



Green County  
Family YMCA

# PRESCHOOL HANDBOOK

WELCOME TO OUR FAMILY  
2025-2026





## 2025 – 2026 CALENDAR IMPORTANT DATES

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

August 25 <sup>th</sup> .....	Registration Forms Due
September 2 <sup>nd</sup> .....	First Day of 4K
September 9 <sup>th</sup> .....	First Day of 3K
October 3 <sup>th</sup> .....	No School Day
October 31 <sup>st</sup> .....	No School Day
November 26 <sup>th</sup> – December 1 <sup>st</sup> .....	NO SCHOOL / Thanksgiving Break
December 23 <sup>rd</sup> – January 2 <sup>nd</sup> .....	NO SCHOOL / Christmas Break
January 19 <sup>th</sup> .....	NO SCHOOL / Teachers Inservice
February 27 <sup>th</sup> .....	NO SCHOOL
March 30 <sup>th</sup> – April 3 <sup>rd</sup> .....	NO SCHOOL / Spring Break
May 21 <sup>st</sup> .....	Last Day Of 3K
May 25 <sup>th</sup> .....	NO SCHOOL / Memorial Day
June 3 <sup>rd</sup> .....	Last Day Of 4K

### OUR PHILOSOPHY

The Green County Family YMCA Preschool Program is designed to provide a safe, healthy, and fun place where children can have a variety of different experiences within a school setting. Children ages 3–5 will have the opportunity to gain education through play and unique opportunities that only a YMCA facility can provide.



# **2025 – 2026 REGISTRATION PAPERWORK CHECKLIST**

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

- ☐ **YMCA PRESCHOOL PARENT & FAMILY CONTRACT**
- ☐ **CHILD CARE ENROLLMENT FORM (DCF-F-CFS0062)**
- ☐ **HEALTH HISTORY & EMERGENCY CARE PLAN FORM (DCF-F-CFS2345)**
- ☐ **CHILD HEALTH REPORT (DCF-CFS0060)**
- ☐ **CHILDCARE IMMUNIZATION RECORD (DHS #F-44192)**
- ☐ **AUTHORIZATION TO ADMINISTER MEDICATION (DCF-CFS0059)**
- ☐ **YMCA WALKING FIELD TRIP PERMISSION FORM**
- ☐ **YMCA 3K OR 4K PROGRAM REGISTRATION FORM**
- ☐ **LAMER'S BUS REGISTRATION FORM (4K ONLY IF NEEDED)**
- ☐ **YMCA EMERGENCY INFORMATION FORM**

**All registration forms and paperwork MUST be turned in by August 25th.  
Your child cannot start until all forms have been completed and turned in.**

**If paperwork is turned in after this date,  
please allow three (3) days to process paperwork.**



## 2025 – 2026 SCHOOL SUPPLIES LIST

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

### **EACH STUDENT MUST BRING:**

2 PLASTIC FOLDERS (WITH POCKETS)  
8 GLUE STICKS  
1 BAG OF GREAT VALUE "DIXIE" CUPS (100 COUNT, 5 OUNCE)  
GALLON SIZE ZIP LOCK BAGS (40 COUNT) \*BOYS ONLY  
QUART SIZE ZIP LOCK BAGS (50 COUNT) \*GIRLS ONLY  
1 BOTTLE OF HAND SOAP (7.5 OZ OR GREATER)  
1 LARGE BOX OF TISSUES  
1 BOX OF NAPKINS  
1 NOTEBOOK  
1 PENCIL BOX  
4 PENCILS  
1 WATER BOTTLE  
1 BACKPACK  
1 BOX OF BAND-AIDS (AT LEAST 20 COUNT)  
1 PACK OF DISINFECTANT WIPES

### **4K STUDENTS MUST ALSO BRING:**

1 PAIR OF SCISSORS  
1 BOX OF CRAYONS (24 COUNT)

### **ADDITIONAL INSTRUCTIONS:**

- You are welcome to bring your child's supplies and your completed registration paperwork to the Meet the Teacher Event on Wednesday, August 20 from 4:00p.m. – 6:00p.m.
- All registration forms and paperwork MUST be turned in by August 25th. Your child cannot start until all forms have been completed and turned in. If paperwork is turned in after this date, please allow three (3) days to process paperwork.
- Each student will have their picture taken at the Meet the Teacher Event.
- Each student will have a cubby assigned to them at the Meet the Teacher Event.

