

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO THE STEVENS POINT AREA YMCA BEFORE AND AFTER SCHOOL CARE PROGRAM 2025-2026

September 8-June 4

*Registration begins April 14, 2025

The YMCA Before and After School Program is designed to offer licensed, well-supervised, safe, quality care for school age children. Our program is set up to accommodate both working and non-working parents. It offers children an opportunity to grow and develop in an enriching, multi-choice, encouraging, and pressure-free environment.

In a semi-structured setting, our program will help children to:

- Grow personally and increase self-esteem
- Improve relationships and parent involvement
- Appreciate diversity
- Become better leaders and supporters
- Develop specific skills
- HAVE FUN

State Licensed

Serving Stevens Point Area
Public School District
Grades K-6

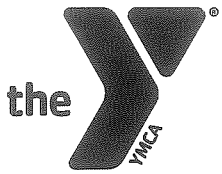
At Each School: Bannach * Plover Whiting * McDill
* Roosevelt

At the YMCA: Madison * McKinley * Washington

The Stevens Point Area YMCA is a non-profit, charitable organization that is dedicated to the development of the whole person: Spirit, Mind and Body. No child is ever denied membership or participation due to financial need. YMCA Financial Assistance is available.

Important Registration Information

- All forms, including immunization records, must be complete at the time of registration.
- **All forms must be completed and submitted a minimum of three business days prior to the requested start date.**
- Physician/Dentist information must include the street address, and phone number.
- A \$25 registration fee is due at the time of registration.
- **Payments will be drafted on the 1st of each month. Updated bank draft information must be received 15 business days prior to the draft. The full rate listed will be drafted regardless of how many days your child will be in attendance.**
- A voided check or credit card and signed bank draft agreement are required at the time of registration for all participants. The first draft will be 9/1/2025 if paperwork is turned in by 8/15/2025. The first month's payment is due at time of registration after this date. The last draft will be 5/1/2026.
- **A \$25 copay is due at time of registration for all families receiving Wisconsin Shares.**
- **There will be NO PM Care provided when the District cancels after school activities due to weather.**
- **There will be NO PM Care provided on the 2nd Friday of every month for professional development for staff.**
 - **Dates include: Sept 12, Oct 10, Nov 14, Jan 9, Feb 13, Apr 10, May 8.**
- Complete the special activities sheet if your child will be attending activities such as Cadets, Boy/Girl Scouts, clubs, or sports in conjunction with Before or After Care.
- It is the parents responsibility to let their child's school/teacher know when they will not be attending Before and/or After Care.
- All registration forms must be received by 6PM Friday, 8/22/2025 for your child to start on the first day of care, 9/8/2025. The next start date will be 9/15/2025.
- **Families receiving Wisconsin Shares Child Care Subsidy must complete the Provider/Parent Payment Agreement form.**
- Child must be part of a Household/Single Parent Household Membership to receive Y Member rate.



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2025-2026 School Age Care

Child's Name: _____ Birth Date: _____

Start Date: _____ School: _____ Grade(25-26 School Year): _____

BEFORE AND AFTER SCHOOL CARE

<u>Registration</u>	<u>Y Member Monthly Rate</u> *Child must be part of Household/ Single Parent Household Membership	<u>Non-Member Monthly Rate</u>
<input type="radio"/> Before Care	\$178	\$250
<input type="radio"/> After Care	\$178	\$250
<input type="radio"/> Before and After Care	\$293	\$365

Before School Care (6:30 AM-8:25 AM)

☐ M ☐ T ☐ W ☐ TH ☐ F

After School Care (3:25 AM-5:30 PM)

☐ M ☐ T ☐ W ☐ TH ☐ F

* The full rate listed above will be charged, regardless of the number of days your child will attend.

VACATION AT THE Y

Full Days: 6:30 AM-5:30 PM

Y Member: \$55/day

Non-Member: \$80/day

*\$5 deposit per day is required at time of registration.

- ✓ Pre-Registration is required
- ✓ \$5 deposit due at time of registration is required for each day selected.
- ✓ Deposits are non refundable and non transferrable.
- ✓ Your account on file will be charged on the 1st of every month for the registered days in that month.
- ✓ Held at the YMCA, transportation is NOT provided.
- ✓ Cancellations must be made 15 days prior to day off to be considered for a refund.

