

CHILD NAME \_\_\_\_\_

CAMP ATTENDING \_\_\_\_\_

This form and the tuition must be complete and returned with deposit to the Door County YMCA to complete camper registration. The payment portion of this form and tuition **MUST** be filled out by families who will be receiving state shares as well; only families who receive the CLTS waiver are exempt.

	Full Summer		Payment Amount Due:	Payment Scheduled / Date:
Full Summer June 11 <sup>th</sup> - Aug. 24 <sup>th</sup>	<input type="checkbox"/>			/
	Full Week	Daily: Any weekly enrollment over 3 days is considered full time and will be charged the full weekly rate.		
Week 1 June 11 <sup>th</sup> - 15 <sup>th</sup>	<input type="checkbox"/>	M T W TH F		/
Week 2 June 18 <sup>th</sup> - 22 <sup>nd</sup>	<input type="checkbox"/>	M T W TH F		/
Week 3 June 25 <sup>th</sup> - 29 <sup>th</sup>	<input type="checkbox"/>	M T W TH F		/
Week 4 July 2 <sup>nd</sup> - 6 <sup>th</sup>	<input type="checkbox"/>	M T W TH F		/
Week 5 July 9 <sup>th</sup> - 13 <sup>th</sup>	<input type="checkbox"/>	M T W TH F		/
Week 6 July 16 <sup>th</sup> - 20 <sup>th</sup>	<input type="checkbox"/>	M T W TH F		/
Week 7 July 23 <sup>rd</sup> - 27 <sup>th</sup>	<input type="checkbox"/>	M T W TH F		/
Week 8 July 30 <sup>th</sup> - Aug. 3 <sup>rd</sup>	<input type="checkbox"/>	M T W TH F		/
Week 9 August 6 <sup>th</sup> - 10 <sup>th</sup>	<input type="checkbox"/>	M T W TH F		/
Week 10 August 13 <sup>th</sup> - 17 <sup>th</sup>	<input type="checkbox"/>	M T W TH F		/
Week 11 August 20 <sup>th</sup> - 24 <sup>th</sup>	<input type="checkbox"/>	M T W TH F		/

POST CAMP WEEK August 27 <sup>th</sup> - 31 <sup>st</sup>	<input type="checkbox"/>	M T W TH F		
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**Post Camp Week is NOT included in traditional camp. Registration for post camp is REQUIRED with limited space available.**

TOTAL DUE:	STARTING BALANCE:
25% DOWN PAYMENT:	SCHEDULED BALANCE:

**3<sup>RD</sup> PARTY OR CHILDCARE SUBSIDY PROVIDER INFORMATION IF APPLICABLE**

A current "Authorization of Service" must be on file prior to attendance. Parent/Guardian is responsible for full payment until "Authorization of Service" is received. Parents must submit co-payment by the end of each month to continue care into the following month.

Agency Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Case #: \_\_\_\_\_ Agent Contact Name: \_\_\_\_\_

I have read and understand the above statements. I full understand my responsibility for the payment of my child's fees. I also understand that my child may be released from the program if I have not met my financial obligations.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CHILD NAME

CAMP ATTENDING

I hereby authorize the Door County YMCA to initiate credit card charges to the below-referenced credit card account, or debit entries to the below-referenced checking or savings account.

## CREDIT CARD

CARDHOLDER NAME

PHONE NUMBER

CARDHOLDER ADDRESS

CITY

STATE

ZIP

ACCOUNT NUMBER

EXPIRATION DATE

CARDHOLDER SIGNATURE

DATE

OR

## BANK ACCOUNT

NAME

PHONE NUMBER

ADDRESS

CITY

STATE

ZIP

BANK NAME

ADDRESS

CITY

STATE

ZIP

ROUTING TRANSIT NUMBER

ACCOUNT NUMBER

CHECKING ACCOUNT    SAVINGS ACCOUNT    USE ACCOUNT ON FILE ENDING IN \_\_\_\_\_

AUTHORIZED SIGNATURE

DATE

## PHOTO RELEASE (MARK YES OR NO)

I give consent to let my child be photographed for the use by the YMCA in newspapers or other media for the purpose of publicity or advertisement. No last names will be published.    YES    NO

## CAMPER SWIMMING ABILITY

 BEGINNER INTERMEDIATE ADVANCED

Additional information regarding swimming ability:

## SUNSCREEN PERMISSION:

- Staff may use the sunscreen of the program's choice following the directions and recommendations printed on the container.
- I have provided the following brand/type of sunscreen for my child to use: \_\_\_\_\_

CHILD NAME \_\_\_\_\_

CAMP ATTENDING \_\_\_\_\_

**FIELD TRIP PERMISSION**

Please check the dates that your camper will be attending. (Weekly trips vary depending on activity and weather; if there is a change, it will be posted on the board in the entrance and parents will be notified at drop off.)