## CLASS DESCRIPTIONS

### 3 YEAR OLD PRESCHOOL

#### CLASS DESCRIPTION

This class will emphasize the development of basic socialization and communication skills in a group. Children will be introduced to letters and numbers through playful songs and rhymes. Making new friends, communication, learning, and fun will be the focus of this program. The children will also have Gymnastics and Swim Classes included in their weekly schedule. Children must be **completely toilet-trained to be enrolled**.

#### AGES

Open to children ages 3–4 years. Children must be 3 years old by the first day of class.

#### CLASS SCHEDULE

Monday through Thursday      8:15a.m. – 11:15a.m.

### 4 YEAR OLD KINDERGARTEN CLASS

#### CLASS DESCRIPTION

The curriculum will focus on personal and social development, reading readiness skills, basic mathematics and science skills as well as large and small motor development. These skills will be achieved through games, songs, and creative projects. The children will also have Gymnastics and Swim Classes included in their weekly schedule.

#### AGES

Open to children ages 4–5 years old. Registration of the class is done through the Monroe School District. Children **must** be 4 years old by September 1<sup>st</sup> of the current year.

#### CLASS SCHEDULE

Mondays through Thursdays      11:50a.m. – 3:10p.m.

### 4K WRAP AROUND PROGRAM

#### CLASS DESCRIPTION

4K PM Wrap Around Care provides programming for 4K students the other half of the school day when they are not attending their traditional 4K class. The program encourages physical, emotional and social growth through play and recreation. Activities in the program include arts & crafts, indoor and outdoor group games, puzzles, story time, quiet/rest time, music, free time, and more.

#### AGES

Open to children ages 4–5 years old. Registration of the class is done through the YMCA. Children **must** be 4 years old by September 1<sup>st</sup> of the current year.

#### CLASS SCHEDULE

Mondays through Thursdays      7:30a.m. – 11:50a.m.;    3:10p.m. – 5:30p.m.  
Fridays      7:30a.m. – 5:30p.m.

#### REQUIREMENTS

You will need to send your child with a sleeping bag/pillow daily for a quiet, 30-minute rest time prior to lunch. If you choose to not have your child rest, we will need written documentation. DCF requires us to have a scheduled rest period for all children under the age of five years old.

#### GREEN COUNTY FAMILY YMCA

1307 2nd St., Monroe, WI 53566

(608) 325-2003

[www.greencountyymca.org](http://www.greencountyymca.org)

## ADMISSIONS

Students must be the age listed below **by September 1<sup>st</sup>** of the school year to be eligible to enroll in that class.

**3 Year Old Preschool**                      3 Years old

**4 Year Old Kindergarten**              4 Years old (determined by the Monroe School District)

The Green County Family YMCA Youth Development Center will offer equal opportunities to all, and not discriminate by race, color, sex, or national origin of creed, including Title IX and ADA Requirements.

Students with special physical or emotional needs will be accepted provided that "reasonable accommodations" can be made for their participation, and/or if the student's participation does not require an inordinate amount of staff time that would not allow for safe and quality care of other students within the program.

## ENROLLMENT

To enroll in the Youth Development Center programs, the attached forms must be completed in their entirety. All forms must be returned to the YMCA prior to the first day of attendance.

- Child Enrollment Form
- Health History Form
- Family Contract
- Child Information Form
- Emergency Release Form
- Medical Form (if needed)
- Child Health Report
- Day Care Immunization Record

**\*\*\*Once a child is enrolled, if you wish to cancel enrollment, you must notify the Green County Family YMCA NO LESS THAN seven (7) days prior to the start of class. Families who fail to notify the YMCA in a timely manner will be charged one month's tuition fee.**

## CLASS SIZE LIMITS

**3 Year Old Preschool**

Limit of 10 or 20 children (ratio of 1 teacher to 10 children)

**4 Year Old Kindergarten**

Limit of 19 children (ratio of 1 teacher to 10 children)

## FEES

### REGISTRATION FEE

A \$50.00 non-refundable registration fee is due at the time of enrollment for the 3K and 4K Wrap-Around Programs. The registration fee is not applied to the monthly tuition fees.