☐ Fri Sept 26

☐ Mon Dec 29

☐ Fri Feb 27

☐ Fri Mar 20

☐ Thu Oct 23

☐ Tue Dec 30

☐ Mon Mar 2

☐ Fri Apr 3

☐ Fri Oct 24

☐ Fri Jan 16

☐ Mon Mar 16

☐ Thu Apr 23

☐ Fri Oct 31

☐ Mon Jan 19

☐ Tue Mar 17

☐ Fri Apr 24

☐ Mon Nov 17

☐ Mon Jan 26

☐ Wed Mar 18

☐ Thu May 14

☐ Tue Nov 25

☐ Mon Feb 23

☐ Thu Mar 19

☐ Fri May 15

* As of 3/12/25

SNOW DAYS AT THE Y

☐ YES ☐ NO

Full Days: 6:30 AM-5:30 PM

Y Member: \$55/day

Non-Member: \$80/day

- ✓ Pre-Registration is required prior to the first snow day.
- ✓ Payment for the first snow day is due at time of registration.
- ✓ When a snow day takes place, the current fee will be charged to the account on file to reserve your child's spot for the next snow day, regardless of attendance.
- ✓ Fee is non-refundable, regardless of attendance.

CONTINUED ON BACK SIDE



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Tuition Payment Agreement

Registration Packet:

A completed registration packet is required at time of registration for each school year. All registration forms must be complete. Parents are responsible for notifying the Child Development Office in writing of any changes in your child's registration information, including emergency contact and pick up information.

Payments:

To simplify payments, Before and After School Care payments have been divided into 9 equal payments. Although specific dates included in each period may vary from month to month, the payments are equal amounts and are due the 1st of each month of attendance for 9 months. The full rate listed will be due regardless of how many days your child will be in attendance. In order to receive the Y Member Rate, the child must be part of an active Household or Single Parent Household membership at the Stevens Point Area YMCA.

Payment Schedule:

The first draft will be 9/1/2025 if paperwork is turned in by 8/15/2025. The first month's payment is due at time of registration after this date. The last draft will be 5/1/2026.

Payment Options:

You may make payments by bank drafting monthly from a checking/savings account or debit/credit card. If you wish to draft from a checking/savings account you must provide a voided check or a letter from your bank with account information. If you need to update your payment information please email: childdevelopment@spymca.org.

All participants must have a draft form on file for drafting. Registration will not be processed without the draft form.

Late Fees:

Payments not received by the 1st of each month prior to attendance will be charged a late fee of \$10.00. A \$20.00 fee will be charged for all returned payments.

Overtime:

Children must be picked up by the closing time of **5:30pm**. A late fee of \$1 per minute will be charged after this time, with a minimum charge of \$5. Time will be determined by staff member.

Schedule Changes and Terminations:

All cancellations and schedule changes must be received **in writing** 15 days prior to the change, and are limited to 2 per year. After 2 changes, a \$10 fee per change will be charged. Notify the Child Development Office by one of the following methods: mail to 1000 Division St., Stevens Point, WI 54481, fax it to 715-342-2987, e-mail it to childdevelopment@spymca.org, or drop it off directly at the YMCA. Additions to the schedule will be based on availability. All refunds are subject to a \$5 cancellation fee.

Financial Assistance:

If you receive financial assistance you are responsible for knowing all co-payments. If your child is registered for Before and After School Care, Vacation at the Y, or Snow Days and does not attend, you will be responsible for the tuition amount.

Families who receive Wisconsin Shares Child Care Subsidy must complete the Provider/Parent Payment Agreement form.

*I understand and agree to the terms of the tuition fees/schedule policy explained in the Parent Handbook and Tuition Agreement. I understand that I am responsible to meet the payment due dates regardless of my child's attendance. In addition, I understand that an authorized person will sign my child in at the morning session of Before Care and sign them out in the afternoon session. The child will walk to class after being released from the morning session of Before Care and in the afternoon, will walk from class to After Care and be signed in by a YMCA staff member.

Parent/Guardian Signature _____ **Date** _____

Stevens Point Area YMCA
- Child Care/Preschool/Before and After School Care/Vacation at the Y

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:** I give permission for my child to use sunscreen I provide, and for my child to receive application assistance as needed.

____ **Initial Section #7: PARENT HANDBOOK:** I have received the YMCA Child Care, Preschool, or Before and After School Care Parent Handbook, which includes necessary program information for my child 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 upon request.

