kind of place you would enjoy spending your day?
	hot water pipes, unprotected hot radiators or heaters?	Are the results of the most recent licensing visit posted?
	Are fire safety and tornado drills practiced?	Do staff and children wash their hands before meals and after toileting or
	Are emergency telephone numbers posted by the telephones?	diapering?
	Is there adequate heat, ventilation, and lighting?	Are meals and snacks well balanced and wholesome?
	Are bathrooms clean and sanitary?	Is the food preparation area clean and sanitary?
	Are step stools in the bathrooms to help young children reach toilets and sinks?	Are menus posted in licensed programs?

DEPARTMENT OF CHILDREN AND FAMILIES Division of Early Care and Education

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)		Rithdate (r	Richdate (mm/dd/www)	Eiret Day of Atlandance
5t, 1 11 5t, 1VII <i>j</i>		וו ווחמב	III II WALIYYYY	riist Day of Aiterinarioe
PARENT OR GUARDIAN - All parents / guardians are permitted to order. Attach court order, if any. If the child resides at multiple locati	ns are permitted to visit during es at multiple locations, the de	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, if any. If the child resides at multiple locations, the department recommends the provider obtain and attach a schedule.	child unless acces d attach a schedu	ss is prohibited or restricted by a court ule.
 a. Name and Relationship to Child 	,	Home / Cell Phone No.	Email Addres	Email Address Where Reachable While Child is in Care
Home Address (Street, City, State, Zip)		Does child reside at this location?		Place of Employment and Work Phone No.
 b. Name and Relationship to Child 		Home / Cell Phone No.	Email Address	Email Address Where Reachable While Child is in Care
Home Address (Street, City, State, Zip)	And the second s	Does child reside at this location?		Place of Employment and Work Phone No.
AUTHORIZED PERSONS - Persons other than parents / quardians	parents / quardians who are a	who are authorized to pick up the child or accept the child if dropped off. If no one, write "None."	ild if dropped off.	If no one, write "None."
Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care	lld is in Care Pla	Place of Employment and Work Phone No.
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.
ICY CONTACT – The person to be notified in an en No This person is authorized to pick up the child.	tified in an emergency when p c up the child.	EMERGENCY CONTACT – The person to be notified in an emergency when parents / guardians cannot be reached. [] Yes [] No This person is authorized to pick up the child.	meno tectificate de senso estados de senso de s	erinings elogi estamonina grappa elopopa uponomo per pottar elopotamo esta mitta disensa ominas en
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.
PHYSICIAN OR MEDICAL FACILITY	A CONTRACTOR OF THE PROPERTY O	A CONTRACTOR OF THE PROPERTY O		
	Address (Street,	(Street, City, State, Zip Code)		Telephone Number
AUTHORIZATIONS Yes No I have had an opportunity to review the policies of large No I give permission for my child to participate in large large No I have been informed of the number of pets in the	nergency medical care or treat view the policies of this child contracted participate in Transported mber of pets in the center and	IS I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately. 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. I give permission for my child to participate in Transported Walking field trips and other activities during operating hours. 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,	mmediately. (ules for Licensing ring operating hou	g Child Care Centers. urs. are added after a child is enrolled,
SIGNATURE – Parent or Guardian	וון אווטן נט וופ אפנא מטעונטז נט		Dat	Date Signed