MONDAYS YMCA • LIBRARY SUNSET PARK	TUESDAYS YMCA • LIBRARY SUNSET PARK	WEDNESDAYS ADVENTURE *TRAVELER & NAVIGATOR*	THURSDAYS YMCA • LIBRARY SUNSET PARK	FRIDAYS YMCA • LIBRARY SUNSET PARK
6/11/2018 <input type="checkbox"/>	6/12/2018 <input type="checkbox"/>	6/13/2018 THE FARM *EGG HARBOR FUN PARK* <input type="checkbox"/>	6/14/2018 <input type="checkbox"/>	6/15/2018 <input type="checkbox"/>
6/18/2018 <input type="checkbox"/>	6/19/2018 <input type="checkbox"/>	6/20/2018 EGG HARBOR FUN PARK *THE COURSES* <input type="checkbox"/>	6/21/2018 <input type="checkbox"/>	6/22/2018 <input type="checkbox"/>
6/25/2018 <input type="checkbox"/>	6/26/2018 <input type="checkbox"/>	6/27/2018 FIRE DEPARTMENT *NEW ZOO* <input type="checkbox"/>	6/28/2018 <input type="checkbox"/>	6/29/2018 <input type="checkbox"/>
7/2/2018 <input type="checkbox"/>	7/3/2018 <input type="checkbox"/>	7/4/2018 <b>NO CAMP</b> *HAPPY 4TH OF JULY*	7/5/2018 <input type="checkbox"/>	7/6/2018 <input type="checkbox"/>
7/9/2018 <input type="checkbox"/>	7/10/2018 <input type="checkbox"/>	7/11/2018 SCHOPF'S DAIRY *QUIETWOODS* <input type="checkbox"/>	7/12/2018 <input type="checkbox"/>	7/13/2018 <input type="checkbox"/>
7/16/2018 <input type="checkbox"/>	7/17/2018 <input type="checkbox"/>	7/18/2018 CROSSROADS *SIR BOUNCE A-LOT* <input type="checkbox"/>	7/19/2018 <input type="checkbox"/>	7/20/2018 <input type="checkbox"/>
7/23/2018 <input type="checkbox"/>	7/24/2018 <input type="checkbox"/>	7/25/2018 CHILDREN'S MUSEUM *CHOICE ORCHARD* <input type="checkbox"/>	7/26/2018 <input type="checkbox"/>	7/27/2018 <input type="checkbox"/>
7/30/2018 <input type="checkbox"/>	7/31/2018 <input type="checkbox"/>	8/1/2018 QUIETWOODS *BAY BEACH* <input type="checkbox"/>	8/2/2018 <input type="checkbox"/>	8/3/2018 <input type="checkbox"/>
8/6/2018 <input type="checkbox"/>	8/7/2018 <input type="checkbox"/>	8/8/2018 FIREBOAT *JOANNE'S WATER PARK* <input type="checkbox"/>	8/9/2018 <input type="checkbox"/>	8/10/2018 <input type="checkbox"/>
8/13/2018 <input type="checkbox"/>	8/14/2018 <input type="checkbox"/>	8/15/2018 MARITIME MUSEUM *COAST GUARD STATION* <input type="checkbox"/>	8/16/2018 <input type="checkbox"/>	8/17/2018 <input type="checkbox"/>
8/20/2018 <input type="checkbox"/>	8/21/2018 <input type="checkbox"/>	8/22/2018 THE COURSES *FIREBOAT* <input type="checkbox"/>	8/23/2018 <input type="checkbox"/>	8/24/2018 <input type="checkbox"/>

**CAMP T-SHIRT:**

YOUTH: XS S M L XL

ADULT: XS S M L XL

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

# THIS FORM IS REQUIRED FOR EXPLORERS, ADVENTURES, TRAVELERS, & NAVIGATORS

DEPARTMENT OF HEALTH SERVICES

Division of Public Health  
F-44192 (Rev. 09/08)

STATE OF WISCONSIN

ss. 252.04, Wis. Stats.

## DAY CARE IMMUNIZATION RECORD

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

### PERSONAL DATA

PLEASE PRINT

<b>STEP 1</b>	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 (4) 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.**

- Yes year \_\_\_\_\_ (Vaccine is not required)  
 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 day care entrance. Children who reach a new age/grade level while attending this day care must have their records updated with dates of additional required doses.