____ **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 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 closing time 5:30PM. A late fee of \$1 per minute will be charged after this time, minimum charge \$5. Time will be determined by the clock in the room. 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 of any changes in my child's schedule, and to inform the staff of any extracurricular 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



Stevens Point Area YMCA
School Age/Day Camp – Health History and Care Form

FULLY COMPLETE ALL SECTIONS of this REQUIRED Health and Care Form and return to:
Stevens Point Area YMCA, Child Development Office, 1000 Division Street, Stevens Point, WI 54481 (715) 342-2999

First Day of Attendance: _____

Participant Name _____ Birth Date _____ Age _____ ☐ M ☐ F

Street Address _____
Street City State Zip

Home Phone _____ School _____ Grade _____ Height _____ Weight _____

Parent/Guardian Name _____ Parent/Guardian Name _____

Home Address _____ Home Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Place of Employment and Phone # _____ Place of Employment and Phone # _____

Cell Ph. _____ Home Ph. _____ Cell Ph. _____ Home Ph. _____

Cell Service Provider (for ER txt) _____ Cell Service Provider (for ER txt) _____

Email Where Reachable While Child is in Care: _____ Email Where Reachable While Child is in Care: _____

Please Indicate any Custody Issues _____

Emergency Contacts (other than Parent/Guardian) and Persons Authorized to Pick Up Child.

Emergency Contact Name _____ Emergency Contact Name _____

Relationship to Child _____ Relationship to Child _____

Place of Employment and Phone # _____ Place of Employment and Phone # _____

Cell Ph. _____ Home Ph. _____ Cell Ph. _____ Home Ph. _____

Cell Service Provider (for ER txt) _____ Cell Service Provider (for ER txt) _____

Email Where Reachable While Child is in Care: _____ Email Where Reachable While Child is in Care: _____

Participant Physician _____ Phone _____
Dr. Name/Facility Office Address

Participant Dentist _____ Phone _____
Dr. Name/Facility Office Address

Insurance Information: Is Participant covered by family medical/hospital insurance? ☐ YES ☐ NO

Carrier or Plan Name _____ Member ID # _____ Group # _____

Carrier Address & Phone # _____

Name of Insured _____ Relationship to Participant _____

Emergency Treatment Authorization: In the event I cannot be reached in an emergency, I authorize the YMCA staff to transport to and/or secure from any licensed hospital, physician and/or medical personnel any emergency care or treatment deemed necessary for my child. I agree that I will be responsible for the payment of any and all medical services rendered.

Signature of Parent/Guardian _____ Date _____

OVER

Participant Name _____ Birth Date _____ Age _____ ☐ M ☐ F

HEALTH CONDITIONS: (Check any that apply to the participant and explain below, include severity.)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Skin Problems | <input type="checkbox"/> Cerebral Palsy/Motor |
| <input type="checkbox"/> Bed-wetting | <input type="checkbox"/> Heart Defect/Disease | <input type="checkbox"/> Joint/Bone Problems | <input type="checkbox"/> Picky Eater |
| <input type="checkbox"/> Athlete's Foot | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Head/Neck/Back Injuries | <input type="checkbox"/> Vegetarian |
| <input type="checkbox"/> Warts | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy/Convulsions/Seizures | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Frequent Headaches | <input type="checkbox"/> Visual Impairment/Glasses... | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Diarrhea/Constipation | <input type="checkbox"/> Indigestion | <input type="checkbox"/> Hearing Impairment/Aids... | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Abnormal Menstruation | <input type="checkbox"/> Sinus Trouble | <input type="checkbox"/> Speech Impairment | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Homesickness | <input type="checkbox"/> Frequent Nose Bleeds | <input type="checkbox"/> Learning Disability | |
| <input type="checkbox"/> Doesn't Swim (describe) | <input type="checkbox"/> Bleeding Clotting Disorder | <input type="checkbox"/> ADD or ADHD | <input type="checkbox"/> Does participant have a |
| <input type="checkbox"/> Nightmares | <input type="checkbox"/> Fainting/Dizziness | <input type="checkbox"/> Cognitive Disability | School IEP? If yes please |
| <input type="checkbox"/> Exercise Induced Difficulties | <input type="checkbox"/> Emotional/Behavior Disorder | <input type="checkbox"/> Chronic Illness/Condition | provide a copy. |

Give details including triggers, signs/symptoms, care procedures and when to call parent and/or 911 for any conditions checked above: _____

Identify any YMCA staff that you have given specialized instructions/training to: _____

ALLERGIES Describe reaction/symptoms, management instructions and when to call parent or 911.

Medications (list)

Foods (list)

Insects, Animals, Plants...

MEDICATIONS (Please name and describe reason for taking.)

	Medication Name	Dosage (tabs & mg)	Times Taken	Reason for Taking
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Will participant medication need to be taken during this program? ☐ Yes ☐ No ☐ Maybe *If yes or maybe a*
Authorization to Administer Medication form must be completed. All Medications are required to be in original containers and be clearly labeled.