Health History and Emergency Care Plan

Administrative Codes. Failure to comply may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary 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 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				
الا ,First, MI)	Birt	hdate (mm/dd/yyyy) Firs	Birthdate (mm/dd/yyyy) First Day of Attendance (mm/dd/yyyy)	yyy)
Home Address (Street, City, State, Zip Code)				
PARENT / GUARDIAN INFORMATION Provide information where the	ion where the parent(s) / guardian(s) may be reached while the child is in care.	be reached while the chil	d is in care.	
Vame	Primary Telephone Number	Work Telephone Numbe	Primary Telephone Number Work Telephone Number Secondary Telephone Number)er
Vame	Primary Telephone Number	Work Telephone Number	Secondary Telephone Number)er
PHYSICIAN / MEDICAL FACILITY INFORMATION				
Physician Name Med	Medical Facility Address		Telephone Number	her
SUNSCREEN / INSECT REPELLENT AUTHORIZATION If provided by OCF 250.07(6)(h)6., Authorizations shall be reviewed periodically and nonths and updated as necessary.	the parent, the sunscreen or ir d updated as necessary. Per D	usect repellent shall be la CF 251.07(6)(g)3., author	provided by the parent, the sunscreen or insect repellent shall be labeled with the child's name. Per iodically and updated as necessary. Per DCF 251.07(6)(g)3., authorizations shall be reviewed every 6	ر ر ک
Yes ☐ No Tauthorize the center to apply sunscreen to my child. ☐ Yes ☐ No Tauthorize the center to allow my child to self-apply sunscreen	Brand Name screen.		Ingredient Strength	l tig
Yes No I authorize the center to apply repellent to my child.	Brand Name		Ingredient Strength	gth
4EALTH HISTORY AND EMERGENCY CARE PLAN If available, attach	lable, attach any health care plan information from the child's physician, therapist, etc.	tion from the child's phys	ician, 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	ID, or Autism			
☐ Asthma				
Cerebral palsy / motor disorder				
☐ Diabetes				
Epilepsy / seizure disorder				
Gastrointestinal or feeding concerns, including special die	special diet and supplements			

DCF-F-CFS2345 (R. 3/2023)

	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.
က်	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 <i>Authorization to Administer Medication – Child Care Centers</i> should be attached to this form. Note: Group child care centers and day camps may use their own form.
rç.	Identify any child care staff to whom you have given specialized training / instructions to help treat symptoms. a.
	b. c.
9	When to call parents regarding symptoms or failure to respond to treatment.
 	When to consider that the condition requires emergency medical care or reassessment.
ωi	Additional information that may be helpful to the child care provider.
)is	SIGNATURE – Parent or Guardian Date Signed (mm/dd/yyyy)
&	Review dates:

SIGNATURE - Parent, Guardian or Legal Custodian

CHILD CARE IMMUNIZATION RECORD

STATE OF WISCONSIN Wis. Stat. § 252.04

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 PR	INT				
STEP 1	Child's Name(Last, First, Middle Ini	tial)				of Birth (Month/I	- '	Number	e/Telephone
	Name of Parent/Guardian/Legal Cเ	ıstodian (Last, First, Middle Ini	tial)	Addr	ess (Street, Apar	tment numb	er, City, Sta	te, Zip)
STEP 2	IMMUNIZATION HISTORY List the MONTH, DAY AND YEAR contact your doctor or local public h	the child nealth dei	received each of the	following immur	nizatio	ns. If you do not h	nave an imm	nunization re	cord for this child,
	TYPE OF VACCINE		First Dose Month/Day/Year	Second Do Month/Day/Y		Third Dose Month/Day/Yea		rth Dose /Day/Year	Fifth Dose Month/Day/Year
	Diphtheria-Tetanus-Pertussis (Specify DTP, DTaP, or DT)								
	Polio								
	Hib (Haemophilus Influenzae Type								
	Pneumococcal Conjugate Vaccine	(PCV)							
	Hepatitis B								
	Measles-Mumps-Rubella (MMR)								
	Varicella (Chickenpox)			1				***************************************	
	History of Varicella/Chickenpox								
	In accordance with DHS 144.03(2)	(g), I attes	st that this child has a	reliable history	of var	icella disease an	d is not requ	ired to recei	ve Varicella
	vaccine.	.07		·					
		SI	GNATURE – Physicia	an/PA/APNP		Date Sign	ed		
·	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 dates of additional required doses.					t these ecords updated with			
	AGE LEVELS				NUM	BER OF DOSES			
	5 months through 15 months	2 DTP	DTaP/DT		Hib		2 Hep B		
	16 months through 23 months				Hib ¹		2 Hep B	1 MMR ³	
	2 years through 4 years				Hib ¹		3 Hep B	1 MMR ³	
-	At Kindergarten entrance			4 Polio			3 Hep B	2 MMR ³	
	¹ If the child began the Hib series at after, no additional doses are requ first birthday is also acceptable).	ıired. Min	imum of one dose mi	ust be received	after 1	2 months of age	(Note: a dos	e four days	or less before the
	² If the child began the PCV series a age or after, no additional doses a	at 12-23 r ire require	nonths of age, only twed.	vo doses are re	quired	. If the child recei	ved the first	dose of PC\	/ at 24 months of
	³ MMR vaccine must have been rec	eived on	or after the first birtho	day (Note: a dos	e four	days or less befo	ore the first l	oirthday is al	so acceptable).
	⁴ Children entering kindergarten mu days or less before the fourth birth	st have ro	eceived one dose afte so acceptable).	er the fourth birt	hday (either the third, fo	ourth or fifth)	to be comp	liant (Note: a dose 4
	COMPLIANCE DATA AND WA	AIVERS							
STEP 4	IF THE CHILD MEETS ALL REQU	IREMEN	TS (sign at STEP 5	and return this	form	to the child care	center), O	R	
	IF THE CHILD DOES NOT MEET	ALL REQ	UIREMENTS (check	the appropriate	box b	elow, sign and re	turn this for	n to child ca	re center).
	Although the child has not received. I, understand that it notify the child care center in v	is my res	ponsibility to obtain t	he remaining re	er age quired	group, at least the doses of vaccine	ne first dose es for this ch	of each vac	cine has been ONE YEAR and to
	NOTE: Failure to stay on schedu fine of \$25.00 per day of violation		ort immunizations (to the child car	e cent	ter may result in	court action	on against tl	ne parents and a
	For health reasons this child s received)	hould not	receive the following	immunizations		(List in ST	EP 2 any in	nmunizations	s already
	For religious reasons this child	i should r		n's Signature R st in STEP 2 an			y received)		
	For personal conviction reason	ns this ch	ild should not be imm	unized. (List in	STEP	2 any immunizat	ions already	received):	
OTER 5	SIGNATURE								
STEP 5	To the best of my knowledge, this	form is c	omplete and accurate	€.					