### TUITION FEES

<u>Class</u>	<u>Monthly Payment</u>	<u>Amount for Full Year</u>
3 Year Old Preschool	Member: \$180.00 Non-Member: \$230.00	Member: \$1,620.00 Non-Member: \$2,070.00
4 Year Old Kindergarten	***Tuition is paid to Monroe School District	One-Time \$100.00 Activity Fee ***Due by September 8th***
4K Wrap Around Program	\$192.00/week \$768.00/month	\$6,912.00

## PAYMENT OPTIONS

The Green County Family YMCA accepts payment options for your convenience. Please contact our Member Services Department to make payment arrangements prior to the first day of class.

**Full Year:** Tuition payment can be made at the beginning of the school year.

**Monthly:** Payments must be made through our Bank Draft Option.

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## **LATE FEES (3 YEAR OLD PRESCHOOL & 4K WRAP AROUND PROGRAM ONLY)**

Tuition payments not received within one week of the due date will be assessed a **late fee of \$20.00**. **Late payments or no payments** may be cause of **termination of enrollment**. Students may be asked not to attend class until their families make arrangements for payment.

## **FINANCIAL ASSISTANCE (3 YEAR OLD PRESCHOOL & 4K WRAP AROUND PROGRAM ONLY)**

The Green County Family YMCA is a non-profit, charitable organization that is dedicated to the development of the whole person. The philosophy of the YMCA is not to deny any youth or family a basic membership, due to financial hardships. Financial assistance is available; please contact the Member Services department to complete an application.

## **FUNDRAISER POLICY**

The Green County Family YMCA is a non-profit organization and all of our programs are funded by fundraising efforts by all Members and Program members. As a Preschool participant, **each family** will be required to take part in **two fundraisers** throughout the school year. Families who choose not to participate, **will be required** to pay a **"buy-out"** fee. The fee amount will be based on the specific fundraiser chosen.

## **HEALTH POLICY**

In our efforts to minimize the spread of illness between children, we ask families to cooperate with the following policy. For the protection of all staff and children, any child with the **following symptoms should refrain from attending school**.

- **Fever over 100 degree**
- **Diarrhea**
- **Rash**
- **Vomiting**
- **Severe cold symptoms**
- **any signs of communicable disease (e.g. pink eye, strep throat etc.)**

As a Licensed preschool we are required to report all communicable diseases to the Green County Health Department and to notify all families enrolled in our center. The student's name will not be published, only the specific communicable disease and common symptoms. Please notify us immediately if your child has been exposed to or develops a communicable disease.

## **COVID-19 PRECAUTIONS**

Our child care program follows the Monroe School District COVID-19 policies. These policies are subject to change at any time. Please visit the Monroe School District website for more information regarding current COVID-19 policies, including quarantine procedures, mask requirements, etc. We will communicate any changes that are made during the school year to you, as they occur.

[www.monroeschools.com/district/covid-19-updates.cfm](http://www.monroeschools.com/district/covid-19-updates.cfm)

## **ABSENCES**

We respectfully request that if your child will not be in attendance that you call to notify staff of the absence. If we have not received notification within 15 minutes of the start of class, staff will call to confirm an absence.

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## Key Fob Policy

Parents/Guardians who have a child enrolled in the Summer Adventures Program should use the Youth Development Center doors off the main YMCA lobby entrance to drop off and pick up their child(ren). Access to the Youth Development Center requires a key fob. Parents/guardians of children enrolled in the Youth Development Center will be issued up to two key fobs which are specific to the adult to whom they are issued. Additional fobs may be purchased for \$10.00. Lost key fobs will be assessed a \$10.00 replacement fee. Key fobs should be returned prior to the child's last day in the Youth Development Center.

At the Green County Family YMCA Youth Development Center, the safety and security of your child are our top priorities. As part of our ongoing efforts to ensure a secure environment for all children and staff, we have implemented a key fob access system for entry into our facility. This system is designed to help us control and monitor access to the building, ensuring that only authorized individuals can enter.

Please carefully review the information below regarding the key fob access system.

### Key Fob Access for Parents/Guardians

**Distribution of Key Fobs:** Each registered parent or guardian will be issued a key fob that allows entry to the Youth Development Center. You will receive your first key fob upon enrollment, and additional fobs can be requested for other authorized individuals (e.g., grandparents, caregivers, etc.).

**How to Use the Key Fob:** Simply swipe or tap your key fob against the designated access point at the Youth Development Center entrance to unlock the door. Please ensure that you carry the key fob with you when picking up or dropping off your child.