List and describe any other participant Health Conditions/Disorders/Impairments/Diseases/Illnesses/Major Surgeries/ Special Needs and indicate if there are any Restrictions: _____

*** A copy of participant's immunization records or provided form must be attached.**

I hereby state that the information I have provided is accurate and complete. I understand that it is my responsibility to provide any changes/updates regarding emergency and health information to the YMCA. I further understand that failure to provide accurate, complete, and updated information may jeopardize my child's participation in this program.

Participant Name - Please Print

Signature of Parent/Guardian

Date

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. DO NOT USE A (✓) OR (X) except to indicate whether the child has had chickenpox. If you do not have an immunization record for this child, contact your doctor or local public health department to obtain the records.					
	TYPE OF VACCINE	First Dose Month/Day/Year	Second Dose Month/Day/Year	Third Dose Month/Day/Year	Fourth Dose Month/Day/Year	Fifth Dose Month/Day/Year
	Diphtheria-Tetanus-Pertussis (Specify DTP, DTaP, or DT)					
	Polio					
	Hib (Haemophilus <i>Influenzae</i> Type B)					
	Pneumococcal Conjugate Vaccine (PCV)					
	Hepatitis B					
	Measles-Mumps-Rubella (MMR)					
	Varicella (chickenpox) vaccine Vaccine is required only if the child has not had chickenpox disease.					
	Has the child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known. <input type="checkbox"/> Yes year _____ (Vaccine is not required) <input type="checkbox"/> No or Unsure (Vaccine is required)					

REQUIREMENTS

STEP 3	The following are the minimum required immunizations for the child's age/grade at entry. All children within the range must meet these requirements at child care entrance. Children who reach a new age/grade level while attending this child care must have their records updated with dates of additional required doses.							
	AGE LEVELS	NUMBER OF DOSES						
	5 months through 15 months	2 DTP/DTaP/DT	2 Polio	2 Hib	2 PCV	2 Hep B		
	16 months through 23 months	3 DTP/DTaP/DT	2 Polio	3 Hib ¹	3 PCV ²	2 Hep B	1 MMR ³	
	2 years through 4 years	4 DTP/DTaP/DT	3 Polio	3 Hib ¹	3 PCV ²	3 Hep B	1 MMR ³	1 Varicella
	At Kindergarten entrance	4 DTP/DTaP/DT ⁴	4 Polio			3 Hep B	2 MMR ³	2 Varicella
¹ 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). ² 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. ³ 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). ⁴ Children entering kindergarten must have received one dose after the fourth birthday (either the third, fourth or fifth) to be compliant (Note: a dose 4 days or less before the fourth birthday is also acceptable).								

COMPLIANCE DATA AND WAIVERS

STEP 4	IF THE CHILD MEETS ALL REQUIREMENTS (sign at STEP 5 and return this form to the child care center), OR		
	IF THE CHILD <u>DOES NOT</u> MEET ALL REQUIREMENTS (check the appropriate box below, sign and return this form to child care center).		
	<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 WITHIN ONE YEAR and to notify the child care center in writing as each dose is received.		
	NOTE: Failure to stay on schedule or report immunizations to the child care center may result in court action against the parents and a fine of \$25.00 per day of violation.		
	<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

ALTERNATE ARRIVAL / RELEASE AGREEMENT – CHILD CARE CENTERS

Use of form: This form is voluntary. However, this completed form, when on file in the child's record, meets the requirements of DCF 250.04(6)(a)3. and DCF 251.04(6)(a)5. and 251.095(4)(a)2. And may be used by certified operators to outline the plan for a child to come or go from the center if the child is not accompanied by a parent or other authorized person. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: Complete this form for placement in the child's file when the child will arrive at the center from school, home or other activities, or depart from the center to go to school, home or other activities, and the child will not be accompanied by a parent or other previously authorized person or transported by the center. This form should be updated as information changes. Periodic review with the parent / guardian is recommended to ensure safety. If the center transports the child, the department's form "Transportation Permission – Child Care Centers" may be used to obtain parental authorization.

ARRIVAL INSTRUCTIONS

My child _____
(Child's name)

will arrive at _____
(Name of center)

from _____
(School, home or other activity)

by way of _____
(Walking, bicycle, bus, car pool, etc. Be as specific as possible.)

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

on ☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday
(Days of the week)

My child will arrive from this destination ☐ with OR ☐ without center supervision.

RELEASE INSTRUCTIONS

My child _____
(Child's name)

will leave _____
(Name of center)

by way of _____
(Walking, bicycle, bus, car pool, etc. Be as specific as possible.)

to go to _____
(School, home or other activity)

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

on ☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday
(Days of the week)

My child will travel to this destination ☐ with OR ☐ without center supervision.

ADDITIONAL INSTRUCTIONS

I understand that I am responsible for notifying the center of any changes in this schedule such as vacation, school conference days, etc.