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 comple	eted by the health profes	sional				
Instructions for feeding and care of child with special heal	th 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 implemented in the event of an allergic reaction.	allergies? If "Yes," spec	ify and include the treatment plan to be				
Date of child's most recent blood lead test:	(mm/dd/yyyy).					
Note: Children on Medicaid are required to be tested at arc 3 and 5 years if no previous test is documented. Lead test						
Immunization(s) not to be administered to child due to me						
AUTHORIZATION		Automotivation				
I certify that I have examined the above child on this date a	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, S	State, Zip Code)				
SIGNATURE - MD, PA, or other EPSDT Provider	<u></u>	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: O Before and After School Care	e OPreschool			
Account Type: O Checking O Saving	gs O Credit/Debit Card	d		
Card Number:	Expi	ration Date:	Billing Zip Code:	
Bank Name:	Account #:_		Routing #	
Date Draft Amount	1 ^{rst} Draft Date	Last Draft Date	Parent Initials	
		4.00 400 400 400		
IF USING BANK ACCOUNT, MUST ATTACH	VOIDED CHECK HERE:			
	-			
The YMCA guarantees satisfaction with the qua until you actually receive such notice, I agree the				
each such charge and your rights in respect to	it, shall be the same as if it wer	re signed by me and that	if any such charge be dishonore	ed,
whether with or without cause, you shall be un	der no liability whatsoever ever	though such dishonor r	esults in the forfeiture of service	es.
If at anytime the amount in my account is in:	sufficient to cover the amount	to be deducted, the ba	nk is not obligated to pay and	is not
responsible for these insufficient funds. Nor s	hall the bank be liable for any e	rrors by the Stevens Poi	nt Area YMCA in handling the te	rms of
this authorization.				
I will use an electronic funds transfer to pay				
services, I must give the <u>YMCA WRITTEN NO</u> charged on any returned bank draft.	<u>FICE 15 DAYS IN ADVANCE</u> of	my automatic withdraw	al date. A \$20.00 service fee	will be
thanged on any returned bank draft.				
I understand that if I receive any assistance to	pay for Before and After School	I Care, that I may not us	e the checking/saving account o	ption.
EIGNATURE		DATE	//	
SIGNATURE		UAIE		