**Security Features:** The system logs each entry with date, time, and person accessing the facility, helping us monitor access and identify any unusual activity. The key fob system is secure and access is only granted to individuals whose key fobs are authorized.

### Parent Responsibilities

**Safeguard Your Key Fob:** Please treat your key fob as you would any other important key or personal security item. Do not share your fob with anyone who is not authorized to pick up your child.

**Lost or Stolen Key Fobs:** If your key fob is lost or stolen, please notify us immediately so that we can deactivate the lost fob and issue a replacement. Lost key fobs will be assessed a replacement fee.

**Authorized Pick-Up:** Only individuals listed on your child's enrollment form will be permitted access to the facility with a key fob. If someone not listed on the form needs to pick up your child, please inform the center in writing in advance to update your authorized pick-up list.

### Visitor Access

**Visitor Policy:** All visitors, including family members who are not registered key fob holders, must sign in at the YMCA Main Entrance at the Welcome Center Front Desk and be accompanied by staff while inside the facility. No one will be allowed entry without prior authorization.

### Building Security

**Locked Facility:** The Youth Development Center will always remain locked, including during business hours. No one will be allowed to enter the facility unless they have an authorized key fob or have been granted access by a staff member. This policy helps ensure that only those with legitimate business inside the facility can gain access.

**Exit Policy:** While the facility is locked, there will be no restriction on exiting. Parents and guardians can leave at any time without needing to use a key fob.

### Emergency Situations

**Emergency Access:** In the event of an emergency, our YMCA emergency procedures include a YMCA staff member being assigned to the Youth Development Center entrance to flag down emergency personnel, open any locked doors and assist any authorized individuals in entering the building.



**Evacuation Procedures:** In case of a building evacuation, all staff members and authorized individuals will be able to exit the building safely. Evacuation procedures are in place to ensure that all children are accounted for and that all children and adults are able to exit in a safe and orderly manner.

## Questions or Concerns

If you have any questions about the key fob access system, or if you need to request additional fobs, please contact the Director of Child Development. We are here to assist you and ensure that your experience at the Green County Family YMCA is as safe and secure as possible. Thank you for your cooperation in helping us maintain a secure and safe environment for all children in our Center's care.

## ARRIVAL/DEPARTURE POLICIES

### DROP OFF

Children will be greeted by Youth Development Center staff as they arrive. Children will place personal belongings within their individually tagged cubby and then enter the classroom. YMCA staff will check children in based on the time that they arrive in the classroom.

### PICK UP

At the end of class children will be released to families. No child will be released to a person not listed on the **Authorized to Pick up Child Form**. An identification, such as a driver's license, will be required, if the person picking up is unknown to staff. Pick-up time for students needs to be done within **15 minutes** following the end of class. If students are not picked up within the first 15 minutes a late fee will be assessed. The late fee will be \$1.00 per minute. Families will be given a 2-occurrence grace period for late pick-ups. 4K families please be aware that after school programming starts at 3:15 p.m. Students must be picked up on time. If you are running late, please give us a call.

### MEDICATION POLICY

Medication will only be given when an **Authorization to Give Medication Form** is on file for the child. All medicine must be in its original container and clearly marked with the students name, dosage, time, date and physician's name. We will document all doses given to students within the Incident Log.

### INCLEMENT WEATHER POLICY

In the event inclement weather occurs, the Green County Family YMCA Preschool Programs follows the Monroe School District cancellation determinations.

- If the Monroe School District does not have school, YMCA 3K, 4K, & wrap-around will not have class.
- If the Monroe School District decides to delay school for more than 1 hour due to inclement weather, YMCA 3K will not be held. (Wrap-around care would have a delayed start, following the district.)
- If the district releases early, 4K and Wrap-around also conclude at the time specified by the district.

## FIRST AID POLICY

If your child is mildly injured at the YMCA Youth Development Center staff will administer first aid and record the necessary treatment in the Incident Logbook. The family will be notified at pick-up, on the day the injury/incident happens. If the injury requires medical care, the staff will attempt to contact the family members through all phone numbers available, this includes the use of emergency contacts. Staff will then call 911, however if the injury is life threatening the staff will contact 911 first, then the family.