SIGNATURE – Parent

Date Signed (mm/dd/yyyy)

Provider / Parent Written Payment Agreement

Instructions: The provider must retain a copy of each current written payment agreement at the location where child care is provided.

The provider must retain a copy of an expired written payment agreement for 3 years after the agreement is terminated and the child no longer attends. The expired agreement may be kept at a location where it can be made available to the Department of Children and Families within 24 hours.

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

This Agreement is Between

Business / Provider Name YMCA Before and After School Care Vacation at the YMCA and Snow Days	Provider Number / Location Number 1000559711 /
Provider Address 1000 Division St Stevens Point WI 54481	Provider Phone Number 715-342-2999
Parent Name (Last, First, MI)	

Second Parent Name (Last, First, MI)

For the Care of (if more than 3 children complete on separate sheet)

Example:

Child Name <i>Jones, Sally, A.</i>	Date of Birth <i>10/04/2015</i>	Child Care Price <i>\$150.00 per week</i>	Payment Schedule <i>Weekly, on or before Friday</i>
A. Child Name (Last, First, MI)	Date of Birth (mm/dd/yyyy)		

Child Care Price (choose one)

☒ \$ per month

☐ \$ per week

☐ \$ other (specify)

Payment Schedule (choose one)

☒ Monthly, on or before 1st (Date of Month)

☐ Weekly, on or before (Day of Week)

☐ Other (specify)

B. Child Name (Last, First, MI)	Date of Birth (mm/dd/yyyy)
---------------------------------	----------------------------

Child Care Price (choose one)

☒ \$ per month

☐ \$ per week

☐ \$ other (specify)

Payment Schedule (choose one)

☒ Monthly, on or before 1st (Date of Month)

☐ Weekly, on or before (Day of Week)

☐ Other (specify)

C. Child Name (Last, First, MI)	Date of Birth (mm/dd/yyyy)
---------------------------------	----------------------------

Child Care Price (choose one)

☒ \$ per month

☐ \$ per week

☐ \$ other (specify)

Payment Schedule (choose one)

☒ Monthly, on or before 1st (Date of Month)

☐ Weekly, on or before (Day of Week)

☐ Other (specify)

This payment does not include extra charges that may be incurred for items including field trips/special events, as agreed upon in advance. Parents are responsible for paying the difference between the subsidy amount and the cost of care.

Parent and Provider Agreed Upon Start Date

Provider's Days and Hours of Operation (as of date)

School site schedule based on Stevens Point School District schedule: 6:30 AM-8:25 AM and 3:25 PM-5:30 PM

Vacation at the Y and Snow Days are held at the YMCA: 6:30 AM to 5:30 PM

Provider's Policy for Deposits or Holding a Slot

School site schedul: \$25 due at time of registration

Vacation at the Y and Snow Days are held at the YMCA: \$5 deposit per day due at time of registration.

Provider's Anticipated Closure Dates and Policy for Payment during Closures

Program at sites do not run when school is not in session.

Vacation at the Y and Snow Days programs are held at the YMCA with an additional fee.

Provider's Policy, and Payment Expectations, for Expected Child Absences

Note: Expected absences are those reported in advance by the parent, including vacations or appointments

All cancellations and schedule changes must be received in writing at least 2 weeks prior to the change, and are limited to 2 per year. After 2 changes, a \$10 fee per change will be charged. Vacation at the Y may be cancelled 2 weeks in advance but we must be able to fill the spot to receive a refund. If less than 2 weeks notice is given and the child's spot can be filled, refund will be given. All cancellations are subject to a \$5 cancellation fee.

Providers' Policy, and Payment Expectations, for Unexpected Child Absences

Note: Unexpected absences are those not reported in advance, including sick days or no-shows

There will be no refunds for days a child is scheduled for and does not attend due to illness or a change in plans. It is also our policy that refunds will not be issued for those days Before and After School Care does not operate due to inclement weather conditions(snow days). Refunds are not given for absences from Vacation at the Y or Snow Days.

Provider's Payment Dispute Policy

If a parent/guardian wishes to appeal a decision, they may contact the CEO.

Provider's Reasons and Procedures for Termination/Expulsion of a Child(ren)

A parent may be asked to withdraw their child when; it is evident the child cannot adjust to the program's environment, a child's behavior becomes emotionally or physically detrimental to the other children enrolled, parent fails to complete and submit required forms, a parent fails to pay the fees, a parent fails to observe the program's regulations including, but not limited to, departure rules or excessive unreported absences. Center termination must be approved by the Licensed Child Care Senior Director or CEO and will include Vacation at the Y. All events leading up to termination shall be documented by staff and/or School Age Coordinator.