AGE LEVELS	NUMBER OF DOSES								
5 months through 15 months	2 DTP/DTaP/DT	2 Polio	2 Hib	2 PCV	2 Hep B				
16 months through 23 months	3 DTP/DTaP/DT	2 Polio	3 Hib <sup>1</sup>	3 PCV <sup>2</sup>	2 Hep B	1 MMR <sup>3</sup>			
2 years through 4 years	4 DTP/DTaP/DT	3 Polio	3 Hib <sup>1</sup>	3 PCV <sup>2</sup>	3 Hep B	1 MMR <sup>3</sup>	1 Varicella		
At Kindergarten entrance	4 DTP/DTaP/DT <sup>4</sup>	4 Polio			3 Hep B	2 MMR <sup>3</sup>	2 Varicella		

<sup>1</sup>If the child began the Hib series at 12-14 months of age, only 2 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 4 days or less before the first birthday is also acceptable).

<sup>2</sup>If the child began the PCV series at 12-23 months of age, only 2 doses are required. If the child received the first dose of PCV at 24 months of age or after, no additional doses are required.

<sup>3</sup>MMR vaccine must have been received on or after the first birthday (Note: a dose 4 days or less before the 1<sup>st</sup> birthday is also acceptable).

<sup>4</sup>Children entering kindergarten must have received one dose after the 4<sup>th</sup> birthday (either the 3<sup>rd</sup>, 4<sup>th</sup> or 5<sup>th</sup>) to be compliant (Note: a dose 4 days or less before the 4<sup>th</sup> 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 day care center), OR

IF THE CHILD **DOES NOT** MEET ALL REQUIREMENTS (check the appropriate box below, sign and return this form to day care center).

- Although the child has not received all required doses of vaccine for his or her age group, at least the first dose of each vaccine has been received. I understand that it is my responsibility to obtain the remaining required doses of vaccines for this child **WITHIN ONE YEAR** and to notify the day care center in writing as each dose is received.

**NOTE: Failure to stay on schedule or report immunizations to the day care center may result in court action against the parents and a fine of up to \$25.00 per day of violation.**

- For health reasons this child should not receive the following immunizations \_\_\_\_\_ (List in STEP 2 any immunizations already received)

\_\_\_\_\_  
Physician's Signature Required

- For religious reasons this child should not be immunized. (List in STEP 2 any immunizations already received)  
 For personal conviction reasons this child should not be immunized. (List in STEP 2 any immunizations already received):

### SIGNATURE

**STEP 5** To the best of my knowledge this form is complete and accurate.

\_\_\_\_\_  
SIGNATURE - Parent, Guardian or Legal Custodian

\_\_\_\_\_  
Date Signed

**HEALTH HISTORY AND EMERGENCY CARE PLAN**

**Use of form:** This form is required for family and group child care centers and day camps to comply with DCF 250.04(6)(L)5., DCF 251.04(6)(a)6. and 251.07(6)(k)5., and DCF 252.44(6)(g) 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 should 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)	Address – Home (Street, City, State, Zip Code)		
Telephone Number	Birthdate (mm/dd/yyyy)	Date – First Day of Attendance (mm/dd/yyyy)	

**PARENT / GUARDIAN INFORMATION** Provide information where the parent(s) / guardian(s) may be reached while the child is in care.

Name	Telephone Number – Home	Telephone Number – Work	Telephone Number – Cellular
Name	Telephone Number – Home	Telephone Number – Work	Telephone Number – Cellular

**PHYSICIAN / MEDICAL FACILITY INFORMATION**

Name – Physician	Address – Medical Facility
	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 251.07(6)(f)2., authorizations shall be reviewed every 6 months and updated as necessary. Per DCF 250.07(6)(f)2.a., Authorizations shall be reviewed periodically and updated as necessary.

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

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

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

**DEPARTMENT OF CHILDREN AND FAMILIES**  
Division of Early Care and Education  
DCF-F (CFS-2345) (R. 03/2009)

STATE OF WISCONSIN  
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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* 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: \_\_\_\_\_



**THIS FORM IS REQUIRED FOR ALL CAMPERS & LITs OTHER THAN SPECIALTY CAMPS**

**DEPARTMENT OF CHILDREN AND FAMILIES**  
Division of Early Care and Education

<http://dcf.wisconsin.gov>

**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
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.

b. Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care
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.

**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.
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.

**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.
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**

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 \_\_\_\_\_