

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 2023-2024 SCHOOL YEAR

Children must be potty trained to attend preschool classes

Class	Age	Days	Times	Monthly Tuition	
				Member	Non-Member
<input type="radio"/> 1	2 1/2-4	Tuesday and Thursday	9:00-11:15AM	\$96	\$128
<input type="radio"/> 2	3-4	Monday, Wednesday, Friday	9:00-11:15AM	\$125	\$175

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 _____

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 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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PHYSICIAN OR MEDICAL FACILITY

Name	Address (Street, City, State, Zip Code)	Telephone Number
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AUTHORIZATIONS

- Yes No I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.
- Yes 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.
- Yes No I give permission for my child to participate in Transported Walking field trips and other activities during operating hours.
- Yes 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.

SIGNATURE – 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)
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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
Physician Name	Telephone Number

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. <input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply sunscreen.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply repellent to my child. <input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply repellent.	Brand Name	Ingredient Strength

HEALTH HISTORY AND EMERGENCY CARE PLAN If available, attach any health care plan information from the child's physician, therapist, etc.

- Check any special medical condition that your child may have.
 - No specific medical condition
 - Any disorder, including Cognitively Disabled, LD, ADD, ADHD, or Autism
 - Asthma
 - Cerebral palsy / motor disorder
 - Diabetes
 - Epilepsy / seizure disorder
 - Gastrointestinal or feeding concerns, including special diet and supplements

Other condition(s) requiring special care – Specify.

Milk allergy. If a child is allergic to milk, attach a statement from the medical professional indicating the acceptable alternative.

Food allergies – Specify food(s).

Non-food allergies – Specify.

2. Triggers that may cause problems – Specify.

3. Signs or symptoms to watch for – Specify.

4. Steps the child care provider should follow. If prescription or non-prescription medications are necessary, a copy of the form *Authorization to Administer Medication – Child Care Centers* should be attached to this form. Note: Group child care centers and day camps may use their own form.

5. Identify any child care staff to whom you have given specialized training / instructions to help treat symptoms.

a.

b.

c.

6. When to call parents regarding symptoms or failure to respond to treatment.

7. When to consider that the condition requires emergency medical care or reassessment.

8. Additional information that may be helpful to the child care provider.

SIGNATURE – Parent or Guardian

Date Signed (mm/dd/yyyy)

Review dates: _____

Child Health Report – Child Care Centers

Use of form: Use of this form is required unless the health examination report is on an electronic printout from a licensed physician, physician assistant, or other EPSDT provider. Completion of this form meets the requirements of DCF 202.08 (4), DCF 250.04 (6) (a) 4. and DCF 251.04 (6) (a) 8. Failure to comply with these rules may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: Each child under 2 years of age shall have an initial health examination not more than 6 months prior to nor later than 3 months after being admitted to the center and a follow-up health examination at least once every 6 months thereafter. Each child 2 years of age but who is not 5 years of age or older shall have an initial health examination not more than one year prior to nor later than 3 months after being admitted to a center and a follow-up health examination at least once every 2 years thereafter. The parent / guardian shall give this form to the physician, physician assistant, or other EPSDT provider to be completed, signed, and dated. The licensee / operator shall obtain a copy for the child's record. Note: Children are also required to have on file at the child care center documentation of immunizations; it may be helpful if the parent / guardian includes a copy of the child's immunization record when submitting this form to the child care center.

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

Child's Name (Last, First, MI)

Child's Birthdate (mm/dd/yyyy)

Child's Address (Street, City, State, Zip Code)

Parent or Guardian Name (Last, First, MI)

Parent or Guardian Address (Street, City, State, Zip Code)

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

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

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

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

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

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

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

AUTHORIZATION

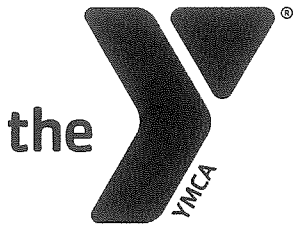
I certify that I have examined the above child on this date and that he / she is able to participate in child care activities.

Name – MD, PA, or other EPSDT Provider (type or print)

Address (Street, City, State, Zip Code)

SIGNATURE – MD, PA, or other EPSDT Provider

Date of Examination



FOR YOUTH DEVELOPMENT®
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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 st 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 ____ / ____ / ____