Parent's Procedures for Termination/Disenrollment of a Child(ren)

All cancellations and schedule changes must be received in writing at least 2 weeks prior to the change. All refunds are subject to a \$5 cancellation fee.

Discounts or Scholarships Available to Parents/Children (such as sibling discount, etc.)

The Stevens Point Area YMCA maintains the policy that no child shall be denied membership or participation due to financial hardship. All families requesting financial assistance to pay program fees shall complete an application form and meet with the Child Development Office to review the family's situation.

Discounts or Scholarships Parents/Children Received and Amount of Discount

Y scholarship after HHS is applied.

Provider Fees

Before Care: Y Household/Single Parent Household Member Rate: \$178, General Public: \$212

After Care: Y Household/Single Parent Household Member Rate: \$178, General Public: \$212

Before and After Care: Y Household/Single Parent Household Member Rate: \$293, General Public: \$352

Miscellaneous

Examples Include: Child's Anticipated Daily Schedule, Drop-Off and Pick-Up Times, Other Policies

ATTESTATION

By signing this agreement, providers and parents agree to abide by the agreement and written policies of the provider. The provider may amend the policies by giving the parents a copy of the new or changed policy.

Provider Contact Name

Provider Contact **SIGNATURE**

Date Signed (mm/dd/yyyy)

Parent Name

Parent **SIGNATURE**

Date Signed (mm/dd/yyyy)

CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
HOUSEHOLD LETTER (Non-Pricing Programs)

For Group Child Care & Outside of School Hours Centers
FFY 2025, Rev. 6/24

Dear Parent or Guardian:

*Refer and
after care*

Stevens Point Area YMCA

is enrolled in the CACFP, a USDA program which

(Name of Agency)

provides federal assistance dollars to eligible child care centers for serving more nutritious meals. The amount of money our agency receives from this program is based on the income levels of our families. **In order to continue providing a quality meal service without additional charge, we request every family of our enrolled children to complete new a Household Size-Income Statement form (HSIS) each year. Please complete and return the attached HSIS form to our office. This information will be kept strictly confidential in our files. Only one completed HSIS is required for all children in your household. Once we have properly approved your HSIS as eligible, our agency will receive the higher ("Free" or "Reduced-price") meal reimbursement rates for your enrolled children, for 12 months from the Effective Month of Determination regardless of any change in your household size and/or income or termination from Benefits Programs.**

- You are not required to complete this HSIS if no one in your household receives benefits from FoodShare WI (the Supplemental Nutrition Assistance Program (SNAP)), FDPIR (Food Distribution Program on Indian Reservations), Wisconsin Works Programs and your household income is higher than the amount shown for your household size within the table below. In this case, however, we would appreciate you returning the HSIS to us with "N/A" written on it along with your signature and date.

Determining Eligibility based on Participation in Benefits Programs → Complete Part 1 and Part 3 of HSIS form

Our agency receives the Free meal reimbursement rate for children in households receiving benefits from FoodShare WI, FDPIR, or WI Works Programs. Wisconsin Works Programs is Wisconsin's Temporary Assistance for Needy Families (TANF) program. It provides temporary cash assistance through work placement and training programs and **IS NOT** the WI Child Care Subsidy Program. WI Works Programs include Trial Employment Match Program (TEMP), Community Service Jobs (CSJ), Case Management, W-2 Transitions (W-2T), Custodial Parent of an Infant (CMC), Minor Parents Services, Noncustodial Parents, Pregnant Women, Learnfare and Emergency Payments.

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

- (a) The names of your enrolled children;
 - DO NOT list case numbers for:
- (b) Checked box for the benefit your household receives and its case number; &
 - Medicaid, SSI, OR Wisconsin Child Care Subsidy program AND
- (c) The signature of an adult member in the household & signature date
 - DO NOT list 16-digit Quest Card number (starts with 5077) for FoodShare WI

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

Household-Size Income Scale (Effective July 1, 2024 to June 30, 2025)

Household Size	Annual Income Level (at or below)
1	\$ 27,861
2	\$ 37,814
3	\$ 47,767
4	\$ 57,720
5	\$ 67,673
6	\$ 77,626
7	\$ 87,579
8	\$ 97,532
For each additional Household Member, add:	+\$ 9,953

If your household earns a total income that is less than or equal to the income levels listed within this table, we will receive higher meal reimbursement rates ("Free" or "Reduced-price" meal rate) for your children. **For determining eligibility based on your household size and income, you must include the following information on the HSIS (a-e):**

- (a) Full names of all household members who share income and expenses, including children, parents, and non-related persons;
- (b) Income received by each household member identified by source of income and its pay frequency;
- (c) Total number of household members;
- (d) The signature of an adult member of the household and signature date; and
- (e) The last four digits of the social security number of the adult household member signing the HSIS or an indication he/she does not have a social security number.