## WHAT'S GOING ON AT HOME?

Children's actions often reflect what they are experiencing at home (i.e. parents divorcing, fight with sibling, pet's death, etc.). If any such disruptive or traumatic experience should occur, please inform the director. This will enable us to better meet the needs of your child.

## DISCIPLINE POLICY

At the YMCA Youth Development Center we believe in giving children a set of age appropriate boundaries to stay within. These will help the continued development of right and wrong within the children. The teachers will use positive redirection as the first intervention tactic. We feel that issues may resolve themselves with a change of focus. The next step will be to have a 1 on 1 conversation with the child encouraging them to make an appropriate decision regarding their behavior. If a child needs to take a "break" from the classroom activities, they will be asked to sit at a table with a book until they are ready to return to the group. Children will not be given a time limit but instead will be told that they are able to return whenever they are ready.

**\*\*\*If there are repetitive issues within the classroom the teachers will have an open discussion with the parents so that as a team we can resolve any issues together.**

## DISRUPTIVE CHILD PROCEDURE

If a child is acting out in the classroom and unable to be redirected after thirty (30) consecutive minutes, or causes harm to another child, a few phone call will be made to the parents for an early pick-up.

## CONFERENCES (4K ONLY)

Conferences will be offered twice a year to give parents and teachers a chance to discuss their child's development. Conferences will be held in the fall and again in the spring.

## FIELD TRIPS

Families will receive advance notice for all field trips and will be required to sign the **Field Trip Permission Form**. This will accompany the children on our travels.

## GYMNASTICS CLASS

Children will spend 30 minutes each week working on fine and gross motor skills, flexibility, and basic tumbling skills. Please make sure your children wears comfortable clothing that allows easy movement.

**Instructors:** Dawn Lederman and Gymnastics Center Staff

**3K Students:** Tuesdays 10:30a.m. – 11:00a.m.

**4K Students:** Tuesdays 2:15p.m. – 2:45p.m.

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## SWIM CLASSES

Children will spend 30 minutes each week working on the right way to handle basic skills in the water. Children will be grouped based on their individual experience in the water and will then work on the skills to further their swimming knowledge. Please make sure that the children bring in their suit and towel. We ask that swim suits cover the tummy area. Goggles are NOT required but often help!

**Instructors:** Kathy Stilson and Aquatics Department Staff

**3K Students:** Thursdays 10:15a.m. – 10:45a.m.

**4K Students:** Thursdays 12:30p.m. – 1:30p.m.

## OUTSIDE PLAY

At the YMCA Youth Development Center we believe in the value of outside play. We strive to ensure that all children are able to participate in the experiences that only the outside environment can offer. In addition to free play, we may take our classroom outside so that we can experience new things from a different perspective. We ask that you always send weather appropriate clothing for your children so that we can extend our classroom to the areas around the YMCA.

## SNACKS

The YMCA Youth Development Center provides a healthy snack to the children each day. Each day the children will be offered a nutritious snack and 1% milk. During snack time the teachers will sit and have large group open discussion which is driven by the children themselves. This is an important time for the children to work on social skills and large group involvement. 3K & 4K students will be asked to provide a snack for the children during your assigned week. **A snack schedule will be released on the first day of the program.**

## DISCHARGE OF AN ENROLLED CHILD

### FAMILY DISCHARGE

A written notice, in advance of at least two weeks, is required. The tuition for the current month will not be refunded.

### MUTUAL DISCHARGE

When both staff and families agree that continued participation is not in the best interest of the child, a two week notice is not required. The tuition for the current month will not be refunded.

### YMCA INITIATED DISCHARGE

Families may be asked to withdraw their child for a number of reasons; when it is evident the child cannot adjust to the program's environment; when a child's behavior becomes detrimentally, emotionally, or physically unsafe to the other children enrolled; when families fail to complete and submit all required forms or fail to pay any required fees.

Discharge of an enrolled child will be reviewed by both the Director of Child Development and the Green County Family YMCA Executive Director, Trent Henning.



## PRESCHOOL PARENT & FAMILY CONTRACT

FOR YOUTH DEVELOPMENT®  
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In consideration of my child's participation in the Youth Development Center programs:

I agree to pay all tuition and fees on time. I understand a late fee will be assessed if timely payment is not made. I also understand that my child may be discharged from the program if payment arrangements are not made.

I agree to drop off and pick up my child(ren) at the appropriate class times. I understand that if I am late more than twice, I will be assessed a late fee for each occurrence.

I agree to return all required paperwork prior to the first day of class. I understand that failure to do so could result in my child being dis-enrolled from the program. *(Applies to 3K & 4K Wrap Around programs only.)*

I agree to abide by all Policies and Procedures of the Green County Family YMCA and Youth Development Center.

I agree to keep my child home if they are not feeling well.

### PHOTO AUTHORIZATION

**\*\*\*Please initial next to the statement that best describes how you would like us to handle photos.**

\_\_\_\_\_ I give permission for the Youth Development Center staff to take and publish pictures of my child within the Preschool emails and YMCA marketing materials.

\_\_\_\_\_ I do not give permission for the Youth Development Center staff to take or publish pictures of my child.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Print Parent Name of Person Signing Below: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of YMCA Director of Child Development: \_\_\_\_\_

## 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.

☐ Yes ☐ No This person is authorized to pick up the child.

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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### 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
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## Health History and Emergency Care Plan

**Use of form:** This form is voluntary and meets the requirements in DCF 250.04(6)(a)1., DCF 251.04(6)(a)6., and DCF 252.41(4)(a)6. of the Wisconsin Administrative Codes. Failure to comply may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

**Instructions:** The parent / guardian may complete this form for placement in the child's file prior to the child's first day of attendance. Information contained on the form shall be shared with any person caring for the child. The department recommends that parents / guardians and center staff periodically review and update the information provided on this form.

### CHILD INFORMATION

Name (Last, First, MI)	Birthdate (mm/dd/yyyy)	First Day of Attendance (mm/dd/yyyy)
Home Address (Street, City, State, Zip Code)		

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

Name	Primary Telephone Number	Work Telephone Number	Secondary Telephone Number
Name	Primary Telephone Number	Work Telephone Number	Secondary Telephone Number

### PHYSICIAN / MEDICAL FACILITY INFORMATION

Physician Name	Medical Facility Address	Telephone Number
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**SUNSCREEN / INSECT REPELLENT AUTHORIZATION** If provided by the parent, the sunscreen or insect repellent shall be labeled with the child's name. Per DCF 250.07(6)(h)6., Authorizations shall be reviewed periodically and updated as necessary. Per DCF 251.07(6)(g)3., authorizations shall be reviewed every 6 months and updated as necessary.

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

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

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

☐ Other condition(s) requiring special care – Specify.

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

☐ Food allergies – Specify food(s).

☐ Non-food allergies – Specify.

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2. Triggers that may cause problems – Specify.

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3. Signs or symptoms to watch for – Specify.

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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.

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

a.

b.

c.

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

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

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

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**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.

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

Child's Name (Last, First, MI)

Child's Birthdate (mm/dd/yyyy)

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

Parent or Guardian Name (Last, First, MI)

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

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

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

☐ 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



## 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.

- ☐ 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 child care entrance. Children who reach a new age/grade level while attending this child care must have their records updated with dates of additional required doses.

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

<sup>1</sup>If the child began the Hib series at 12-14 months of age, only 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 child care center), OR

IF THE CHILD **DOES NOT** MEET ALL REQUIREMENTS (check the appropriate box below, sign and return this form to child 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 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 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

**Authorization to Administer Medication – Child Care Centers**  
**Medication Information and Authorization**

**A. FACILITY AND CHILD INFORMATION**

Child Care Center Name

Child Name

Birthdate (mm/dd/yyyy)

**B. MEDICATION INFORMATION:** Medication shall be in the original container and labeled with the child's name. The label shall include dosage and directions for administration.

Name – Medication	Dosage	Time(s) of Day to be Administered	How to be Administered	Dates – Medication Time Period	
				From	To
		<input type="checkbox"/> AM <input type="checkbox"/> PM			
		<input type="checkbox"/> AM <input type="checkbox"/> PM			
		<input type="checkbox"/> AM <input type="checkbox"/> PM			
		<input type="checkbox"/> AM <input type="checkbox"/> PM			

☐ Yes ☐ No **Does the over-the-counter (OTC) medication label indicate the child's physician should be consulted?** If "Yes," I have consulted with my child's physician, and I am authorizing a dosage consistent with the physician's recommendation.

OTC Medication Name

Parent Initials

Additional information / special instructions / contraindications – Specify.