• Disclosure of United States citizenship or immigration status is not required and is not a condition of eligibility for higher meal reimbursement rates.

Eligibilities of Foster, Runaway, Homeless, and Migrant Children, and Children

enrolled in Head Start: Our agency will receive the Free meal reimbursement rates for foster, runaway, homeless, and migrant children and children enrolled in Head Start who reside in your household, when you provide the respective documentation listed below. **The respective documentation is required for these**

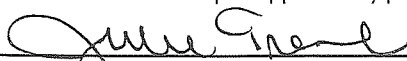
children to be eligible for Free Meals: These children's eligibility for Free meals does not extend to other children in your household.

- **Foster children:** Your completed HSIS with the 'Foster Child' box checked next to your foster children's names. When including them on your HSIS completed for your non-foster children, any income reported for your foster children must only be for their personal use. Your foster children will then be eligible at the "Free" meal rate. Your non-foster children's eligibilities will be based on the benefits or income information provided on your household's completed HSIS form.
- **Children Enrolled In Head Start:** Written certification of your child's Head Start enrollment eligibility period from the Head Start administering agency.
- **Runaway, Homeless, and Migrant Children:** Written certification of the child's status from an official of the appropriate Runaway and Homeless Youth Program, Migrant Education Program, or school official.

Use of Information Statement: The Richard B. Russell National School Lunch Act requires the information on this form. You are not required to provide this information, but if you do not, our agency cannot receive higher reimbursement rates for meals served to your children. You must include the last four digits of the social security number of the household member signing the form unless: the HSIS is only for your foster child(ren); you list a case number for receiving benefits from FoodShare WI, WI Works Cash Programs, or FDPIR; or when the household member signing the HSIS checks "None" for not having a SS#.

Sharing Eligibility Information: Children's eligibility information may be shared in accordance with disclosure protection requirements without prior notification, with education, health, and nutrition programs to assess their eligibility for benefits. The law allows us to share your children's eligibility information with programs such as Medicaid or BadgerCare for ensuring their access to free or low cost health insurance, **unless you tell us not to.** This information may only be used for determining eligibility for their programs; if your children are eligible, they may contact you to offer their enrollment options. Filling out this HSIS does not automatically enroll your children in these programs. **If you do not want your information to be shared with these programs, notify us in writing. This notification will not change whether your children's meals are eligible for meal reimbursement.** Your eligibility information provided on the HSIS may also be shared with auditors for program reviews and law enforcement officials for the purpose of investigating violations of program rules.

Refer to the USDA Non-Discrimination Statement and Complaint Filing Procedure (<https://dpi.wi.gov/nutrition#discrimination>). This institution is an equal opportunity provider.


Signature of Agency Representative



CACFP ENROLLMENT FORM

Child Care Name:

Parent/Guardian Instructions:

This form can be used for up to three children per household. In the spaces below list the child's name, current age, the days and hours normally in care, and the meals normally received while in care. If the child is of school age report the hours in care both before and after school. Child and Adult Care Food Program (CACFP) regulations require that the enrollment form be updated annually and signed by the child's parent or guardian. This form can be used for three years for the same child(ren), to meet the annual updating requirements.

HOURS AND MEALS WHILE IN CARE											
Child's Name:	Days Normally in Care (Check ✓)	From		To		Meals Normally Received While in Care (Check ✓)					
						Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack
Date of Birth:	<input type="checkbox"/> Sunday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Monday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Tuesday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Wednesday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Thursday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Friday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Saturday						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Information (Year One):		Additional Information (Year Two):				Additional Information (Year Three):					

HOURS AND MEALS WHILE IN CARE											
Child's Name:	Days Normally in Care (Check ✓)	From		To		Meals Normally Received While in Care (Check ✓)					
						Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack
Date of Birth:	<input type="checkbox"/> Sunday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Monday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Tuesday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Wednesday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Thursday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Friday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Saturday						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Information (Year One):		Additional Information (Year Two):				Additional Information (Year Three):					

HOURS AND MEALS WHILE IN CARE											
Child's Name:	Days Normally in Care (Check ✓)	From		To		Meals Normally Received While in Care (Check ✓)					
						Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack
Date of Birth:	<input type="checkbox"/> Sunday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Monday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Tuesday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Wednesday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Thursday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Friday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Saturday						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Information (Year One):		Additional Information (Year Two):				Additional Information (Year Three):					

PARENT/GUARDIAN SIGNATURE	
Parent/Guardian Signature (Year One): Date Mo./Day/Yr.	Parent/Guardian Initials (Year Two): Date Mo./Day/Yr.
Parent/Guardian Signature (Year Three): Date Mo./Day/Yr.	