**C. AUTHORIZATION**

I hereby authorize administration of the above medication to my child by staff of the child care center listed above.

**SIGNATURE** – Parent or Guardian

Date Signed



## WALKING FIELD TRIP PERMISSION FORM

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

It is customary for program leaders to take their classes on walking field trips within the surrounding Green County Family YMCA community at different times during the program. The purpose of such walks is varied. Students may observe the neighborhood architecture and urban plants and animals or visit interesting places in the community such as the public library, local businesses, Twinning Valley & Twinning Park.

In order to allow flexibility for these valuable activities, this permission form will extend for the entire 2025-2026 Academic School Year. If a parent or guardian is expecting to take his/her child out of the program for any reason during the day, it is important to notify the Green County Family YMCA in advance what time check out will occur. Plans can then be made to be certain that the child is in the building at that time.

I hereby give permission for my child to participate in supervised neighborhood walks during the 2025-2026 Academic School Year Preschool Program.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# 3K PRESCHOOL REGISTRATION FORM

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Student Information:

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

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

## Family Information:

Parent #1 Name: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Secondary Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Parent #2 Name: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Secondary Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

## Additional Parent Information:

- 3K will be held on Mondays through Thursdays from 8:15 A.M. - 11:15 A.M.
- Children must be 3 years old and fully potty trained in order to enroll into 3K.
- I understand there is a \$50.00 non-refundable registration fee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# 4K PRESCHOOL REGISTRATION FORM

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Student Information:

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

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

## Family Information:

Parent #1 Name: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Secondary Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Parent #2 Name: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Secondary Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

## Additional Parent Information:

- 4K will be held on Mondays through Thursdays from 11:50 A.M. - 3:10 P.M.
- For children also registered for the 4K Wrap Around Program, child care times are:
  - Mondays through Thursdays from 7:30 A.M. - 11:50 A.M.
  - Mondays through Thursdays from 3:10 P.M. - 5:30 P.M.
  - Fridays 7:30 A.M. - 5:30 P.M.
- Children must be 4 years old and fully potty trained in order to enroll into 4K.
- I understand there is a \$50.00 non-refundable registration fee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# LAMERS

The Passenger Professionals®

www.golamers.com

2665 3<sup>rd</sup> Street North

Monroe, WI 53566

Phone 608-325-7788 Fax 608-325-7767



**I want my child(ren) to ride the bus to or from school from home.**

**SCHOOL BUS REQUEST FORM 2025/2026 SCHOOL YEAR**

Please provide all necessary information below, sign and return to Lamers Bus Lines by **August 15, 2025**. Please understand that this service will be provided in accordance with the provisions of the Monroe School District and Lamers policy on transportation, a copy of which is available at District Administration Center.

**Please Fill Out ALL Information Completely**

1. Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_
2. *Print* FULL name of student(s) to be transported

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

3. ONLY ONE (1) PICK UP AND ONE (1) DROP OFF ADDRESS:

PICK UP Address: \_\_\_\_\_

Adult Owner/Occupant Residence \_\_\_\_\_

Phone Number \_\_\_\_\_

.....  
DROP OFF Address: \_\_\_\_\_

Adult Owner/Occupant Residence \_\_\_\_\_

Phone Number \_\_\_\_\_

4. Parent Signature: \_\_\_\_\_

5. Parent Phone Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

----- OFFICE USE ONLY -----

Approved By Lamers: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By Lamers: \_\_\_\_\_ Date: \_\_\_\_\_

Route # AM \_\_\_\_\_ PM \_\_\_\_\_ Other Info: \_\_\_\_\_

Please return form via fax: 608-325-7767 | email: [31groupSB@golamers.com](mailto:31groupSB@golamers.com)

Or drop the form at the bus garage

# YMCA Preschool Program Information Card

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

Parent #1 Name: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Parent #2 Name: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Primary Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Secondary Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_



## Please Note:

Emergency Contacts listed  
will be considered  
"Persons Authorized for  
Pick Up" unless otherwise  
specified by parents.

## Emergency Release Form

In the event of an emergency the YMCA Preschool Program has permission to transport my child to the **SSM Health Monroe Hospital and Clinic** for emergency medical treatment.

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

DOB: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Additional Persons Authorized for Pick Up

Please list the contact information (name, address and phone number) for anyone authorized to pick up your child from the YMCA Preschool Program.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_