HOUSEHOLD SIZE—INCOME STATEMENT

Child and Adult Care Food Program

An adult household member must complete this form (HSIS) and return it to the center. Complete one HSIS per household.

Refer to the accompanying *Household Letter* for instructions on completing this form.

First and Last Name(s) of Enrolled Child(ren):	Center
---	--------

PART 1: BENEFITS

Do any household members currently participate in FoodShare WI, WI Works Programs, or FDPIR?

If yes, check the program and write the corresponding case number below; then go to Part 3. If no, skip to Part 2.

☐ **FoodShare Wisconsin (10-digit case number):**
DO NOT list a 16-digit Quest Card number or number that starts with 5077.

☐ **FDPIR (9-digit case number):**

PART 2: HOUSEHOLD SIZE AND INCOME

If you did not complete PART 1, complete a, b, and c below; then go to PART 3.

<p>a) Household Members Information: List full names of all members in first column, including yourself and all children.</p>	<p>b) List all income on the same line as the person who receives it.</p> <ul style="list-style-type: none"> Record each income source only once. Check the box for how often each income source is received.
--	--

Household Member Names	Age	Check if Foster Child	Check if No Income	Gross wages, Net income (self-employed), Tips, Commission, Cash bonuses, Military pay & allowances, Work comp, Unemployment	Every 2 Weeks				Retirement, Social Security, SSI, Disability, VA benefits, Child Support, Alimony	Every 2 Weeks				Private pensions, Trusts, Annuities, Investments, Interest, Net rental income, Savings withdrawals, Any other income	Every 2 Weeks						
					Weekly	Every 2 Weeks	Twice per Month	Monthly		Annually	Weekly	Every 2 Weeks	Twice per Month		Monthly	Annually	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually
		<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c) Record total # of household members:

PART 3: SIGNATURE

An adult household member must sign and date this form

If PART 2 is completed, the adult signing the form must list the last four digits of their SS# OR check "None" if they do not have a SS#.

ETHNICITY AND RACE DATA COLLECTION - Completion is optional

This center is required by Federal law to ask the following two questions concerning ethnicity and race. Your answers are strictly for statistical reporting and will have no effect on determination of eligibility for benefits. **Please answer both questions.**

IS YOUR CHILD(REN) HISPANIC OR LATINO? ☐ Yes, Hispanic or Latino ☐ No, neither Hispanic nor Latino

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

☐ American Indian or Alaska Native ☐ Black or African American ☐ White ☐ Asian ☐ Native Hawaiian or Other Pacific Islander

I CERTIFY that all information on this form is true. I understand that this information is given in connection with the receipt of Federal funds and that CACFP officials may verify the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Signature of Adult Household Member	Signature Date <i>Mo./Day/Yr.</i>	Last 4 digits of SS# (or check "None" if you do not have a SS#) <div style="text-align: right;"> ***-**-____ <input type="checkbox"/> None </div>
-------------------------------------	-----------------------------------	--

FOR CENTER USE ONLY – Complete all 3 sections

Section 1: Basis of Determining Eligibility (A or B)		Section 2: Eligibility Determination		Section 3: Determining Official's Initials/Approval Date Effective Month of Determination
A. Household Size & Income	B. Benefits/Foster			
Total Household Size _____	<input type="checkbox"/> FoodShare WI	<input type="checkbox"/> Free		Initials/Date: _____
*Total Income \$ _____ / _____ (\$ Amount) (Time Period)	<input type="checkbox"/> W-2 Programs	<input type="checkbox"/> Reduced		**Effective Month of Determination: _____
	<input type="checkbox"/> FDPIR	<input type="checkbox"/> Non-Needy		Month/Year
*Convert to yearly income <u>only</u> when multiple pay frequencies are reported, using only these multipliers:	Weekly x 52	Twice a month x 24		**This form expires one year from the Effective Month of Determination.
	Every 2 weeks x 26	Monthly x 12		

This institution is an equal opportunity provider.



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?



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

DRAFT AGREEMENT SPYMCA CHILD DEVELOPMENT OFFICE

BANK DRAFT INFORMATION:

Child's Name: _____

Name on Account: _____

Program: ☐ Child Care ☐ Before and After School Care ☐ Preschool ☐ Camp

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

Card Number: _____ Expiration Date: _____

Billing Zip Code: _____ Card Type: _____

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.

SIGNATURE _____ DATE ____/____/____